

# Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) | 2022

## 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 Buckeye Health Plan – MyCare Ohio. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Buckeye Health Plan – MyCare Ohio. Key terms and their definitions appear in the last chapter of the Member Handbook.



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**For more recent information or other questions,** contact us at **1-866-549-8289**

(TTY: **711**), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day or visit **[mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com)**.



## Table of Contents

A. Disclaimers .....	2
B. Frequently Asked Questions (FAQ).....	2
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.) .....	3
B2. Does the Drug List ever change? .....	3
B3. What happens when there is a change to the Drug List? .....	4
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs? .....	5
B5. How will I know if the drug I want has limits or if there are any required actions to take to get the drug? .....	6
B6. What happens if Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)? .....	6
B7. How can I find a drug on the Drug List? .....	6
B8. What if the drug I want to take is not on the Drug List? .....	7
B9. What if I am a new Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) member and can’t find my drug on the Drug List or have a problem getting my drug? .....	7
B10. Can I ask for an exception to cover my drug? .....	8
B11. How can I ask for an exception? .....	8
B12. How long does it take to get an exception?.....	8
B13. What are generic drugs?.....	9
B14. What are OTC drugs?.....	9
B15. Does Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) cover non-drug OTC products? ..	9
B16. What is my copay? .....	9
B17. What are drug tiers?.....	9
C. Drugs Grouped by Medical Condition .....	10
D. Index of Covered Drugs .....	INDEX-1



**If you have questions**, call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free. **For more information**, visit [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com).

## A. Disclaimers

This is a list of drugs that members can get in Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan).

- ❖ Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-549-8289 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-549-8289 (TTY: 711) de 8 a. m. a 8 p. m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratis.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. This call is free.
- ❖ Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) wants to make sure you understand your health plan information. We can send future materials to you in Spanish or in alternate formats if you ask for it this way. This is called a “standing request.” We will document your choice.

Please call us if:

- You want to get your materials in Spanish or in an alternate format **or**
- You want to change the language (English/Spanish) or format that we send you materials.

If you need help understanding your plan materials, please contact Buckeye Member Services at 1-866-549-8289 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

## 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.

***This section is continued on the next page.***



If you have questions, call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free. **For more information**, visit [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com).

## **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 14 are the drugs covered by Buckeye Health Plan - MyCare Ohio (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.”

- Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) network pharmacy.
- Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) may have additional steps to access certain drugs (refer to question B4 below).

You can also refer to the up-to-date list of drugs we cover on our website at [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com) or call Member Services at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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 Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) must follow Medicare and 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 for a drug. (Prior approval is permission from Buckeye Health Plan - MyCare Ohio (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.

***This section is continued on the next page.***



If you have questions, call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free. **For more information**, visit [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com).

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 Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan)'s up to date Drug List online at [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com).
- You can also call Member Services to check the current Drug List at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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 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 that. 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.

***This section is continued on the next page.***



If you have questions, call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free. **For more information**, visit [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com).

**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 any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) before you fill your prescription. Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Buckeye Health Plan - MyCare Ohio (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 doctor thinks the first drug doesn't work for you, then we will cover the second.

***This section is continued on the next page.***



If you have questions, call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free. **For more information**, visit [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com).

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 14 – INDEX-1. You can also get more information by visiting our website at [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception to these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

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

The table of drugs on page 14 has a column labeled “Necessary actions, restrictions, or limits on use.”

### **B6. What happens if Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change prior approval, 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**, go 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 10. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, **CARDIOVASCULAR**. That is where you will find drugs that treat heart conditions.



If you have questions, call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free. **For more information**, visit [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com).

## **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 1-866-549-8289, TTY 711, and ask about it. Our hours of operation are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. This call is free. If you learn that Buckeye Health Plan - MyCare Ohio (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.

## **B9. What if I am a new Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (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 prior approval by Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) member.

***This section is continued on the next page.***



If you have questions, call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free. **For more information**, visit [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com).



- This is in addition to the temporary supply during the first 90 days you are a member of Buckeye Health Plan - MyCare Ohio (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 31-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a total of a 31-day supply.

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

Yes. You can ask Buckeye Health Plan - MyCare Ohio (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, Buckeye Health Plan - MyCare Ohio (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 prior approval 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.

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.



If you have questions, call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free. **For more information**, visit [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com).

### **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).

Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) covers both brand name drugs and generic drugs.

### **B14. What are OTC drugs?**

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

You can read the Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) Drug List to find which OTC drugs are covered.

### **B15. Does Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) cover non-drug OTC products?**

Buckeye Health Plan - MyCare Ohio (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 spacers and respiratory therapy devices.

You can read the Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) Drug List to find which non-drug OTC products are covered.

### **B16. What is my copay?**

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

### **B17. What are drug tiers?**

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs and may include some generic drugs.
- Tier 3 drugs are prescription and over-the-counter (OTC) generic and brand drugs that are covered by Ohio Medicaid.

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



If you have questions, call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free. **For more information**, visit [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com).

## C. 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. That is where you will find drugs that treat heart conditions.

The following list of covered drugs gives you information about the drugs covered by Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (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 Buckeye Health Plan - MyCare Ohio (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 formulary.
- **PA** stands for Prior Authorization. Refer to question B4.
- **PA-NS** stands for Prior Authorization for New Starts. This means that if this drug is new to you, you will need to get approval from us before you fill your prescription. If you are taking this drug at the time of enrollment, you will not be required to meet criteria for approval.
- **B/D** stands for Covered under Medicare B or D. This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** stands for Quantity Limits. Refer to question B4.
- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Member Services at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.
- **ST** stands for Step Therapy. Refer to question B4
- **^** = Drug may be available for up to a 30-day supply only.

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If you have questions, call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free. **For more information**, visit [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com).

**Note:** The NT next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

**Extra Help** is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on 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, of the *Member Handbook* to learn how to appeal a decision.

**You can find information on what the symbols and abbreviations in this table mean by going to page 10.**



If you have questions, call Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) at 1-866-549-8289, TTY 711, from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak your care manager, please call 1-866-549-8289, TTY 711, 24 hours a day, 7 days a week, 365 days a year. These calls are free. **For more information**, visit [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com).

## Table of Contents

ANALGESICS.....	14
ANESTHETICS.....	18
ANTI-INFECTIVES.....	18
ANTINEOPLASTIC AGENTS.....	30
CARDIOVASCULAR.....	41
CENTRAL NERVOUS SYSTEM.....	49
ENDOCRINE AND METABOLIC.....	66
GASTROINTESTINAL.....	83
GENITOURINARY.....	91
HEMATOLOGIC.....	92
IMMUNOLOGIC AGENTS.....	97
MISCELLANEOUS.....	103
NUTRITIONAL/SUPPLEMENTS.....	105
OPHTHALMIC.....	122
OTIC.....	126
RESPIRATORY.....	127
TOPICAL.....	141



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>ANALGESICS</b>	
<b>GOUT</b>	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)
<i>colchicine oral tablet 0.6 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	\$0 (Tier 1)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	\$0 (Tier 1) PA
MITIGARE ORAL CAPSULE 0.6 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)
<b>MISCELLANEOUS</b>	
<i>acetaminophen childrens solution 160 mg/5ml oral 160 mg/5ml</i>	\$0 (Tier 3) NT
<i>acetaminophen childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0 (Tier 3) NT
<i>acetaminophen childrens tablet chewable 160 mg oral 160 mg</i>	\$0 (Tier 3) NT
<i>acetaminophen er tablet extended release 650 mg oral 650 mg</i>	\$0 (Tier 3) NT
<i>acetaminophen extra strength tablet 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>acetaminophen suppository 120 mg rectal 120 mg</i>	\$0 (Tier 3) NT
<i>acetaminophen suppository 650 mg rectal 650 mg</i>	\$0 (Tier 3) NT
<i>acetaminophen tablet 325 mg oral 325 mg</i>	\$0 (Tier 3) NT
<i>aspirin ec tablet delayed release 325 mg oral 325 mg</i>	\$0 (Tier 3) NT
<i>aspirin low dose tablet delayed release 81 mg oral 81 mg</i>	\$0 (Tier 3) NT
ASPIRIN SUPPOSITORY 300 MG RECTAL 300 MG	\$0 (Tier 3) NT
ASPIRIN SUPPOSITORY 600 MG RECTAL 600 MG	\$0 (Tier 3) NT
<i>aspirin tablet 325 mg oral 325 mg</i>	\$0 (Tier 3) NT
<i>aspirin tablet chewable 81 mg oral 81 mg</i>	\$0 (Tier 3) NT
<i>ed-apap liquid 160 mg/5ml oral 160 mg/5ml</i>	\$0 (Tier 3) NT
FEVERALL INFANTS SUPPOSITORY 80 MG RECTAL 80 MG	\$0 (Tier 3) NT
FEVERALL JUNIOR STRENGTH SUPPOSITORY 325 MG RECTAL 325 MG	\$0 (Tier 3) NT
<i>mapap acetaminophen extra str liquid 500 mg/15ml oral 500 mg/15ml</i>	\$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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>mapap capsule 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>mapap childrens tablet chewable 80 mg oral 80 mg</i>	\$0 (Tier 3) NT
<b>NSAIDS</b>	
<i>celecoxib oral capsule 100 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>celecoxib oral capsule 200 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>celecoxib oral capsule 50 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	\$0 (Tier 1)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	\$0 (Tier 1)
<i>diflunisal oral tablet 500 mg</i>	\$0 (Tier 1)
<i>ec-naproxen oral tablet delayed release 375 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>ec-naproxen oral tablet delayed release 500 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (Tier 1)
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)
<i>ibu oral tablet 600 mg, 800 mg</i>	\$0 (Tier 1)
<i>ibuprofen capsule 200 mg oral 200 mg</i>	\$0 (Tier 3) NT
<i>ibuprofen childrens suspension 100 mg/5ml oral 100 mg/5ml</i>	\$0 (Tier 3) NT
<i>ibuprofen junior strength tablet chewable 100 mg oral 100 mg</i>	\$0 (Tier 3) NT
<i>ibuprofen oral suspension 100 mg/5ml</i>	\$0 (Tier 1)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)
<i>ibuprofen tablet 200 mg oral 200 mg</i>	\$0 (Tier 3) NT
<i>infants ibuprofen suspension 50 mg/1.25ml oral 50 mg/1.25ml</i>	\$0 (Tier 3) NT

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (Tier 1)
<i>naproxen oral tablet delayed release 375 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>naproxen oral tablet delayed release 500 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>naproxen sodium capsule 220 mg oral 220 mg</i>	\$0 (Tier 3) NT
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier 1)
<i>naproxen sodium tablet 220 mg oral 220 mg</i>	\$0 (Tier 3) NT
<i>oxaprozin oral tablet 600 mg</i>	\$0 (Tier 1)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)
<b>OPIOID ANALGESICS, LONG-ACTING</b>	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0 (Tier 1) PA; QL (10 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days)
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	\$0 (Tier 1) PA; QL (90 ML per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	\$0 (Tier 1) PA; QL (450 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<b>OPIOID ANALGESICS, SHORT-ACTING</b>	
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	\$0 (Tier 1) QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	\$0 (Tier 1) QL (400 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	\$0 (Tier 2)
<i>endocet oral tablet 10-325 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 2) PA; QL (120 EA per 30 days); ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	\$0 (Tier 1) PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	\$0 (Tier 1) QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	\$0 (Tier 1) QL (600 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	\$0 (Tier 1) QL (180 ML per 30 days)
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	\$0 (Tier 2) B/D
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 10 MG/ML, 2 MG/ML	\$0 (Tier 2) B/D
<i>morphine sulfate (pf) intravenous solution 4 mg/ml, 8 mg/ml</i>	\$0 (Tier 2) B/D
MORPHINE SULFATE (PF) SOLUTION 4 MG/ML INTRAVENOUS 4 MG/ML	\$0 (Tier 2) B/D
MORPHINE SULFATE (PF) SOLUTION 8 MG/ML INTRAVENOUS 8 MG/ML	\$0 (Tier 2) B/D
<i>morphine sulfate intravenous solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0 (Tier 2) B/D
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	\$0 (Tier 2)
<i>oxycodone hcl oral capsule 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	\$0 (Tier 1) QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<b>ANESTHETICS</b>	
<b>LOCAL ANESTHETICS</b>	
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %</i>	\$0 (Tier 1) B/D
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	\$0 (Tier 1) B/D
<b>ANTI-INFECTIVES</b>	
<b>ANTIFUNGALS</b>	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 2) B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	\$0 (Tier 2) B/D; ^
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	\$0 (Tier 1) B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	\$0 (Tier 2) B/D; ^
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	\$0 (Tier 1)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	\$0 (Tier 1)
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (Tier 2) PA; ^
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	\$0 (Tier 1)
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 1)
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1) PA
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1) PA
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	\$0 (Tier 2) ^
NOXAFIL ORAL SUSPENSION 40 MG/ML	\$0 (Tier 2) PA; QL (630 ML per 30 days); ^
<i>nystatin oral tablet 500000 unit</i>	\$0 (Tier 1)
<i>posaconazole oral tablet delayed release 100 mg</i>	\$0 (Tier 2) PA; QL (93 EA per 30 days); ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1) QL (90 EA per 365 days)
<i>voriconazole intravenous solution reconstituted 200 mg</i>	\$0 (Tier 2) PA; ^
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	\$0 (Tier 2) PA; ^
<i>voriconazole oral tablet 200 mg</i>	\$0 (Tier 1) PA; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	\$0 (Tier 1) PA; QL (480 EA per 30 days)
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>	
<i>albendazole oral tablet 200 mg</i>	\$0 (Tier 2) ^
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	\$0 (Tier 1)
<i>atovaquone oral suspension 750 mg/5ml</i>	\$0 (Tier 1)
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	\$0 (Tier 2) PA; LA; ^
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	\$0 (Tier 1)
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	\$0 (Tier 1)
CLINDAMYCIN PHOSPHATE IN NAACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	\$0 (Tier 2)
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	\$0 (Tier 1)
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	\$0 (Tier 1)
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	\$0 (Tier 2) ^
DAPTOMYCIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS 350 MG	\$0 (Tier 2) ^
EMVERM ORAL TABLET CHEWABLE 100 MG	\$0 (Tier 2) QL (12 EA per 365 days); ^
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	\$0 (Tier 1)
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	\$0 (Tier 1)
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ivermectin oral tablet 3 mg</i>	\$0 (Tier 1)	PA-NS; Quantity versus Time QL of 12 tablets per 75 days
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	\$0 (Tier 1)	
<i>linezolid intravenous solution 600 mg/300ml</i>	\$0 (Tier 1)	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	\$0 (Tier 2)	QL (1800 ML per 30 days); ^
<i>linezolid oral tablet 600 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	\$0 (Tier 1)	
<i>methenamine hippurate oral tablet 1 gm</i>	\$0 (Tier 1)	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	\$0 (Tier 1)	
<i>metronidazole intravenous solution 500 mg/100ml</i>	\$0 (Tier 1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>neomycin sulfate oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>nitazoxanide oral tablet 500 mg</i>	\$0 (Tier 2)	QL (6 EA per 30 days); ^
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (Tier 2)	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	\$0 (Tier 2)	
<i>paromomycin sulfate oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	\$0 (Tier 1)	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	\$0 (Tier 1)	
<i>pinworm medicine suspension 144 (50 base) mg/ml oral 144 (50 base) mg/ml</i>	\$0 (Tier 3)	NT
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 1)	
<b>SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG</b>	\$0 (Tier 2)	^
<b>SIVEXTRO ORAL TABLET 200 MG</b>	\$0 (Tier 2)	^
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<b>SULFADIAZINE ORAL TABLET 500 MG</b>	\$0 (Tier 2)	

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	\$0 (Tier 1)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	\$0 (Tier 1)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (Tier 1)
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	\$0 (Tier 2) ^
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	\$0 (Tier 2) PA; ^
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	\$0 (Tier 1)
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)
VANCOMYCIN HCL IN NA CL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%	\$0 (Tier 2)
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>vancomycin hcl oral capsule 125 mg</i>	\$0 (Tier 1) QL (80 EA per 180 days)
<i>vancomycin hcl oral capsule 250 mg</i>	\$0 (Tier 1) QL (160 EA per 180 days)
<b>ANTIMALARIALS</b>	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (Tier 1)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 2)
<i>mefloquine hcl oral tablet 250 mg</i>	\$0 (Tier 1)
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	\$0 (Tier 2)
<i>primaquine phosphate oral tablet 26.3 mg</i>	\$0 (Tier 1)
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1) PA
<b>ANTIRETROVIRAL AGENTS</b>	
<i>abacavir sulfate oral solution 20 mg/ml</i>	\$0 (Tier 1)
<i>abacavir sulfate oral tablet 300 mg</i>	\$0 (Tier 1)
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 2) ^
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
EDURANT ORAL TABLET 25 MG	\$0 (Tier 2) ^
<i>efavirenz oral capsule 200 mg, 50 mg</i>	\$0 (Tier 1)
<i>efavirenz oral tablet 600 mg</i>	\$0 (Tier 1)
<i>emtricitabine oral capsule 200 mg</i>	\$0 (Tier 1)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)
<i>etravirine oral tablet 100 mg, 200 mg</i>	\$0 (Tier 2) ^
<i>fosamprenavir calcium oral tablet 700 mg</i>	\$0 (Tier 2) ^
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	\$0 (Tier 2) ^
INTELENCE ORAL TABLET 25 MG	\$0 (Tier 2)
INVIRASE ORAL TABLET 500 MG	\$0 (Tier 2) ^
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 2) ^
ISENTRESS ORAL 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)
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0 (Tier 2) ^
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	\$0 (Tier 1)
<i>nevirapine oral suspension 50 mg/5ml</i>	\$0 (Tier 1)
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)
NORVIR ORAL PACKET 100 MG	\$0 (Tier 2)
NORVIR ORAL SOLUTION 80 MG/ML	\$0 (Tier 2)
PIFELTRO ORAL TABLET 100 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); ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
REYATAZ ORAL PACKET 50 MG	\$0 (Tier 2) ^
<i>ritonavir oral tablet 100 mg</i>	\$0 (Tier 1)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	\$0 (Tier 2) ^
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (Tier 2) ^
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	\$0 (Tier 2) ^
SELZENTRY ORAL TABLET 25 MG	\$0 (Tier 2)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$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 SOLUBLE 5 MG	\$0 (Tier 2)
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	\$0 (Tier 2) LA; ^
TYBOST ORAL TABLET 150 MG	\$0 (Tier 2)
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (Tier 2) ^
VIREAD ORAL POWDER 40 MG/GM	\$0 (Tier 2) ^
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 2) ^
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)
<i>zidovudine oral syrup 50 mg/5ml</i>	\$0 (Tier 1)
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	\$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) ^
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 2) ^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (Tier 2) ^
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 2) ^
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	\$0 (Tier 2) ^
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$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.

12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days); ^
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 2) ^
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (Tier 2) ^
JULUCA ORAL TABLET 50-25 MG	\$0 (Tier 2) ^
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 1)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	\$0 (Tier 1)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	\$0 (Tier 1)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	\$0 (Tier 2) ^
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 2) ^
PREZCOBIX ORAL TABLET 800-150 MG	\$0 (Tier 2) ^
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (Tier 2) ^
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (Tier 2) ^
TEMIXYS ORAL TABLET 300-300 MG	\$0 (Tier 2) ^
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 2) ^
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	\$0 (Tier 2) ^
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0 (Tier 2) ^
<b>ANTITUBERCULAR AGENTS</b>	
<i>cycloserine oral capsule 250 mg</i>	\$0 (Tier 2) ^
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	\$0 (Tier 1)
<i>isoniazid oral syrup 50 mg/5ml</i>	\$0 (Tier 1)
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)
PASER ORAL PACKET 4 GM	\$0 (Tier 2)
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 2)
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 1)
<i>rifabutin oral capsule 150 mg</i>	\$0 (Tier 1)
<i>rifampin intravenous solution reconstituted 600 mg</i>	\$0 (Tier 1)
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (Tier 2) PA; LA; ^
TRECATOR ORAL TABLET 250 MG	\$0 (Tier 2)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>ANTIVIRALS</b>	
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)
<i>acyclovir oral suspension 200 mg/5ml</i>	\$0 (Tier 1)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1) B/D
<i>adefovir dipivoxil oral tablet 10 mg</i>	\$0 (Tier 2) ^
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (Tier 2) ^
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	\$0 (Tier 2) PA; ^
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	\$0 (Tier 2) PA; ^
EPIVIR HBV ORAL SOLUTION 5 MG/ML	\$0 (Tier 2)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	\$0 (Tier 1) B/D
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	\$0 (Tier 2) PA; ^
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	\$0 (Tier 2) PA; ^
<i>lamivudine oral tablet 100 mg</i>	\$0 (Tier 1)
MAVYRET ORAL PACKET 50-20 MG	\$0 (Tier 2) PA; ^
MAVYRET ORAL TABLET 100-40 MG	\$0 (Tier 2) PA; ^
<i>oseltamivir phosphate oral capsule 30 mg</i>	\$0 (Tier 1) QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	\$0 (Tier 1) QL (84 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	\$0 (Tier 1) QL (1080 ML per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 2) PA; ^
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	\$0 (Tier 2) PA; ^
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (Tier 2) PA; QL (28 EA per 28 days); ^
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	\$0 (Tier 2) QL (120 EA per 365 days)
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)
<i>rimantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	\$0 (Tier 1)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	\$0 (Tier 2) ^
<i>valganciclovir hcl oral tablet 450 mg</i>	\$0 (Tier 1)
VEMLIDY ORAL TABLET 25 MG	\$0 (Tier 2) PA; ^
VOSEVI ORAL TABLET 400-100-100 MG	\$0 (Tier 2) PA; ^
<b>CEPHALOSPORINS</b>	
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG	\$0 (Tier 2)
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	\$0 (Tier 1)
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	\$0 (Tier 1)
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg</i>	\$0 (Tier 1)
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	\$0 (Tier 1)
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	\$0 (Tier 2)
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0 (Tier 1)
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	\$0 (Tier 1)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	\$0 (Tier 2)
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	\$0 (Tier 1)
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	\$0 (Tier 1)
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	\$0 (Tier 1)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)
<i>tazicef injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)
<i>tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm</i>	\$0 (Tier 1)
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	\$0 (Tier 2) ^
<b>ERYTHROMYCINS/MACROLIDES</b>	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	\$0 (Tier 1)
<i>azithromycin oral packet 1 gm</i>	\$0 (Tier 1)
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0 (Tier 1)
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (Tier 1)
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	\$0 (Tier 1)
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	\$0 (Tier 2) ^
DIFICID ORAL TABLET 200 MG	\$0 (Tier 2) ^
<i>e.e.s. 400 oral tablet 400 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ery-tab oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	\$0 (Tier 1)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0 (Tier 2) ^
<i>erythrocin stearate oral tablet 250 mg</i>	\$0 (Tier 1)
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	\$0 (Tier 1)
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	\$0 (Tier 1)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	\$0 (Tier 1)
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	\$0 (Tier 2) ^
<i>erythromycin oral tablet delayed release 250 mg, 333 mg</i>	\$0 (Tier 1)
<b>FLUOROQUINOLONES</b>	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	\$0 (Tier 2)
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	\$0 (Tier 1)
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	\$0 (Tier 1)
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (Tier 1)
<i>levofloxacin oral solution 25 mg/ml</i>	\$0 (Tier 1)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>moxifloxacin hcl oral tablet 400 mg</i>	\$0 (Tier 1)
<b>PENICILLINS</b>	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	\$0 (Tier 1)
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (Tier 1)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	\$0 (Tier 1)
<i>ampicillin oral capsule 500 mg</i>	\$0 (Tier 1)
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	\$0 (Tier 1)
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	\$0 (Tier 1)
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	\$0 (Tier 2)
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	\$0 (Tier 2)
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	\$0 (Tier 2) ^
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	\$0 (Tier 1)
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	\$0 (Tier 2)
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	\$0 (Tier 1)
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	\$0 (Tier 2)
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>pfizerpen injection solution reconstituted 20000000 unit, 5000000 unit</i>	\$0 (Tier 1)
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	\$0 (Tier 1)
<b>TETRACYCLINES</b>	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (Tier 1)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) LA; ^
NUZYRA ORAL TABLET 150 MG	\$0 (Tier 2) LA; ^
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1) PA
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	\$0 (Tier 2) ^
<i>tigecycline solution reconstituted 50 mg intravenous 50 mg</i>	\$0 (Tier 1)
<b>ANTINEOPLASTIC AGENTS</b>	
<b>ALKYLATING AGENTS</b>	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (Tier 2) B/D; ^
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	\$0 (Tier 1) B/D
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	\$0 (Tier 1) B/D
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	\$0 (Tier 2) B/D; ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	\$0 (Tier 2) B/D; ^
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1) B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	\$0 (Tier 2) B/D
LEUKERAN ORAL TABLET 2 MG	\$0 (Tier 2)
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	\$0 (Tier 1) B/D
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	\$0 (Tier 2) B/D; ^
<i>paraplatin intravenous solution 1000 mg/100ml</i>	\$0 (Tier 1) B/D
<b>ANTIBIOTICS</b>	
<i>adriamycin intravenous solution 2 mg/ml</i>	\$0 (Tier 1) B/D
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	\$0 (Tier 1) B/D
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	\$0 (Tier 2) B/D; ^
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	\$0 (Tier 1) B/D
<b>ANTIMETABOLITES</b>	
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	\$0 (Tier 2) B/D; ^
<i>azacitidine injection suspension reconstituted 100 mg</i>	\$0 (Tier 2) B/D; ^
<i>cytarabine injection solution 20 mg/ml</i>	\$0 (Tier 1) B/D
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	\$0 (Tier 1) B/D
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	\$0 (Tier 1) B/D
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	\$0 (Tier 1) B/D
INQOVI ORAL TABLET 35-100 MG	\$0 (Tier 2) PA-NS; LA; ^
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (Tier 2) PA-NS; ^
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	\$0 (Tier 1) B/D
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	\$0 (Tier 1) B/D

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	\$0 (Tier 1) B/D
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; ^
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	\$0 (Tier 2) B/D; ^
PURIXAN ORAL SUSPENSION 2000 MG/100ML	\$0 (Tier 2) ^
TABLOID ORAL TABLET 40 MG	\$0 (Tier 2)
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>	
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 2) PA-NS; ^
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 1)
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 1)
EMCYT ORAL CAPSULE 140 MG	\$0 (Tier 2) ^
ERLEADA ORAL TABLET 60 MG	\$0 (Tier 2) PA-NS; LA; ^
EULEXIN ORAL CAPSULE 125 MG	\$0 (Tier 2) ^
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)
<i>flutamide oral capsule 125 mg</i>	\$0 (Tier 1)
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	\$0 (Tier 2) B/D; ^
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 1)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	\$0 (Tier 1) PA-NS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	\$0 (Tier 2) PA-NS; ^
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	\$0 (Tier 2) PA-NS; ^
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 2) ^
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	\$0 (Tier 2)
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 2) ^
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 2) PA-NS; LA; ^
ORGOVYX ORAL TABLET 120 MG	\$0 (Tier 2) PA-NS; LA; ^
SOLTAMOX ORAL SOLUTION 10 MG/5ML	\$0 (Tier 2) ^
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>toremifene citrate oral tablet 60 mg</i>	\$0 (Tier 2) ^
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	\$0 (Tier 2) PA-NS; ^

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
XTANDI ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; LA; ^
XTANDI ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; ^
<b>IMMUNOMODULATORS</b>	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (28 EA per 28 days); ^
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
POMALYST ORAL CAPSULE 1 MG, 2 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 21 days); ^
POMALYST ORAL CAPSULE 3 MG, 4 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	\$0 (Tier 2) PA-NS; LA; QL (28 EA per 28 days); ^
REVLIMID ORAL CAPSULE 20 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (Tier 2) PA-NS; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2) PA-NS; QL (56 EA per 28 days); ^
<b>MISCELLANEOUS</b>	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	\$0 (Tier 2) PA-NS; LA; ^
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 2) PA-NS; ^
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	\$0 (Tier 1) B/D
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2) PA-NS; QL (70 EA per 28 days); ^
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2) PA-NS; QL (91 EA per 28 days); ^
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2) PA-NS; QL (49 EA per 28 days); ^
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 2) LA; ^
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	\$0 (Tier 2) PA-NS; ^
<i>tretinoin oral capsule 10 mg</i>	\$0 (Tier 2) ^
WELIREG ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
<b>MITOTIC INHIBITORS</b>	
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	\$0 (Tier 2) B/D; ^

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
DOCETAXEL CONCENTRATE 160 MG/8ML INTRAVENOUS 160 MG/8ML	\$0 (Tier 2) B/D; ^
DOCETAXEL CONCENTRATE 80 MG/4ML INTRAVENOUS 80 MG/4ML	\$0 (Tier 2) B/D; ^
<i>docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml</i>	\$0 (Tier 2) B/D; ^
<i>docetaxel intravenous concentrate 20 mg/ml</i>	\$0 (Tier 1) B/D
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	\$0 (Tier 2) B/D; ^
DOCETAXEL SOLUTION 160 MG/16ML INTRAVENOUS 160 MG/16ML	\$0 (Tier 2) B/D; ^
DOCETAXEL SOLUTION 20 MG/2ML INTRAVENOUS 20 MG/2ML	\$0 (Tier 2) B/D; ^
DOCETAXEL SOLUTION 80 MG/8ML INTRAVENOUS 80 MG/8ML	\$0 (Tier 2) B/D; ^
<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i>	\$0 (Tier 1) B/D
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	\$0 (Tier 1) B/D
<i>paclitaxel protein-bound part intravenous suspension reconstituted 100 mg</i>	\$0 (Tier 2) B/D; ^
<i>toposar intravenous solution 1 gm/50ml, 100 mg/5ml</i>	\$0 (Tier 1) B/D
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	\$0 (Tier 1) B/D
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	\$0 (Tier 1) B/D
<b>MOLECULAR TARGET AGENTS</b>	
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	\$0 (Tier 2) PA-NS; QL (150 EA per 30 days); ^
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
AFINITOR ORAL TABLET 10 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
ALECENSA ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; LA; ^
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	\$0 (Tier 2) PA-NS; LA; ^
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	\$0 (Tier 2) PA-NS; LA; ^
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0 (Tier 2) PA-NS; LA; ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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); ^
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (Tier 2) PA-NS; LA; ^
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG	\$0 (Tier 2) PA-NS; ^
<i>bortezomib injection solution reconstituted 3.5 mg</i>	\$0 (Tier 2) PA-NS; ^
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	\$0 (Tier 2) PA-NS; ^
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	\$0 (Tier 2) PA-NS; ^
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (Tier 2) PA-NS; LA; ^
BRUKINSA ORAL CAPSULE 80 MG	\$0 (Tier 2) PA-NS; LA; ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
CALQUENCE ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
CALQUENCE ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; ^
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	\$0 (Tier 2) PA-NS; LA; ^
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	\$0 (Tier 2) PA-NS; LA; ^
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	\$0 (Tier 2) PA-NS; LA; ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; ^
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 2) PA-NS; LA; ^
DAURISMO ORAL TABLET 100 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; ^
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; LA; ^
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
<i>erlotinib hcl oral tablet 25 mg</i>	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
<i>everolimus oral tablet soluble 2 mg</i>	\$0 (Tier 2) PA-NS; QL (150 EA per 30 days); ^
<i>everolimus oral tablet soluble 3 mg</i>	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>everolimus oral tablet soluble 5 mg</i>	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
EXKIVITY ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; LA; ^
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
GAVRETO ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 2) PA-NS; LA; ^
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	\$0 (Tier 2) PA-NS; ^
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	\$0 (Tier 2) PA-NS; ^
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; ^
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	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
ICLUSIG ORAL TABLET 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); ^
<i>imatinib mesylate oral tablet 100 mg</i>	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>imatinib mesylate oral tablet 400 mg</i>	\$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 140 MG, 280 MG, 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); ^
INREBIC ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; ^
IRESSA ORAL TABLET 250 MG	\$0 (Tier 2) PA-NS; LA; ^
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); ^
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	\$0 (Tier 2) B/D; ^
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; ^
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (Tier 2) PA-NS; ^
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2) PA-NS; QL (21 EA per 28 days); ^
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2) PA-NS; QL (42 EA per 28 days); ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2) PA-NS; QL (63 EA per 28 days); ^
<i>lapatinib ditosylate oral tablet 250 mg</i>	\$0 (Tier 2) PA-NS; ^
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
LORBRENA ORAL TABLET 100 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; ^
LUMAKRAS ORAL TABLET 120 MG	\$0 (Tier 2) PA-NS; LA; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
MEKINIST ORAL TABLET 0.5 MG, 2 MG	\$0 (Tier 2) PA-NS; LA; ^
MEKTOVI ORAL TABLET 15 MG	\$0 (Tier 2) PA-NS; LA; ^
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	\$0 (Tier 2) PA-NS; LA; ^
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0 (Tier 2) PA-NS; LA; ^
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
NEXAVAR ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 2) PA-NS; QL (3 EA per 28 days); ^
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 2) PA-NS; LA; ^
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (Tier 2) PA-NS; LA; ^
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	\$0 (Tier 2) PA-NS; LA; ^
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2) PA-NS; ^
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	\$0 (Tier 2) PA-NS; ^
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	\$0 (Tier 2) PA-NS; ^
QINLOCK ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; LA; ^
RETEVMO ORAL CAPSULE 40 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; ^
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0 (Tier 2) PA-NS; LA; ^
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	\$0 (Tier 2) PA-NS; LA; ^
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0 (Tier 2) PA-NS; LA; ^
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	\$0 (Tier 2) PA-NS; LA; ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0 (Tier 2) PA-NS; ^
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 2) PA-NS; ^
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); ^
<i>sorafenib tosylate oral tablet 200 mg</i>	\$0 (Tier 2) PA-NS; QL (120 EA per 30 days); ^
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	\$0 (Tier 2) PA-NS; ^
STIVARGA ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2) PA-NS; ^
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (Tier 2) PA-NS; LA; ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	\$0 (Tier 2) PA-NS; ^
TAZVERIK ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	\$0 (Tier 2) PA-NS; LA; ^
TEPMETKO ORAL TABLET 225 MG	\$0 (Tier 2) PA-NS; LA; ^
TIBSOVO ORAL TABLET 250 MG	\$0 (Tier 2) PA-NS; LA; ^
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; ^
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	\$0 (Tier 2) PA-NS; LA; ^
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	\$0 (Tier 2) PA-NS; LA; ^
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (Tier 2) PA-NS; LA; ^
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (Tier 2) PA-NS; LA; ^
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0 (Tier 2) PA-NS; ^
TUKYSA ORAL TABLET 150 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; ^
TURALIO ORAL CAPSULE 200 MG	\$0 (Tier 2) PA-NS; LA; ^
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	\$0 (Tier 2) PA-NS; ^
VENCLEXTA ORAL TABLET 10 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 ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; LA; QL (112 EA per 28 days); ^
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 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 (56 EA per 28 days); ^
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; ^
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (Tier 2) PA-NS; LA; ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (Tier 2) PA-NS; LA; ^

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
VONJO ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
VOTRIENT ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (Tier 2) PA-NS; LA; ^
XOSPATA ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2) PA-NS; LA; ^
ZEJULA ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 2) PA-NS; LA; ^
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0 (Tier 2) PA-NS; ^
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2) PA-NS; LA; ^
ZYKADIA ORAL TABLET 150 MG	\$0 (Tier 2) PA-NS; LA; ^
<b>PROTECTIVE AGENTS</b>	
<i>leucovorin calcium injection solution 500 mg/50ml</i>	\$0 (Tier 1) B/D
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	\$0 (Tier 1) B/D
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)
MESNEX ORAL TABLET 400 MG	\$0 (Tier 2) ^

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12/01/2022

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

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 1) 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)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (Tier 2)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0 (Tier 1)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<b>ANTIARRHYTHMICS</b>	
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	\$0 (Tier 1)
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (Tier 2)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 1)
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 2)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	\$0 (Tier 2)
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	\$0 (Tier 1)
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (Tier 1)
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)
<b>ANTILIPEMICS, FIBRATES</b>	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$0 (Tier 1)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0 (Tier 1)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	\$0 (Tier 1)
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>	
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	\$0 (Tier 2) ST; QL (60 EA per 30 days); ^
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG	\$0 (Tier 2) ST; QL (30 EA per 30 days); ^
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	\$0 (Tier 2) ST; QL (30 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 (Tier 2) ST; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	\$0 (Tier 2) ST; QL (30 EA per 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS</b>	
<i>cholestyramine light oral packet 4 gm</i>	\$0 (Tier 1)
<i>cholestyramine light oral powder 4 gm/dose</i>	\$0 (Tier 1)
<i>cholestyramine oral packet 4 gm</i>	\$0 (Tier 1)
<i>cholestyramine oral powder 4 gm/dose</i>	\$0 (Tier 1)
<i>colesevelam hcl oral packet 3.75 gm</i>	\$0 (Tier 1)
<i>colesevelam hcl oral tablet 625 mg</i>	\$0 (Tier 1)
<i>colestipol hcl oral granules 5 gm</i>	\$0 (Tier 1)
<i>colestipol hcl oral packet 5 gm</i>	\$0 (Tier 1)
<i>colestipol hcl oral tablet 1 gm</i>	\$0 (Tier 1)
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (Tier 1)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	\$0 (Tier 2) PA
<i>prevalite oral packet 4 gm</i>	\$0 (Tier 1)
<i>prevalite oral powder 4 gm/dose</i>	\$0 (Tier 1)
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	\$0 (Tier 2)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (Tier 1)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 1)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (Tier 1)
<b>BETA-BLOCKERS</b>	
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
BYSTOLIC ORAL TABLET 20 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (Tier 1)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	\$0 (Tier 1)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	\$0 (Tier 1)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<b>CALCIUM CHANNEL BLOCKERS</b>	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	\$0 (Tier 1)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	\$0 (Tier 1)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>nimodipine oral capsule 30 mg</i>	\$0 (Tier 1)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	\$0 (Tier 1)
NYMALIZE ORAL SOLUTION 6 MG/ML	\$0 (Tier 2) ^
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	\$0 (Tier 1)
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)
<b>DIURETICS</b>	
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	\$0 (Tier 1)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)
<i>amiloride hcl oral tablet 5 mg</i>	\$0 (Tier 1)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	\$0 (Tier 1)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$0 (Tier 1)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>spironolactone-hctz oral tablet 25-25 mg</i>	\$0 (Tier 1)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	\$0 (Tier 1)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 1)
<b>MISCELLANEOUS</b>	
<b>ADRENALIN INJECTION SOLUTION 1 MG/ML</b>	\$0 (Tier 2)
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	\$0 (Tier 1)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	\$0 (Tier 1)
CORLANOR ORAL SOLUTION 5 MG/5ML	\$0 (Tier 2)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (Tier 2)
<i>digitek oral tablet 125 mcg, 250 mcg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>digoxin injection solution 0.25 mg/ml</i>	\$0 (Tier 1)
<i>digoxin oral solution 0.05 mg/ml</i>	\$0 (Tier 1)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>droxidopa oral capsule 100 mg</i>	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0 (Tier 2) PA; QL (180 EA per 30 days); ^
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>hydralazine hcl injection solution 20 mg/ml</i>	\$0 (Tier 1)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>metyrosine oral capsule 250 mg</i>	\$0 (Tier 2) PA; ^
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	\$0 (Tier 1)
<b>NITRATES</b>	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0 (Tier 2)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (Tier 1)
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (Tier 1)
<b>PULMONARY ARTERIAL HYPERTENSION</b>	
ADCIRCA ORAL TABLET 20 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
<i>alyq oral tablet 20 mg</i>	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days); ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>bosentan oral tablet 125 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
<i>bosentan oral tablet 62.5 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>sildenafil citrate oral tablet 20 mg</i>	\$0 (Tier 1) PA-NS; generic for Revatio; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	\$0 (Tier 1) PA-NS; generic for Adcirca; QL (60 EA per 30 days); ^
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	\$0 (Tier 2) PA-NS; LA; ^
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	\$0 (Tier 2) PA-NS; ^
<b>CENTRAL NERVOUS SYSTEM</b>	
<b>ANTI-ANXIETY</b>	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	\$0 (Tier 1) QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0 (Tier 1) QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<b>ANTICONVULSANTS</b>	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	\$0 (Tier 2) PA-NS
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); ^
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral suspension 100 mg/5ml</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>carbamazepine oral tablet chewable 100 mg</i>	\$0 (Tier 1)
CELONTIN ORAL CAPSULE 300 MG	\$0 (Tier 2)
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (Tier 1) PA-NS; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (Tier 1) QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	\$0 (Tier 1) QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (Tier 1) PA-NS; PA if 65 years and older; QL (180 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 PACKET 250 MG	\$0 (Tier 2) PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL PACKET 500 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>diazepam injection solution 5 mg/ml</i>	\$0 (Tier 1)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 1) PA-NS; PA if 65 years and older; QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	\$0 (Tier 1) PA-NS; PA if 65 years and older; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	\$0 (Tier 1) PA-NS; PA if 65 years and older; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1) PA-NS; PA if 65 years and older; QL (120 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	\$0 (Tier 1)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	\$0 (Tier 2)
DILANTIN ORAL CAPSULE 100 MG, 30 MG	\$0 (Tier 2)
DILANTIN ORAL SUSPENSION 125 MG/5ML	\$0 (Tier 2)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	\$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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (600 ML per 30 days); ^
<i>epitol oral tablet 200 mg</i>	\$0 (Tier 1)
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (Tier 2)
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)
<i>ethosuximide oral solution 250 mg/5ml</i>	\$0 (Tier 1)
<i>felbamate oral suspension 600 mg/5ml</i>	\$0 (Tier 2) ^
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$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, 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)
FYCOMPA ORAL TABLET 4 MG, 6 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
<i>gabapentin oral capsule 100 mg</i>	\$0 (Tier 1) QL (1080 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	\$0 (Tier 1) QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	\$0 (Tier 1) QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>lacosamide intravenous solution 200 mg/20ml</i>	\$0 (Tier 2) ^
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (Tier 1) QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	\$0 (Tier 1)
<i>levetiracetam intravenous solution 500 mg/5ml</i>	\$0 (Tier 1)
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (Tier 1)
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	\$0 (Tier 2)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	\$0 (Tier 1)
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)
<i>phenobarbital oral elixir 20 mg/5ml</i>	\$0 (Tier 2) PA-NS; PA if 70 years and older
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (Tier 2) PA-NS; PA if 70 years and older
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	\$0 (Tier 2) PA-NS; PA if 70 years and older
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	\$0 (Tier 2)
<i>phenytoin oral suspension 125 mg/5ml</i>	\$0 (Tier 1)
<i>phenytoin oral tablet chewable 50 mg</i>	\$0 (Tier 1)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>phenytoin sodium injection solution 50 mg/ml</i>	\$0 (Tier 1)
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (Tier 1)
<i>roweepra oral tablet 500 mg</i>	\$0 (Tier 1)
<i>rufinamide oral suspension 40 mg/ml</i>	\$0 (Tier 2) PA-NS; QL (2300 ML per 28 days); ^
<i>rufinamide oral tablet 200 mg</i>	\$0 (Tier 2) PA-NS; QL (480 EA per 30 days); ^
<i>rufinamide oral tablet 400 mg</i>	\$0 (Tier 2) PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	\$0 (Tier 2) QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	\$0 (Tier 2) QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	\$0 (Tier 2) QL (180 EA per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 2) QL (120 EA per 30 days) \$0 (Tier 1)
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)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	\$0 (Tier 1)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>valproate sodium intravenous solution 100 mg/ml</i>	\$0 (Tier 1)
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)
<i>valproic acid oral solution 250 mg/5ml</i>	\$0 (Tier 1)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	\$0 (Tier 2)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	\$0 (Tier 2)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	\$0 (Tier 2)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	\$0 (Tier 2)
<i>vigabatrin oral packet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigabatrin oral tablet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral packet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	\$0 (Tier 2) ^
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2) QL (1200 ML per 30 days); ^
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	\$0 (Tier 2) QL (56 EA per 28 days); ^
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	\$0 (Tier 2) QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
XCOPRI ORAL TABLET 50 MG	\$0 (Tier 2) QL (90 EA per 30 days); ^
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	\$0 (Tier 2) QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	\$0 (Tier 2) QL (28 EA per 28 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5ML	\$0 (Tier 2) PA-NS; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (1100 ML per 30 days); ^
<b>ANTIDEMENTIA</b>	
<i>donepezil hcl oral tablet 10 mg</i>	\$0 (Tier 1)
<i>donepezil hcl oral tablet 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	\$0 (Tier 1)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	\$0 (Tier 1)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (Tier 1) PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	\$0 (Tier 1) PA; PA if < 30 yrs
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) PA; PA if < 30 yrs
<b>NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 &amp; 14 &amp; 21 &amp; 28 -10 MG</b>	\$0 (Tier 2)
<b>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG</b>	\$0 (Tier 2)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<b>ANTIDEPRESSANTS</b>	
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	\$0 (Tier 1)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	\$0 (Tier 1)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2) PA-NS
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1) PA-NS; QL (30 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	\$0 (Tier 2)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	\$0 (Tier 1)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	\$0 (Tier 2) PA-NS
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	\$0 (Tier 1)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 2) QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	\$0 (Tier 2)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	\$0 (Tier 2) QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 2)
PAXIL ORAL SUSPENSION 10 MG/5ML	\$0 (Tier 2) QL (900 ML per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	\$0 (Tier 1)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	\$0 (Tier 1)
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	\$0 (Tier 1)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)
<i>trimipramine maleate oral capsule 100 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg</i>	\$0 (Tier 2) QL (240 EA per 30 days)
<i>trimipramine maleate oral capsule 50 mg</i>	\$0 (Tier 2) QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG	\$0 (Tier 2) QL (60 EA per 30 days)
TRINTELLIX ORAL TABLET 20 MG	\$0 (Tier 2) QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET 5 MG	\$0 (Tier 2) QL (120 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (Tier 2) QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	\$0 (Tier 2)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<b>ANTIPARKINSONIAN AGENTS</b>	
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>amantadine hcl oral solution 50 mg/5ml</i>	\$0 (Tier 1)
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	\$0 (Tier 2) PA; LA; QL (60 ML per 30 days); ^
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	\$0 (Tier 2) PA; QL (60 ML per 30 days); ^
<i>benztropine mesylate injection solution 1 mg/ml</i>	\$0 (Tier 1)
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>bromocriptine mesylate oral capsule 5 mg</i>	\$0 (Tier 1)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	\$0 (Tier 1)
<i>carbidopa oral tablet 25 mg</i>	\$0 (Tier 1)
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	\$0 (Tier 1)
<i>entacapone oral tablet 200 mg</i>	\$0 (Tier 1)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 2) PA; QL (150 EA per 30 days); ^
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	\$0 (Tier 2)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	\$0 (Tier 1)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (Tier 1)
<i>rasagiline mesylate oral tablet 0.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>rasagiline mesylate oral tablet 1 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (Tier 1)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>ANTIPSYCHOTICS</b>	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	\$0 (Tier 2) QL (1 EA per 28 days); ^
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	\$0 (Tier 2) QL (1 EA per 28 days); ^
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	\$0 (Tier 2) ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	\$0 (Tier 2) QL (3.9 ML per 56 days); ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	\$0 (Tier 2) QL (1.6 ML per 28 days); ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	\$0 (Tier 2) QL (2.4 ML per 28 days); ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	\$0 (Tier 2) QL (3.2 ML per 28 days); ^
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
CAPLYTA ORAL CAPSULE 42 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days)
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	\$0 (Tier 1)
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML, 30 MG/ML	\$0 (Tier 2)
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>clozapine oral tablet 100 mg</i>	\$0 (Tier 1) QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (Tier 1) QL (135 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>clozapine oral tablet dispersible 100 mg</i>	\$0 (Tier 1) PA-NS; QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	\$0 (Tier 1) PA-NS
<i>clozapine oral tablet dispersible 150 mg</i>	\$0 (Tier 1) PA-NS; QL (180 EA per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>clozapine oral tablet dispersible 200 mg</i>	\$0 (Tier 2) PA-NS; QL (135 EA per 30 days); ^
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 TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	\$0 (Tier 2) PA-NS
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (Tier 1)
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0 (Tier 2) QL (0.75 ML per 28 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0 (Tier 2) QL (1 ML per 28 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0 (Tier 2) QL (1.5 ML per 28 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (Tier 2) QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0 (Tier 2) QL (0.5 ML per 28 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	\$0 (Tier 2) QL (0.88 ML per 90 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	\$0 (Tier 2) QL (1.32 ML per 90 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	\$0 (Tier 2) QL (1.75 ML per 90 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	\$0 (Tier 2) QL (2.63 ML per 90 days); ^
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier 2) QL (30 EA per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
LATUDA ORAL TABLET 80 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)
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); ^
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	\$0 (Tier 1) QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	\$0 (Tier 2) QL (1 EA per 30 days); ^
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	\$0 (Tier 1) PA-NS; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0 (Tier 2) QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	\$0 (Tier 2) QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	\$0 (Tier 2) QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	\$0 (Tier 2) QL (2 EA per 28 days); ^
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1) QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	\$0 (Tier 2) QL (30 EA per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2) PA-NS; QL (600 ML per 30 days); ^
VRAYLAR ORAL CAPSULE 1.5 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	\$0 (Tier 2)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	\$0 (Tier 1) QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	\$0 (Tier 2) PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	\$0 (Tier 2) PA-NS; QL (2 EA per 28 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	\$0 (Tier 2) PA-NS; QL (1 EA per 28 days); ^
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>	
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>atomoxetine hcl oral capsule 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1) PA; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older; QL (30 EA per 30 days)
<i>metadate er oral tablet extended release 20 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	\$0 (Tier 1) PA; QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1) PA; QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) PA; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) PA; QL (180 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)
<b>HYPNOTICS</b>	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
<i>temazepam oral capsule 15 mg</i>	\$0 (Tier 1) PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg</i>	\$0 (Tier 1) PA; PA if 65 years and older; QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	\$0 (Tier 1) PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
<b>MIGRAINE</b>	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 2) PA; QL (1 ML per 30 days)
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	\$0 (Tier 2) ^
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	\$0 (Tier 2) PA; QL (8 ML per 30 days); ^
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (Tier 2) PA; QL (3 ML per 30 days); ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	\$0 (Tier 2) PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	\$0 (Tier 2) PA; QL (2 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (Tier 1) PA; QL (40 EA per 28 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	\$0 (Tier 1) QL (12 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	\$0 (Tier 2) PA; QL (16 EA per 30 days); ^
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	\$0 (Tier 1) QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	\$0 (Tier 1) QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	\$0 (Tier 1) QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1) QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	\$0 (Tier 1) QL (9 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	\$0 (Tier 1) QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	\$0 (Tier 1) QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	\$0 (Tier 1) QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	\$0 (Tier 1) QL (6 ML per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2) PA; QL (16 EA per 30 days); ^
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (12 EA per 30 days)
<b>MISCELLANEOUS</b>	
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (Tier 2) PA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
GRALISE ORAL TABLET 300 MG	\$0 (Tier 2) PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET 600 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	\$0 (Tier 2) PA; LA; QL (28 EA per 28 days); ^
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 1)

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)
LITHIUM ORAL SOLUTION 8 MEQ/5ML	\$0 (Tier 2)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (Tier 1)
<i>riluzole oral tablet 50 mg</i>	\$0 (Tier 1)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	\$0 (Tier 2) PA
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
<i>tetrabenazine oral tablet 25 mg</i>	\$0 (Tier 2) PA; QL (120 EA per 30 days); ^
<b>MULTIPLE SCLEROSIS AGENTS</b>	
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 2) PA-NS; QL (14 EA per 28 days); ^
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	\$0 (Tier 1) PA
GILENYA ORAL CAPSULE 0.5 MG	\$0 (Tier 2) PA-NS; QL (28 EA per 28 days); ^
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0 (Tier 2) PA-NS; QL (30 ML per 30 days); ^
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0 (Tier 2) PA-NS; QL (12 ML per 28 days); ^
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0 (Tier 2) PA-NS; QL (30 ML per 30 days); ^
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0 (Tier 2) PA-NS; QL (12 ML per 28 days); ^
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	\$0 (Tier 2) PA-NS; LA; ^
TECFIDERA ORAL 120 & 240 MG	\$0 (Tier 2) PA-NS; LA; ^
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	\$0 (Tier 2) PA-NS; LA; QL (14 EA per 7 days); ^
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
<b>MUSCULOSKELETAL THERAPY AGENTS</b>	
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)
<b>NARCOLEPSY/CATAPLEXY</b>	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	\$0 (Tier 2) PA; LA; QL (540 ML per 30 days); ^
<b>PSYCHOTHERAPEUTIC-MISC</b>	
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	\$0 (Tier 1)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	\$0 (Tier 1)
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	\$0 (Tier 2)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	\$0 (Tier 1)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	\$0 (Tier 1)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	\$0 (Tier 1)
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	\$0 (Tier 1)
<i>naltrexone hcl oral tablet 50 mg</i>	\$0 (Tier 1)
NICOTINE KIT 21-14-7 MG/24HR TRANSDERMAL 21-14-7 MG/24HR	\$0 (Tier 3) NT
<i>nicotine mini lozenge 4 mg mouth/throat 4 mg</i>	\$0 (Tier 3) NT
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc) 14 mg/24hr</i>	\$0 (Tier 3) NT
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc) 21 mg/24hr</i>	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc) 7 mg/24hr</i>	\$0 (Tier 3) NT
<i>nicotine polacrilex gum 2 mg mouth/throat 2 mg</i>	\$0 (Tier 3) NT
<i>nicotine polacrilex gum 4 mg mouth/throat 4 mg</i>	\$0 (Tier 3) NT
<i>nicotine polacrilex lozenge 2 mg mouth/throat 2 mg</i>	\$0 (Tier 3) NT
NICOTROL INHALATION INHALER 10 MG	\$0 (Tier 2)
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0 (Tier 2)
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG	\$0 (Tier 1) QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	\$0 (Tier 1)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (Tier 2) ^
<b>ENDOCRINE AND METABOLIC</b>	
<b>ANDROGENS</b>	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	\$0 (Tier 2) PA; QL (30 EA per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	\$0 (Tier 1) PA; QL (120 EA per 30 days)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0 (Tier 1)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	\$0 (Tier 1)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	\$0 (Tier 1) PA; QL (300 GM per 30 days)
<b>ANTIDIABETICS, INSULINS</b>	
ALCOHOL SWABS PAD 70 %	\$0 (Tier 2)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)
FIASP INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)
GAUZE PADS 2" X 2" PAD 2"X2"	\$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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 2) B/D; ^
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	\$0 (Tier 2) ^
INSULIN PEN NEEDLE 29G X 12MM	\$0 (Tier 2)
INSULIN SYRINGE (DISP) U-100 0.3 ML 29G 0.3 ML	\$0 (Tier 2)
INSULIN SYRINGE (DISP) U-100 1 ML 29G X 1/2" 1 ML	\$0 (Tier 2)
INSULIN SYRINGE (DISP) U-100 1/2 ML 28G X 1/2" 0.5 ML	\$0 (Tier 2)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)
NEEDLES, INSULIN DISP., SAFETY 29G X 1/2" 1 ML	\$0 (Tier 2)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
OMNIPOD 5 G6 INTRO (GEN 5) KIT	\$0 (Tier 2) PA; QL (1 EA per 365 days)
OMNIPOD 5 G6 POD (GEN 5)	\$0 (Tier 2) PA; QL (3 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	\$0 (Tier 2) PA; QL (1 EA per 365 days)

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
OMNIPOD CLASSIC PODS (GEN 3)	\$0 (Tier 2) PA; QL (3 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	\$0 (Tier 2) PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	\$0 (Tier 2) PA; QL (3 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0 (Tier 2) QL (30 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	\$0 (Tier 2)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)
V-GO 20 KIT	\$0 (Tier 2) PA; QL (30 EA per 30 days)
V-GO 30 KIT	\$0 (Tier 2) PA; QL (30 EA per 30 days)
V-GO 40 KIT	\$0 (Tier 2) PA; QL (30 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	\$0 (Tier 2) QL (15 ML per 30 days)
<b>ANTIDIABETICS</b>	
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	\$0 (Tier 2) QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	\$0 (Tier 2) QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	\$0 (Tier 2) QL (1.2 ML per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	\$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)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 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	\$0 (Tier 2) QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	\$0 (Tier 2) QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	\$0 (Tier 1) (generic of GLUCOPHAGE XR); QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	\$0 (Tier 1) (generic of GLUCOPHAGE XR); QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	\$0 (Tier 1) QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	\$0 (Tier 2) QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	\$0 (Tier 2) QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	\$0 (Tier 2) QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (Tier 2) QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 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 EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	\$0 (Tier 2) QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	\$0 (Tier 2) QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	\$0 (Tier 2) QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<b>CALCIUM REGULATORS</b>	
<i>alendronate sodium oral solution 70 mg/75ml</i>	\$0 (Tier 1)
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	\$0 (Tier 1)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	\$0 (Tier 1) B/D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	\$0 (Tier 2) PA; ^
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	\$0 (Tier 2) ST
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	\$0 (Tier 1) B/D; QL (3 ML per 90 days)
<i>ibandronate sodium oral tablet 150 mg</i>	\$0 (Tier 1) B/D

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	\$0 (Tier 2) PA; ^
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	\$0 (Tier 1) B/D
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	\$0 (Tier 2) B/D
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	\$0 (Tier 1) B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	\$0 (Tier 2) QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	\$0 (Tier 1)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	\$0 (Tier 1)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	\$0 (Tier 2) PA; ^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	\$0 (Tier 2) PA; ^
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	\$0 (Tier 1) B/D
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	\$0 (Tier 1) B/D
<b>CHELATING AGENTS</b>	
CHEMET ORAL CAPSULE 100 MG	\$0 (Tier 2)
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 2) PA; ^
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 2) PA; ^
<i>deferasirox oral tablet soluble 125 mg</i>	\$0 (Tier 1) PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	\$0 (Tier 1) PA; ^
LOKELMA ORAL PACKET 10 GM, 5 GM	\$0 (Tier 2)
<i>penicillamine oral tablet 250 mg</i>	\$0 (Tier 2) ^
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)
<i>sps oral suspension 15 gm/60ml</i>	\$0 (Tier 1)
<i>trientine hcl oral capsule 250 mg</i>	\$0 (Tier 2) PA; ^
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	\$0 (Tier 2)
<b>CONTRACEPTIVES</b>	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>altavera oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (Tier 1)
<i>amethia oral tablet 0.15-0.03 &amp;0.01 mg</i>	\$0 (Tier 1)
<i>apri oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>ashlyna oral tablet 0.15-0.03 &amp;0.01 mg</i>	\$0 (Tier 1)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (Tier 1)
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)
<i>balziva oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (Tier 1)
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>camila oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>camrese lo oral tablet 0.1-0.02 &amp; 0.01 mg</i>	\$0 (Tier 1)
<i>camrese oral tablet 0.15-0.03 &amp;0.01 mg</i>	\$0 (Tier 1)
<i>chateal oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (Tier 1)
<i>daysee oral tablet 0.15-0.03 &amp;0.01 mg</i>	\$0 (Tier 1)
<i>deblitane oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	\$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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	\$0 (Tier 1)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (Tier 1)
DUREX REALFEEL DEVICE	\$0 (Tier 3) NT
<i>elinest oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)
ELLA ORAL TABLET 30 MG	\$0 (Tier 2)
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	\$0 (Tier 1)
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>errin oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (Tier 1)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	\$0 (Tier 1)
<i>falmina oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
FC2 FEMALE CONDOM	\$0 (Tier 3) NT
<i>femynor oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	\$0 (Tier 1)
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (Tier 1)
<i>heather oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>iclevia oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>incassia oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>introvale oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>jasmiel oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>jolessa oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>juleber oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	\$0 (Tier 1)
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	\$0 (Tier 1)
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	\$0 (Tier 1)
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (Tier 1)
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>larissia oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	\$0 (Tier 1)
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	\$0 (Tier 1)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>levonorgestrel tablet 1.5 mg oral (otc) 1.5 mg</i>	\$0 (Tier 3) NT
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>lillow oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>loestrin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>loestrin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>loestrin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>loestrin fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>loryna oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)
<i>lutera oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>lyleq oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>lyza oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	\$0 (Tier 1)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	\$0 (Tier 1)
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>mili oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>nikki oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>nora-be oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	\$0 (Tier 1)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>norethindrone oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0 (Tier 1)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	\$0 (Tier 1)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>norlyroc oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (Tier 1)
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (Tier 1)
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>ocella oral tablet 3-0.03 mg</i>	\$0 (Tier 1)
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>philith oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>pimtree oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
PREMIUM CONDOMS LUBRICATED	\$0 (Tier 3) NT
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>rivelsa oral tablet 42-21-21-7 days</i>	\$0 (Tier 1)
<i>setlakin oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>sharobel oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)
<i>simpesse oral tablet 0.15-0.03 &amp;0.01 mg</i>	\$0 (Tier 1)
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>syeda oral tablet 3-0.03 mg</i>	\$0 (Tier 1)
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (Tier 1)
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0 (Tier 1)
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0 (Tier 1)
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)
TRUSTEX NON-LUBRICATED	\$0 (Tier 3) NT
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	\$0 (Tier 1)
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	\$0 (Tier 1)
<i>vestura oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>wera oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (Tier 1)
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (Tier 1)
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>zumandimine oral tablet 3-0.03 mg</i>	\$0 (Tier 1)
<b>ENDOMETRIOSIS</b>	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)
SYNAREL NASAL SOLUTION 2 MG/ML	\$0 (Tier 2) ^
<b>ESTROGENS</b>	
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (Tier 2)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	\$0 (Tier 2)
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (Tier 2)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (Tier 2)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (Tier 2)
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (Tier 1)
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (Tier 1)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (Tier 2)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 2)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	\$0 (Tier 2)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	\$0 (Tier 2)
<i>jinteli oral tablet 1-5 mg-mcg</i>	\$0 (Tier 2)
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (Tier 2)
<i>mimvey oral tablet 1-0.5 mg</i>	\$0 (Tier 2)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 2)
<i>yuvafem vaginal tablet 10 mcg</i>	\$0 (Tier 1)
<b>GLUCOCORTICOIDS</b>	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	\$0 (Tier 2)
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	\$0 (Tier 1)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	\$0 (Tier 1)
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	\$0 (Tier 1)
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	\$0 (Tier 1)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	\$0 (Tier 1)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	\$0 (Tier 1)
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	\$0 (Tier 1)
<i>prednisolone oral solution 15 mg/5ml</i>	\$0 (Tier 1)
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	\$0 (Tier 1)
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 2)
<i>prednisone oral solution 5 mg/5ml</i>	\$0 (Tier 1)
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	\$0 (Tier 1)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	\$0 (Tier 2)
<b>GLUCOSE ELEVATING AGENTS</b>	
BD GLUCOSE TABLET CHEWABLE 5 GM ORAL 5 GM	\$0 (Tier 3) NT
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 2) ^
<i>glucose gel 40 % oral 40 %</i>	\$0 (Tier 3) NT
GLUCOSE TABLET CHEWABLE 4 GM ORAL 4 GM	\$0 (Tier 3) NT
GLUCOSE TABLET CHEWABLE 4-6 GM-MG ORAL 4-6 GM-MG	\$0 (Tier 3) NT
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	\$0 (Tier 2)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	\$0 (Tier 2)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	\$0 (Tier 2)
INSTA-GLUCOSE GEL 77.4 % ORAL 77.4 %	\$0 (Tier 3) NT

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
TRUEPLUS GLUCOSE GEL 15 GM/32ML ORAL 15 GM/32ML	\$0 (Tier 3) NT
<b>MISCELLANEOUS</b>	
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	\$0 (Tier 2) PA; LA; ^
<i>betaine oral powder</i>	\$0 (Tier 2) LA; ^
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)
CARBAGLU ORAL TABLET SOLUBLE 200 MG	\$0 (Tier 2) PA; LA; ^
<i>carglumic acid oral tablet soluble 200 mg</i>	\$0 (Tier 2) PA; LA; ^
CERDELGA ORAL CAPSULE 84 MG	\$0 (Tier 2) PA; ^
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	\$0 (Tier 2) PA; LA; ^
CHEMSTRIP 7 STRIP IN VITRO	\$0 (Tier 3) NT
<i>cinacalcet hcl oral tablet 30 mg</i>	\$0 (Tier 1) B/D; QL (120 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	\$0 (Tier 2) B/D; QL (60 EA per 30 days); ^
<i>cinacalcet hcl oral tablet 90 mg</i>	\$0 (Tier 2) B/D; QL (120 EA per 30 days); ^
CYSTADANE ORAL POWDER	\$0 (Tier 2) LA; ^
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 2) PA; LA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	\$0 (Tier 1)
<i>desmopressin acetate injection solution 4 mcg/ml</i>	\$0 (Tier 2) ^
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	\$0 (Tier 1)
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	\$0 (Tier 2) ^
<i>desmopressin acetate spray nasal solution 0.01 %</i>	\$0 (Tier 1)
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	\$0 (Tier 2) PA; LA; ^
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	\$0 (Tier 2) PA; ^
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	\$0 (Tier 2) PA; ^
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	\$0 (Tier 2) PA; LA; ^
<i>javygtor oral packet 100 mg</i>	\$0 (Tier 2) PA; LA; ^
<i>javygtor oral tablet 100 mg</i>	\$0 (Tier 2) PA; LA; ^
KETO-DIASTIX STRIP IN VITRO	\$0 (Tier 3) NT
KORLYM ORAL TABLET 300 MG	\$0 (Tier 2) PA; LA; ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>levocarnitine oral solution 1 gm/10ml</i>	\$0 (Tier 1) B/D
<i>levocarnitine oral tablet 330 mg</i>	\$0 (Tier 1) B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	\$0 (Tier 2) PA; LA; ^
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	\$0 (Tier 2) PA; ^
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	\$0 (Tier 2) PA; ^
<i>miglustat oral capsule 100 mg</i>	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	\$0 (Tier 2) PA; LA; ^
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 2) PA; ^
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0 (Tier 1) PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 2) PA; ^
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	\$0 (Tier 1) PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	\$0 (Tier 2) PA; ^
OVIDREL INJECTABLE 250 MCG/0.5ML SUBCUTANEOUS 250 MCG/0.5ML	\$0 (Tier 3) NT
PRECISION XTRA KETONE STRIP IN VITRO	\$0 (Tier 3) NT
<i>raloxifene hcl oral tablet 60 mg</i>	\$0 (Tier 1)
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	\$0 (Tier 2) PA; ^
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	\$0 (Tier 2) PA; ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0 (Tier 2) PA; LA; ^
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	\$0 (Tier 2) PA; ^
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (Tier 2) PA; ^
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	\$0 (Tier 2) PA-NS; ^
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	\$0 (Tier 2) PA; ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 2) PA; LA; ^
<b>PHOSPHATE BINDER AGENTS</b>	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>calcium acetate oral tablet 667 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>sevelamer carbonate oral packet 0.8 gm</i>	\$0 (Tier 2) QL (540 EA per 30 days); ^
<i>sevelamer carbonate oral packet 2.4 gm</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0 (Tier 1) QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	\$0 (Tier 2) ^
<b>PROGESTINS</b>	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>megestrol acetate oral suspension 40 mg/ml</i>	\$0 (Tier 2)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	\$0 (Tier 2) PA
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)
<b>THYROID AGENTS</b>	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (Tier 1)
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>propylthiouracil oral tablet 50 mg</i>	\$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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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)
<b>VITAMIN D ANALOGS</b>	
<i>calcitriol intravenous solution 1 mcg/ml</i>	\$0 (Tier 1) B/D
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1) B/D
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1) B/D
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (Tier 1) B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (Tier 1) B/D
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	\$0 (Tier 2) ^
<b>GASTROINTESTINAL</b>	
<b>ANTACIDS</b>	
<i>acid gone suspension 95-358 mg/15ml oral 95-358 mg/15ml</i>	\$0 (Tier 3) NT
<i>alum &amp; mag hydroxide-simeth suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0 (Tier 3) NT
<i>alumina-magnesia-simethicone suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0 (Tier 3) NT
ALUMINUM HYDROXIDE GEL SUSPENSION 320 MG/5ML ORAL 320 MG/5ML	\$0 (Tier 3) NT
<i>antacid calcium tablet chewable 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>antacid extra strength tablet chewable 160-105 mg oral 160-105 mg</i>	\$0 (Tier 3) NT
<i>antacid ultra strength tablet chewable 1000 mg oral 1000 mg</i>	\$0 (Tier 3) NT
<i>calcium antacid extra strength tablet chewable 750 mg oral 750 mg</i>	\$0 (Tier 3) NT
CALCIUM CARBONATE ANTACID TABLET 648 MG ORAL 648 MG	\$0 (Tier 3) NT
GAVISCON TABLET CHEWABLE 80-14.2 MG ORAL 80-14.2 MG	\$0 (Tier 3) NT
<i>gnp antacid &amp; anti-gas tablet chewable 1000-60 mg oral 1000-60 mg</i>	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>heartburn relief ex st suspension 254-237.5 mg/5ml oral 254-237.5 mg/5ml</i>	\$0 (Tier 3) NT
MAG-AL LIQUID 200-200 MG/5ML ORAL 200-200 MG/5ML	\$0 (Tier 3) NT
<i>magnesium oxide tablet 400 mg oral 400 mg</i>	\$0 (Tier 3) NT
<i>mintox plus tablet chewable 200-200-25 mg oral 200-200-25 mg</i>	\$0 (Tier 3) NT
<i>sodium bicarbonate tablet 325 mg oral 325 mg</i>	\$0 (Tier 3) NT
<i>sodium bicarbonate tablet 650 mg oral 650 mg</i>	\$0 (Tier 3) NT
TUMS CHEWY DELIGHTS TABLET CHEWABLE 1177 MG ORAL 1177 MG	\$0 (Tier 3) NT
<b>ANTI-DIARRHEAL</b>	
<i>acidophilus probiotic capsule oral</i>	\$0 (Tier 3) NT
ACIDOPHILUS/BIFIDUS WAFER ORAL	\$0 (Tier 3) NT
ACIDOPHILUS/CITRUS PECTIN TABLET ORAL	\$0 (Tier 3) NT
<i>acidophilus/pectin capsule oral</i>	\$0 (Tier 3) NT
<i>anti-diarrheal capsule 2 mg oral 2 mg</i>	\$0 (Tier 3) NT
<i>anti-diarrheal tablet 2 mg oral 2 mg</i>	\$0 (Tier 3) NT
BIO-K PLUS STRONG CAPSULE DELAYED RELEASE ORAL	\$0 (Tier 3) NT
CULTURELLE DIGESTIVE WOMENS CAPSULE ORAL	\$0 (Tier 3) NT
<i>culturelle prenatal wellness tablet chewable oral</i>	\$0 (Tier 3) NT
<i>gnp pink bismuth tablet 262 mg oral 262 mg</i>	\$0 (Tier 3) NT
<i>lactobacillus packet oral</i>	\$0 (Tier 3) NT
<i>lactobacillus tablet oral</i>	\$0 (Tier 3) NT
<i>loperamide hcl liquid 1 mg/7.5ml oral 1 mg/7.5ml</i>	\$0 (Tier 3) NT
LOPERAMIDE HCL SOLUTION 2 MG/15ML ORAL 2 MG/15ML	\$0 (Tier 3) NT
MORE-DOPHILUS ACIDOPHILUS POWDER ORAL	\$0 (Tier 3) NT
<i>peptic relief tablet chewable 262 mg oral 262 mg</i>	\$0 (Tier 3) NT
<i>stomach relief extra strength suspension 525 mg/15ml oral 525 mg/15ml</i>	\$0 (Tier 3) NT
<i>stomach relief suspension 525 mg/30ml oral 525 mg/30ml</i>	\$0 (Tier 3) NT
<b>ANTIEMETICS</b>	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	\$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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>compro rectal suppository 25 mg</i>	\$0 (Tier 1)
<i>driminate tablet 50 mg oral 50 mg</i>	\$0 (Tier 3) NT
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) B/D; QL (60 EA per 30 days)
<i>gnp motion sickness relief tablet 25 mg oral 25 mg</i>	\$0 (Tier 3) NT
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	\$0 (Tier 1)
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1) B/D
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 2)
<i>meclizine hcl tablet 12.5 mg oral (otc) 12.5 mg</i>	\$0 (Tier 3) NT
<i>meclizine hcl tablet chewable 25 mg oral (otc) 25 mg</i>	\$0 (Tier 3) NT
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0 (Tier 1)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	\$0 (Tier 1)
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	\$0 (Tier 1)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	\$0 (Tier 1)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	\$0 (Tier 1)
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	\$0 (Tier 1)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	\$0 (Tier 2) PA; PA if 70 years and older; QL (10 EA per 30 days)
<b>ANTISPASMODICS</b>	
<i>dicyclomine hcl oral capsule 10 mg</i>	\$0 (Tier 2)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	\$0 (Tier 2)
<i>dicyclomine hcl oral tablet 20 mg</i>	\$0 (Tier 2)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>H2-RECEPTOR ANTAGONISTS</b>	
<i>acid reducer tablet 10 mg oral 10 mg</i>	\$0 (Tier 3) NT
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	\$0 (Tier 1)
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	\$0 (Tier 1)
<i>famotidine maximum strength tablet 20 mg oral 20 mg</i>	\$0 (Tier 3) NT
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	\$0 (Tier 1) QL (300 ML per 30 days)
<i>famotidine oral tablet 20 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>famotidine oral tablet 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	\$0 (Tier 1)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)
<i>sm acid reducer tablet 200 mg oral 200 mg</i>	\$0 (Tier 3) NT
<b>INFLAMMATORY BOWEL DISEASE</b>	
<i>balsalazide disodium oral capsule 750 mg</i>	\$0 (Tier 1)
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	\$0 (Tier 2) PA; ^
<i>budesonide oral capsule delayed release particles 3 mg</i>	\$0 (Tier 1) PA
<i>hydrocortisone rectal enema 100 mg/60ml</i>	\$0 (Tier 1)
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>mesalamine oral capsule delayed release 400 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	\$0 (Tier 1)
<i>mesalamine rectal enema 4 gm</i>	\$0 (Tier 1)
<i>mesalamine rectal suppository 1000 mg</i>	\$0 (Tier 1)
<i>mesalamine-cleanser rectal kit 4 gm</i>	\$0 (Tier 1)
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 1)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	\$0 (Tier 1)
<b>LAXATIVES</b>	
<i>bisacodyl ec tablet delayed release 5 mg oral (otc) 5 mg</i>	\$0 (Tier 3) NT
<i>bisacodyl suppository 10 mg rectal 10 mg</i>	\$0 (Tier 3) NT
<i>castor oil oil 100 % oral 100 %</i>	\$0 (Tier 3) NT
<i>chocolated laxative tablet chewable 15 mg oral 15 mg</i>	\$0 (Tier 3) NT
COLACE CLEAR CAPSULE 50 MG ORAL 50 MG	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>constulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)
<i>docusate calcium capsule 240 mg oral 240 mg</i>	\$0 (Tier 3) NT
<i>docusate sodium capsule 250 mg oral (otc) 250 mg</i>	\$0 (Tier 3) NT
<i>docusate sodium liquid 50 mg/5ml oral 50 mg/5ml</i>	\$0 (Tier 3) NT
DOCUSOL KIDS ENEMA 100 MG/5ML RECTAL 100 MG/5ML	\$0 (Tier 3) NT
DOCUSOL PLUS MINI-ENEMA ENEMA 20-283 MG RECTAL 20-283 MG	\$0 (Tier 3) NT
<i>dok tablet 100 mg oral 100 mg</i>	\$0 (Tier 3) NT
<i>enema enema 7-19 gm/118ml rectal 7-19 gm/118ml</i>	\$0 (Tier 3) NT
<i>enema mineral oil enema rectal</i>	\$0 (Tier 3) NT
<i>enemeez mini enema 283 mg/5ml rectal 283 mg/5ml</i>	\$0 (Tier 3) NT
<i>enulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)
<i>fiber tablet 625 mg oral 625 mg</i>	\$0 (Tier 3) NT
FLEET BISACODYL ENEMA 10 MG/30ML RECTAL 10 MG/30ML	\$0 (Tier 3) NT
FLEET PEDIATRIC ENEMA 3.5-9.5 GM/59ML RECTAL 3.5-9.5 GM/59ML	\$0 (Tier 3) NT
<i>gavilyte-c oral solution reconstituted 240 gm</i>	\$0 (Tier 1)
<i>gavilyte-g oral solution reconstituted 236 gm</i>	\$0 (Tier 1)
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	\$0 (Tier 1)
<i>generlac oral solution 10 gm/15ml</i>	\$0 (Tier 1)
<i>gnp fiber therapy tablet 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>gnp natural fiber powder 48.57 % oral 48.57 %</i>	\$0 (Tier 3) NT
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	\$0 (Tier 2)
<i>hm fiber powder 30.9 % oral 30.9 %</i>	\$0 (Tier 3) NT
KONSYL DAILY FIBER PACKET 100 % ORAL 100 %	\$0 (Tier 3) NT
KONSYL DAILY FIBER PACKET 28.3 % ORAL 28.3 %	\$0 (Tier 3) NT
<i>konsyl daily fiber powder 28.3 % oral 28.3 %</i>	\$0 (Tier 3) NT
KONSYL DAILY FIBER POWDER 60.3 % ORAL 60.3 %	\$0 (Tier 3) NT
KONSYL-D POWDER 52.3 % ORAL 52.3 %	\$0 (Tier 3) NT
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	\$0 (Tier 1)

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>lactulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)
<i>laxative max str tablet 25 mg oral 25 mg</i>	\$0 (Tier 3) NT
<i>laxative regular strength tablet 15 mg oral 15 mg</i>	\$0 (Tier 3) NT
<i>magnesium citrate solution 1.745 gm/30ml oral 1.745 gm/30ml</i>	\$0 (Tier 3) NT
<i>milk of magnesia concentrate suspension 2400 mg/10ml oral 2400 mg/10ml</i>	\$0 (Tier 3) NT
<i>milk of magnesia suspension 7.75 % oral 7.75 %</i>	\$0 (Tier 3) NT
<i>mineral oil oil oral</i>	\$0 (Tier 3) NT
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	\$0 (Tier 1)
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	\$0 (Tier 2)
PEDIA-LAX LIQUID 50 MG/15ML ORAL 50 MG/15ML	\$0 (Tier 3) NT
PEDIA-LAX TABLET CHEWABLE 400 MG ORAL 400 MG	\$0 (Tier 3) NT
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0 (Tier 1)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0 (Tier 1)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	\$0 (Tier 2)
<i>polyethylene glycol 3350 packet 17 gm oral (otc) 17 gm</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powder 17 gm/scoop oral (otc) 17 gm/scoop</i>	\$0 (Tier 3) NT
<i>senna capsule 8.6 mg oral 8.6 mg</i>	\$0 (Tier 3) NT
<i>senna liquid 8.8 mg/5ml oral 8.8 mg/5ml</i>	\$0 (Tier 3) NT
SENNAPLUS CAPSULE 50-8.6 MG ORAL 50-8.6 MG	\$0 (Tier 3) NT
<i>senna-lax tablet 8.6 mg oral 8.6 mg</i>	\$0 (Tier 3) NT
<i>senokot extra strength tablet 17.2 mg oral 17.2 mg</i>	\$0 (Tier 3) NT
<i>silace syrup 60 mg/15ml oral 60 mg/15ml</i>	\$0 (Tier 3) NT
<i>sm epsom salt granules oral</i>	\$0 (Tier 3) NT
<i>sm fiber powder 58.6 % oral 58.6 %</i>	\$0 (Tier 3) NT
<i>soluble fiber therapy powder oral</i>	\$0 (Tier 3) NT
SORBITOL SOLUTION 70 % ORAL 70 %	\$0 (Tier 3) NT
SORBITOL SOLUTION 70 % RECTAL 70 %	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>stool softener capsule 100 mg oral 100 mg</i>	\$0 (Tier 3) NT
<i>stool softener plus laxative tablet 8.6-50 mg oral 8.6-50 mg</i>	\$0 (Tier 3) NT
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	\$0 (Tier 2)
<b>MISCELLANEOUS</b>	
<i>alose tron hcl oral tablet 0.5 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>alose tron hcl oral tablet 1 mg</i>	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
CARAFATE ORAL SUSPENSION 1 GM/10ML	\$0 (Tier 2) PA
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	\$0 (Tier 1)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	\$0 (Tier 2)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 2)
GAS RELIEF CAPSULE 250 MG ORAL 250 MG	\$0 (Tier 3) NT
<i>gas relief extra strength capsule 125 mg oral 125 mg</i>	\$0 (Tier 3) NT
<i>gas relief extra strength tablet chewable 125 mg oral 125 mg</i>	\$0 (Tier 3) NT
<i>gas relief tablet chewable 80 mg oral 80 mg</i>	\$0 (Tier 3) NT
<i>gas relief ultra strength capsule 180 mg oral 180 mg</i>	\$0 (Tier 3) NT
GATTEX SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2) PA; LA; ^
<i>infants gas relief suspension 20 mg/0.3ml oral 20 mg/0.3ml</i>	\$0 (Tier 3) NT
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	\$0 (Tier 1)
<i>lubiprostone oral capsule 24 mcg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lubiprostone oral capsule 8 mcg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)
MOVANTIK ORAL TABLET 12.5 MG	\$0 (Tier 2) QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	\$0 (Tier 2) QL (30 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	\$0 (Tier 2) PA; ^
<i>sucrafate oral suspension 1 gm/10ml</i>	\$0 (Tier 1) PA
<i>sucrafate oral tablet 1 gm</i>	\$0 (Tier 1)
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
XERMELO ORAL TABLET 250 MG	\$0 (Tier 2) PA; LA; QL (90 EA per 30 days); ^
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 2) PA; ^
<b>PANCREATIC ENZYMES</b>	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	\$0 (Tier 2)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	\$0 (Tier 2)
<b>PROTON PUMP INHIBITORS</b>	
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	\$0 (Tier 1)
<i>esomeprazole magnesium capsule delayed release 20 mg oral (otc) 20 mg</i>	\$0 (Tier 3) NT
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	\$0 (Tier 1) ST
<i>lansoprazole capsule delayed release 15 mg oral (otc) 15 mg</i>	\$0 (Tier 3) NT
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	\$0 (Tier 1)
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	\$0 (Tier 1) ST
<i>omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral 20.6 (20 base) mg</i>	\$0 (Tier 3) NT
<i>omeprazole magnesium tablet delayed release 20 mg oral 20 mg</i>	\$0 (Tier 3) NT
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>omeprazole tablet delayed release 20 mg oral 20 mg</i>	\$0 (Tier 3) NT
<i>omeprazole tablet delayed release dispersible 20 mg oral 20 mg</i>	\$0 (Tier 3) NT
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	\$0 (Tier 1)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	\$0 (Tier 1)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	\$0 (Tier 2)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	\$0 (Tier 1)
<b>GENITOURINARY</b>	
<b><i>BENIGN PROSTATIC HYPERPLASIA</i></b>	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0 (Tier 1)
<i>silodosin oral capsule 4 mg, 8 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	\$0 (Tier 1)
<b><i>MISCELLANEOUS</i></b>	
<i>acetic acid irrigation solution 0.25 %</i>	\$0 (Tier 1)
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	\$0 (Tier 1)
<i>sm urinary pain relief max st tablet 97.5 mg oral 97.5 mg</i>	\$0 (Tier 3) NT
<i>urinary pain relief tablet 95 mg oral 95 mg</i>	\$0 (Tier 3) NT
<i>urinary pain relief tablet 99.5 mg oral 99.5 mg</i>	\$0 (Tier 3) NT
<b><i>URINARY ANTISPASMODICS</i></b>	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	\$0 (Tier 1) ST; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	\$0 (Tier 2) QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	\$0 (Tier 1)
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)
OXYTROL FOR WOMEN PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL 3.9 MG/24HR	\$0 (Tier 3) NT
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	\$0 (Tier 1) ST; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1) ST; QL (60 EA per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>	
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)
<i>clotrimazole 3 cream 2 % vaginal 2 %</i>	\$0 (Tier 3) NT
<i>clotrimazole cream 1 % vaginal 1 %</i>	\$0 (Tier 3) NT
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)
<i>miconazole 1 kit 1200 &amp; 2 mg &amp; % vaginal 1200 &amp; 2 mg &amp; %</i>	\$0 (Tier 3) NT
<i>miconazole 3 applicator kit 200 &amp; 2 mg-% (9gm) vaginal 200 &amp; 2 mg-% (9gm)</i>	\$0 (Tier 3) NT
<i>miconazole 3 combo-supp kit 200 &amp; 2 mg-% (9gm) vaginal 200 &amp; 2 mg-% (9gm)</i>	\$0 (Tier 3) NT
<i>miconazole 3 cream 4 % vaginal 4 %</i>	\$0 (Tier 3) NT
<i>miconazole 7 suppository 100 mg vaginal 100 mg</i>	\$0 (Tier 3) NT
<i>miconazole nitrate cream 2 % vaginal 2 %</i>	\$0 (Tier 3) NT
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)
<i>vandazole vaginal gel 0.75 %</i>	\$0 (Tier 1)
<b>HEMATOLOGIC</b>	
<b>ANTICOAGULANTS</b>	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	\$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)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	\$0 (Tier 1)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0 (Tier 2) ^
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	\$0 (Tier 1)
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	\$0 (Tier 2)
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	\$0 (Tier 1)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	\$0 (Tier 1) B/D
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)
XARELTO ORAL SUSPENSION RECONSTITUTED 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)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0 (Tier 2) QL (51 EA per 30 days)
<b>HEMATOPOIETIC GROWTH FACTORS</b>	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (Tier 2) PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	\$0 (Tier 2) PA; ^
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (Tier 2) PA; ^
<b>IRON</b>	
ACTIVE FE TABLET 75-1.25 MG ORAL 75-1.25 MG	\$0 (Tier 3) NT
<i>chromagen capsule oral</i>	\$0 (Tier 3) NT
<i>corvita 150 tablet 150-1.25 mg oral 150-1.25 mg</i>	\$0 (Tier 3) NT
CORVITE FE TABLET ORAL	\$0 (Tier 3) NT
<i>cvs slow release iron tablet extended release 143 (45 fe) mg oral 143 (45 fe) mg</i>	\$0 (Tier 3) NT
<i>eql carbonyl iron tablet 45 mg oral 45 mg</i>	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
EZFE 200 CAPSULE 434.8 (200 FE) MG ORAL 434.8 (200 FE) MG	\$0 (Tier 3) NT
FERAHEME SOLUTION 510 MG/17ML INTRAVENOUS 510 MG/17ML	\$0 (Tier 3) NT
FERIVA 21/7 TABLET 75-1 MG ORAL 75-1 MG	\$0 (Tier 3) NT
FERIVAFA CAPSULE 110-1 MG ORAL 110-1 MG	\$0 (Tier 3) NT
FERRALET 90 TABLET 90-1 MG ORAL 90-1 MG	\$0 (Tier 3) NT
FERRAPLUS 90 TABLET 90-1 MG ORAL 90-1 MG	\$0 (Tier 3) NT
<i>ferrous gluconate tablet 324 (37.5 fe) mg oral 324 (37.5 fe) mg</i>	\$0 (Tier 3) NT
FERROUS GLUCONATE TABLET 324 (38 FE) MG ORAL 324 (38 FE) MG	\$0 (Tier 3) NT
<i>ferrous sulfate elixir 220 (44 fe) mg/5ml oral 220 (44 fe) mg/5ml</i>	\$0 (Tier 3) NT
FERROUS SULFATE LIQUID 220 (44 FE) MG/5ML ORAL 220 (44 FE) MG/5ML	\$0 (Tier 3) NT
FERROUS SULFATE POWDER (RX)	\$0 (Tier 3) NT
<i>ferrous sulfate solution 75 (15 fe) mg/ml oral 75 (15 fe) mg/ml</i>	\$0 (Tier 3) NT
<i>ferrous sulfate syrup 300 (60 fe) mg/5ml oral 300 (60 fe) mg/5ml</i>	\$0 (Tier 3) NT
<i>ferrous sulfate tablet 325 (65 fe) mg oral 325 (65 fe) mg</i>	\$0 (Tier 3) NT
FERROUS SULFATE TABLET DELAYED RELEASE 324 (65 FE) MG ORAL 324 (65 FE) MG	\$0 (Tier 3) NT
<i>ferrous sulfate tablet delayed release 325 (65 fe) mg oral 325 (65 fe) mg</i>	\$0 (Tier 3) NT
FUSION PLUS CAPSULE ORAL	\$0 (Tier 3) NT
<i>gnp iron tablet 200 (65 fe) mg oral 200 (65 fe) mg</i>	\$0 (Tier 3) NT
<i>gnp iron tablet extended release 142 (45 fe) mg oral 142 (45 fe) mg</i>	\$0 (Tier 3) NT
HEMATEX IRON COMPLEX TABLET 150 MG ORAL 150 MG	\$0 (Tier 3) NT
HEMATEX LIQUID 100 MG/5ML ORAL 100 MG/5ML	\$0 (Tier 3) NT
HEMATOGEN FA CAPSULE 200-250-0.01-1 MG ORAL 200-250-0.01-1 MG	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
HEMATOGEN FORTE CAPSULE 460-60-0.01-1 MG ORAL (RX) 460-60-0.01-1 MG	\$0 (Tier 3) NT
HEMOCYTE PLUS CAPSULE 106-1 MG ORAL 106-1 MG	\$0 (Tier 3) NT
<i>hemocyte-f tablet 324-1 mg oral 324-1 mg</i>	\$0 (Tier 3) NT
<i>iferex 150 forte capsule 150-25-1 mg-mcg-mg oral 150-25-1 mg-mcg-mg</i>	\$0 (Tier 3) NT
INFED SOLUTION 50 MG/ML INJECTION 50 MG/ML	\$0 (Tier 3) NT
INJECTAFER SOLUTION 750 MG/15ML INTRAVENOUS 750 MG/15ML	\$0 (Tier 3) NT
INTEGRA F CAPSULE 125-1 MG ORAL 125-1 MG	\$0 (Tier 3) NT
INTEGRA PLUS CAPSULE ORAL	\$0 (Tier 3) NT
IRON CHEWS PEDIATRIC TABLET CHEWABLE 15 MG ORAL 15 MG	\$0 (Tier 3) NT
IRON SLOW RELEASE TABLET EXTENDED RELEASE 140 (45 FE) MG ORAL 140 (45 FE) MG	\$0 (Tier 3) NT
<i>iron tablet 240 (27 fe) mg oral 240 (27 fe) mg</i>	\$0 (Tier 3) NT
<i>iron tablet 28 mg oral 28 mg</i>	\$0 (Tier 3) NT
IRON TABLET 90 (18 FE) MG ORAL 90 (18 FE) MG	\$0 (Tier 3) NT
IRON UP LIQUID 15 MG/0.5ML ORAL 15 MG/0.5ML	\$0 (Tier 3) NT
IROSPAN 24/6 ORAL	\$0 (Tier 3) NT
MONOFERRIC SOLUTION 1000 MG/10ML INTRAVENOUS 1000 MG/10ML	\$0 (Tier 3) NT
<i>na ferric gluc cplx in sucrose solution 12.5 mg/ml intravenous 12.5 mg/ml</i>	\$0 (Tier 3) NT
NEPHRON FA TABLET ORAL	\$0 (Tier 3) NT
NOVAFERRUM 50 CAPSULE 50 MG ORAL 50 MG	\$0 (Tier 3) NT
NOVAFERRUM PEDIATRIC DROPS LIQUID 15 MG/ML ORAL 15 MG/ML	\$0 (Tier 3) NT
<i>polysaccharide iron complex capsule 150 mg oral 150 mg</i>	\$0 (Tier 3) NT
PROFE CAPSULE 391.3 (180 FE) MG ORAL 391.3 (180 FE) MG	\$0 (Tier 3) NT
<i>ra high potency iron tablet 27 mg oral 27 mg</i>	\$0 (Tier 3) NT
<i>se-tan plus capsule 162-115.2-1 mg oral 162-115.2-1 mg</i>	\$0 (Tier 3) NT

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>slow iron tablet extended release 160 (50 fe) mg oral 160 (50 fe) mg</i>	\$0 (Tier 3) NT
<i>slow release iron tablet extended release 45 mg oral 45 mg</i>	\$0 (Tier 3) NT
SLOW RELEASE IRON TABLET EXTENDED RELEASE 47.5 MG ORAL 47.5 MG	\$0 (Tier 3) NT
<i>slow release iron tablet extended release 50 mg oral 50 mg</i>	\$0 (Tier 3) NT
SM SLOW RELEASE IRON TABLET EXTENDED RELEASE 143 (45 FE) MG ORAL 143 (45 FE) MG	\$0 (Tier 3) NT
TARON FORTE CAPSULE ORAL	\$0 (Tier 3) NT
<i>tl-hem 150 tablet 150-1 mg oral 150-1 mg</i>	\$0 (Tier 3) NT
<i>tricon capsule oral</i>	\$0 (Tier 3) NT
TRIFERIC PACKET 272 MG HEMODIALYSIS 272 MG	\$0 (Tier 3) NT
<i>trigels-f forte capsule 460-60-0.01-1 mg oral 460-60-0.01-1 mg</i>	\$0 (Tier 3) NT
VENOFER SOLUTION 20 MG/ML INTRAVENOUS 20 MG/ML	\$0 (Tier 3) NT
<i>wee care suspension 15 mg/1.25ml oral 15 mg/1.25ml</i>	\$0 (Tier 3) NT
<b>MISCELLANEOUS</b>	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)
BERINERT INTRAVENOUS KIT 500 UNIT	\$0 (Tier 2) PA; LA; QL (24 EA per 30 days); ^
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	\$0 (Tier 2) PA; LA; ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (Tier 2)
ENDARI ORAL PACKET 5 GM	\$0 (Tier 2) PA; LA; ^
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	\$0 (Tier 2) PA; LA; QL (20 EA per 30 days); ^
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	\$0 (Tier 2) PA; QL (27 ML per 30 days); ^
<i>pentoxifylline er oral tablet extended release 400 mg</i>	\$0 (Tier 1)
PROMACTA ORAL PACKET 12.5 MG	\$0 (Tier 2) PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL 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); ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
<i>sajazir subcutaneous solution 30 mg/3ml</i>	\$0 (Tier 2) PA; QL (27 ML per 30 days); ^
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	\$0 (Tier 1)
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)
<b>PLATELET AGGREGATION INHIBITORS</b>	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	\$0 (Tier 1)
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 2)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	\$0 (Tier 1)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<b>IMMUNOLOGIC AGENTS</b>	
<b>AUTOIMMUNE AGENTS</b>	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	\$0 (Tier 2) PA; QL (16 EA per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	\$0 (Tier 2) PA; ^
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (Tier 2) PA; QL (6 EA per 28 days); ^
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0 (Tier 2) PA; QL (4 EA per 28 days); ^
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	\$0 (Tier 2) PA; ^
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0 (Tier 2) PA; ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	\$0 (Tier 2) PA; ^
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	\$0 (Tier 2) PA; ^
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	\$0 (Tier 2) PA; QL (2 EA per 28 days); ^
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (Tier 2) PA; QL (6 EA per 28 days); ^
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) PA; LA; ^
OTEZLA ORAL TABLET 30 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	\$0 (Tier 2) PA; QL (110 EA per 365 days); ^
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) PA; ^
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) PA; LA; ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	\$0 (Tier 2) PA; QL (112 EA per 365 days); ^
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	\$0 (Tier 2) PA; QL (7 EA per 365 days); ^
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	\$0 (Tier 2) PA; QL (60 ML per 365 days); ^
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2) PA; QL (7 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	\$0 (Tier 2) PA; QL (16.8 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (Tier 2) PA; QL (7 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0 (Tier 2) PA; LA; QL (1 ML per 28 days); ^
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0 (Tier 2) PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0 (Tier 2) PA; QL (1 ML per 28 days); ^
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	\$0 (Tier 2) PA; LA; QL (3 ML per 28 days); ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	\$0 (Tier 2) PA; LA; QL (3 ML per 28 days); ^
XELJANZ ORAL SOLUTION 1 MG/ML	\$0 (Tier 2) PA; QL (240 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 HOUR 11 MG, 22 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	\$0 (Tier 1)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>methotrexate oral tablet 2.5 mg</i>	\$0 (Tier 1)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 2)
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 2)
<b>IMMUNOGLOBULINS</b>	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	\$0 (Tier 2) PA; LA; ^
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	\$0 (Tier 2) PA; ^
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
GAMASTAN INTRAMUSCULAR INJECTABLE	\$0 (Tier 2) B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	\$0 (Tier 2) PA; ^
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (Tier 2) PA; ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
<b>IMMUNOMODULATORS</b>	
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	\$0 (Tier 2) PA-NS; LA; ^
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	\$0 (Tier 2) PA; ^
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	\$0 (Tier 2) B/D; ^
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	\$0 (Tier 2) B/D
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	\$0 (Tier 2) B/D; ^
<b>IMMUNOSUPPRESSANTS</b>	
<i>azathioprine oral tablet 50 mg</i>	\$0 (Tier 1) B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	\$0 (Tier 2) PA; ^
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
<i>cyclosporine intravenous solution 50 mg/ml</i>	\$0 (Tier 1) B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1) B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1) B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1) B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (Tier 2) B/D; ^
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1) B/D

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>gengraf oral solution 100 mg/ml</i>	\$0 (Tier 1) B/D
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	\$0 (Tier 2) B/D; ^
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	\$0 (Tier 1) B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0 (Tier 2) B/D; ^
PROGRAF ORAL PACKET 0.2 MG, 1 MG	\$0 (Tier 2) B/D
REZUROCK ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (Tier 2) B/D
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (Tier 2) B/D; ^
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1) B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1) B/D
ZORTRESS ORAL TABLET 1 MG	\$0 (Tier 2) B/D; ^
<b>VACCINES</b>	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2) NM
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	\$0 (Tier 2) NM
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	\$0 (Tier 2) NM
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2) NM
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0 (Tier 2) NM
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0 (Tier 2) NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0 (Tier 2) NM
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 2) NM
DIPHtheria-TETANUS TOXoids DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	\$0 (Tier 2) B/D; NM
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0 (Tier 2) B/D; NM

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	\$0 (Tier 2) B/D; NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (Tier 2) NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2) NM
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	\$0 (Tier 2) NM
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0 (Tier 2) NM
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	\$0 (Tier 2) B/D; NM
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0 (Tier 2) NM
IPOL INJECTION INJECTABLE	\$0 (Tier 2) NM
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (Tier 2) NM
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 2) NM
MENACTRA INTRAMUSCULAR SOLUTION	\$0 (Tier 2) NM
MENQUADFI INTRAMUSCULAR SOLUTION	\$0 (Tier 2) NM
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2) NM
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (Tier 2) NM
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2) NM
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0 (Tier 2) NM
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS)	\$0 (Tier 2) NM
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0 (Tier 2) B/D; NM
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 2) NM
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 2) NM
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	\$0 (Tier 2) NM
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 2) NM
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 2) B/D; NM

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0 (Tier 2) B/D; NM
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	\$0 (Tier 2) B/D; NM
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier 2) NM
ROTATEQ ORAL SOLUTION	\$0 (Tier 2) NM
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0 (Tier 2) NM; QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0 (Tier 2) B/D; NM
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	\$0 (Tier 2) B/D; NM
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	\$0 (Tier 2) NM
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2) NM
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0 (Tier 2) NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	\$0 (Tier 2) NM
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$0 (Tier 2) NM
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	\$0 (Tier 2) NM
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	\$0 (Tier 2) NM
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	\$0 (Tier 2) NM
<b>MISCELLANEOUS</b>	
<b>MISCELLANEOUS</b>	
ACETAMINOPHEN POWDER (OTC)	\$0 (Tier 3) NT
AQUABASE OINTMENT EXTERNAL	\$0 (Tier 3) NT
BENZYL ALCOHOL LIQUID (OTC)	\$0 (Tier 3) NT
BENZYL BENZOATE LIQUID (OTC)	\$0 (Tier 3) NT
BIOTIN-D POWDER	\$0 (Tier 3) NT
CAFFEINE ANHYDROUS POWDER (OTC)	\$0 (Tier 3) NT
CASTOR OIL OIL (OTC)	\$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.

12/01/2022



<b>Name of Drug</b>	<b>What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)</b>
CHOLESTEROL POWDER (OTC)	\$0 (Tier 3) NT
COENZYME Q10 POWDER (OTC)	\$0 (Tier 3) NT
CYANOCOBALAMIN CRYSTALS (RX)	\$0 (Tier 3) NT
CYANOCOBALAMIN POWDER	\$0 (Tier 3) NT
GLYCERIN LIQUID (OTC)	\$0 (Tier 3) NT
HYDROPHILIC PETROLATUM OINTMENT EXTERNAL	\$0 (Tier 3) NT
HYDROXOCOBALAMIN POWDER (OTC)	\$0 (Tier 3) NT
LACTOSE MONOHYDRATE POWDER (OTC)	\$0 (Tier 3) NT
LACTOSE POWDER (OTC)	\$0 (Tier 3) NT
L-CITRULLINE POWDER (OTC)	\$0 (Tier 3) NT
LIP BALM BASE OINTMENT EXTERNAL	\$0 (Tier 3) NT
L-LYSINE HCL POWDER (OTC)	\$0 (Tier 3) NT
LOLLIBASE POWDER	\$0 (Tier 3) NT
METHOCEL E4M PREMIUM POWDER (OTC)	\$0 (Tier 3) NT
METHYLCELLULOSE POWDER (OTC)	\$0 (Tier 3) NT
ORAL SUSPEND LIQUID ORAL	\$0 (Tier 3) NT
ORAL SUSPENDING COMPOUND PLUS SUSPENSION ORAL	\$0 (Tier 3) NT
POLYETHYLENE GLYCOL 1000 LIQUID	\$0 (Tier 3) NT
POLYETHYLENE GLYCOL 3350 POWDER (OTC)	\$0 (Tier 3) NT
POLYETHYLENE GLYCOL 8000 POWDER (OTC)	\$0 (Tier 3) NT
POTASSIUM BROMIDE CRYSTALS (OTC)	\$0 (Tier 3) NT
PROPYLENE GLYCOL LIQUID (OTC)	\$0 (Tier 3) NT
SALICYLIC ACID POWDER (OTC)	\$0 (Tier 3) NT
SESAME OIL OIL (OTC)	\$0 (Tier 3) NT
SODIUM BENZOATE POWDER (OTC)	\$0 (Tier 3) NT
SODIUM BROMIDE GRANULES (OTC)	\$0 (Tier 3) NT
SWEETENING SUSPENDING COMPOUND SYRUP ORAL	\$0 (Tier 3) NT
SYRSPEND SF ALKA SUSPENSION RECONSTITUTED ORAL	\$0 (Tier 3) NT
THEOPHYLLINE ANHYDROUS POWDER (OTC)	\$0 (Tier 3) NT
WOUND CARE CREAM EXTERNAL	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>NUTRITIONAL/SUPPLEMENTS</b>	
<b><i>ELECTROLYTES/MINERALS, INJECTABLE</i></b>	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	\$0 (Tier 2)
<i>dextrose in lactated ringers intravenous solution 5 %</i>	\$0 (Tier 1)
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %	\$0 (Tier 2)
<i>dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	\$0 (Tier 1)
DEXTROSE-NACL INTRAVENOUS SOLUTION 2.5-0.45 %	\$0 (Tier 1)
<i>dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.225 %, 5-0.3 %</i>	\$0 (Tier 1)
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (Tier 2)
ISOLYTE-S INTRAVENOUS SOLUTION	\$0 (Tier 2)
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	\$0 (Tier 2)
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	\$0 (Tier 1)
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 40-5-0.9 MEQ/L-%-%	\$0 (Tier 2)
<i>lactated ringers intravenous solution</i>	\$0 (Tier 1)
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	\$0 (Tier 2)
MAGNESIUM SULFATE IN D5W SOLUTION 1-5 GM/100ML-% INTRAVENOUS 1-5 GM/100ML-%	\$0 (Tier 2)
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	\$0 (Tier 2)
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 2 GM/50ML INTRAVENOUS 2 GM/50ML	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 20 GM/500ML INTRAVENOUS 20 GM/500ML	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 4 GM/100ML INTRAVENOUS 4 GM/100ML	\$0 (Tier 2)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
MAGNESIUM SULFATE SOLUTION 4 GM/50ML INTRAVENOUS 4 GM/50ML	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 40 GM/1000ML INTRAVENOUS 40 GM/1000ML	\$0 (Tier 2)
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0 (Tier 2)
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0 (Tier 2)
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	\$0 (Tier 1)
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%	\$0 (Tier 2)
<i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%</i>	\$0 (Tier 1)
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous 20-0.45 meq/l-%</i>	\$0 (Tier 1)
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	\$0 (Tier 1)
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/50ML, 20 MEQ/50ML	\$0 (Tier 2)
<i>sodium chloride injection solution 2.5 meq/ml</i>	\$0 (Tier 1)
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	\$0 (Tier 1)
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	\$0 (Tier 2) B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>	
<i>klor-con 10 oral tablet extended release 10 meq</i>	\$0 (Tier 1)
<i>klor-con m10 oral tablet extended release 10 meq</i>	\$0 (Tier 1)
<i>klor-con m15 oral tablet extended release 15 meq</i>	\$0 (Tier 1)
<i>klor-con m20 oral tablet extended release 20 meq</i>	\$0 (Tier 1)
<i>klor-con oral packet 20 meq</i>	\$0 (Tier 1)
<i>klor-con oral tablet extended release 8 meq</i>	\$0 (Tier 1)
M-NATAL PLUS ORAL TABLET 27-1 MG	\$0 (Tier 2)
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	\$0 (Tier 1)
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral packet 20 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$0 (Tier 1)
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG	\$0 (Tier 2)
PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET ORAL TABLET 27-1 MG	\$0 (Tier 2)
<i>sodium fluoride chew, tab, 1.1 (0.5 f) mg/ml soln oral tablet 2.2 (1 f) mg</i>	\$0 (Tier 1)
TRICARE ORAL TABLET	\$0 (Tier 2)
<b>ELECTROLYTES</b>	
ENFAMIL ENFALYTE SOLUTION ORAL	\$0 (Tier 3) NT
MEDI-LYTE TABLET 18-9-40 MG ORAL 18-9-40 MG	\$0 (Tier 3) NT
<i>pediatric electrolyte solution oral</i>	\$0 (Tier 3) NT
<b>IV NUTRITION</b>	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	\$0 (Tier 2) B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	\$0 (Tier 2) B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 2) B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 2) B/D
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	\$0 (Tier 2) B/D
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	\$0 (Tier 2) B/D
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	\$0 (Tier 2) B/D
<i>clinsol sf intravenous solution 15 %</i>	\$0 (Tier 1) B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 2) B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	\$0 (Tier 1)
<i>dextrose intravenous solution 50 %, 70 %</i>	\$0 (Tier 1) B/D
FREAMINE III INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) B/D
<i>hepatamine intravenous solution 8 %</i>	\$0 (Tier 2) B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (Tier 2) B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 2) B/D

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>plenamine intravenous solution 15 %</i>	\$0 (Tier 1) B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) B/D
PROCALAMINE INTRAVENOUS SOLUTION 3 %	\$0 (Tier 2) B/D
PROSOL INTRAVENOUS SOLUTION 20 %	\$0 (Tier 2) B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) B/D
<b>MINERALS</b>	
CAL-CITRATE PLUS VITAMIN D TABLET 250-2.5 MG-MCG ORAL 250-2.5 MG-MCG	\$0 (Tier 3) NT
<i>calcitrate tablet 950 (200 ca) mg oral 950 (200 ca) mg</i>	\$0 (Tier 3) NT
CALCIUM 1000 + D TABLET 1000-20 MG-MCG ORAL 1000-20 MG-MCG	\$0 (Tier 3) NT
CALCIUM 1200 TABLET CHEWABLE 1200-1000 MG-UNIT ORAL 1200-1000 MG-UNIT	\$0 (Tier 3) NT
<i>calcium 600/vitamin d tablet chewable 600-10 mg-mcg oral 600-10 mg-mcg</i>	\$0 (Tier 3) NT
<i>calcium 600+d plus minerals tablet 600-400 mg-unit oral 600-400 mg-unit</i>	\$0 (Tier 3) NT
<i>calcium 600+d plus minerals tablet chewable 600-400 mg-unit oral 600-400 mg-unit</i>	\$0 (Tier 3) NT
<i>calcium 600+d3 plus minerals tablet chewable 600-800 mg-unit oral 600-800 mg-unit</i>	\$0 (Tier 3) NT
<i>calcium 600+d3 tablet 600-20 mg-mcg oral 600-20 mg-mcg</i>	\$0 (Tier 3) NT
CALCIUM CARB-CHOLECALCIFEROL CAPSULE 200-10 MG-MCG ORAL 200-10 MG-MCG	\$0 (Tier 3) NT
<i>calcium carb-cholecalciferol tablet 600-10 mg-mcg oral 600-10 mg-mcg</i>	\$0 (Tier 3) NT
<i>calcium carb-cholecalciferol tablet 600-5 mg-mcg oral 600-5 mg-mcg</i>	\$0 (Tier 3) NT
<i>calcium carb-cholecalciferol tablet chewable 500-10 mg-mcg oral 500-10 mg-mcg</i>	\$0 (Tier 3) NT
<i>calcium carbonate antacid suspension 1250 mg/5ml oral 1250 mg/5ml</i>	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CALCIUM CARBONATE POWDER 800 MG/2GM ORAL 800 MG/2GM	\$0 (Tier 3) NT
<i>calcium carbonate tablet 1250 (500 ca) mg oral 1250 (500 ca) mg</i>	\$0 (Tier 3) NT
<i>calcium carbonate tablet 1500 (600 ca) mg oral 1500 (600 ca) mg</i>	\$0 (Tier 3) NT
<i>calcium carbonate tablet 600 mg oral 600 mg</i>	\$0 (Tier 3) NT
CALCIUM CARBONATE TABLET CHEWABLE 1250 (500 CA) MG ORAL 1250 (500 CA) MG	\$0 (Tier 3) NT
CALCIUM CARBONATE TABLET CHEWABLE 260 MG ORAL 260 MG	\$0 (Tier 3) NT
<i>calcium citrate + d tablet 250-5 mg-mcg oral 250-5 mg-mcg</i>	\$0 (Tier 3) NT
<i>calcium citrate + d3 maximum tablet 315-6.25 mg-mcg oral 315-6.25 mg-mcg</i>	\$0 (Tier 3) NT
CALCIUM CITRATE GRANULES 760 MG/3.5GM ORAL 760 MG/3.5GM	\$0 (Tier 3) NT
CALCIUM CITRATE TABLET 1040 MG ORAL 1040 MG	\$0 (Tier 3) NT
CALCIUM CITRATE TABLET 250 MG ORAL 250 MG	\$0 (Tier 3) NT
<i>calcium citrate+d3 petites tablet 200-6.25 mg-mcg oral 200-6.25 mg-mcg</i>	\$0 (Tier 3) NT
CALCIUM CITRATE-VITAMIN D TABLET 200-3.125 MG-MCG ORAL 200-3.125 MG-MCG	\$0 (Tier 3) NT
<i>calcium citrate-vitamin d tablet 315-5 mg-mcg oral 315-5 mg-mcg</i>	\$0 (Tier 3) NT
CALCIUM CITRATE-VITAMIN D3 LIQUID 1000-0.01 MG/30ML ORAL 1000-0.01 MG/30ML	\$0 (Tier 3) NT
<i>calcium gummies tablet chewable 250-100-500 mg-unit oral 250-100-500 mg-unit</i>	\$0 (Tier 3) NT
<i>calcium high potency/vitamin d tablet 600-5 mg-mcg oral 600-5 mg-mcg</i>	\$0 (Tier 3) NT
CALCIUM LACTATE TABLET 100 MG ORAL 100 MG	\$0 (Tier 3) NT
CALCIUM LACTATE TABLET 648 MG ORAL 648 MG	\$0 (Tier 3) NT
CALCIUM LACTATE TABLET 750 MG ORAL 750 MG	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CALCIUM PLUS D3 ABSORBABLE CAPSULE 600-62.5 MG-MCG ORAL 600-62.5 MG-MCG	\$0 (Tier 3) NT
CALCIUM PLUS VITAMIN D CAPSULE 500-1.25 MG-MCG ORAL 500-1.25 MG-MCG	\$0 (Tier 3) NT
<i>calcium tablet chewable 500-2.5 mg-mcg oral 500-2.5 mg-mcg</i>	\$0 (Tier 3) NT
CALCIUM TABLET CHEWABLE 500-2.5 MG-MCG ORAL 500-2.5 MG-MCG	\$0 (Tier 3) NT
CALCIUM-FOLIC ACID PLUS D WAFER 1342-1 MG ORAL 1342-1 MG	\$0 (Tier 3) NT
CALCIUM-VITAMIN D3 CAPSULE 600-10 MG-MCG ORAL 600-10 MG-MCG	\$0 (Tier 3) NT
<i>calcium-vitamin d3 tablet 250-3.125 mg-mcg oral 250-3.125 mg-mcg</i>	\$0 (Tier 3) NT
CAL-QUICK LIQUID 500-10 MG-MCG/5ML ORAL 500-10 MG-MCG/5ML	\$0 (Tier 3) NT
CALTRATE 600+D3 SOFT TABLET CHEWABLE 600-20 MG-MCG ORAL 600-20 MG-MCG	\$0 (Tier 3) NT
CALTRATE MINIS PLUS MINERALS TABLET 300-800 MG-UNIT ORAL 300-800 MG-UNIT	\$0 (Tier 3) NT
CITRACAL +D3 TABLET CHEWABLE 250-107-500 MG-MG-UNIT ORAL 250-107-500 MG-MG-UNIT	\$0 (Tier 3) NT
CITRACAL CALCIUM GUMMIES TABLET CHEWABLE 250-115-250 MG-MG-UNIT ORAL 250-115-250 MG-MG-UNIT	\$0 (Tier 3) NT
TRIPLE MAGNESIUM COMPLEX CAPSULE 400 MG ORAL 400 MG	\$0 (Tier 3) NT
DISNEY CALCIUM + VITAMIN D3 TABLET CHEWABLE 250-135-200 MG-MG-UNIT ORAL 250-135-200 MG-MG-UNIT	\$0 (Tier 3) NT
EQL CALCIUM/VITAMIN D CAPSULE 600-2.5 MG-MCG ORAL 600-2.5 MG-MCG	\$0 (Tier 3) NT
GALZIN CAPSULE 25 MG ORAL 25 MG	\$0 (Tier 3) NT
GALZIN CAPSULE 50 MG ORAL 50 MG	\$0 (Tier 3) NT
<i>liquid calcium with d3 capsule 600-12.5 mg-mcg oral 600-12.5 mg-mcg</i>	\$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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
LIQUID CALCIUM WITH D3 CAPSULE 600-25 MG-MCG ORAL 600-25 MG-MCG	\$0 (Tier 3) NT
<i>liquid calcium/vitamin d capsule 600-5 mg-mcg oral 600-5 mg-mcg</i>	\$0 (Tier 3) NT
MAGDELAY TABLET DELAYED RELEASE 70 MG ORAL 70 MG	\$0 (Tier 3) NT
MAG-G TABLET 500 (27 MG) MG ORAL 500 (27 MG) MG	\$0 (Tier 3) NT
MAGNESIUM CHLORIDE POWDER (OTC)	\$0 (Tier 3) NT
MAGNESIUM CHLORIDE TABLET 64 MG ORAL 64 MG	\$0 (Tier 3) NT
<i>magnesium chloride tablet delayed release 64 mg oral 64 mg</i>	\$0 (Tier 3) NT
MAGNESIUM CITRATE TABLET 100 MG ORAL 100 MG	\$0 (Tier 3) NT
MAGNESIUM GLUCONATE TABLET 250 MG ORAL 250 MG	\$0 (Tier 3) NT
<i>magnesium gluconate tablet 27.5 mg oral 27.5 mg</i>	\$0 (Tier 3) NT
<i>magnesium gluconate tablet 500 (27 mg) mg oral 500 (27 mg) mg</i>	\$0 (Tier 3) NT
MAGNESIUM GLUCONATE TABLET 500 MG ORAL 500 MG	\$0 (Tier 3) NT
<i>magnesium lactate tablet extended release 84 mg (7meq) oral 84 mg (7meq)</i>	\$0 (Tier 3) NT
MAGNESIUM OXIDE 400 PACKET 240 MG ORAL 240 MG	\$0 (Tier 3) NT
<i>magnesium oxide capsule 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
MAGNESIUM OXIDE -MG SUPPLEMENT CAPSULE 400 MG ORAL 400 MG	\$0 (Tier 3) NT
<i>magnesium oxide -mg supplement tablet 250 mg oral 250 mg</i>	\$0 (Tier 3) NT
<i>magnesium oxide tablet 400 (240 mg) mg oral 400 (240 mg) mg</i>	\$0 (Tier 3) NT
MAGNESIUM OXIDE TABLET 420 (252 MG) MG ORAL 420 (252 MG) MG	\$0 (Tier 3) NT
<i>magnesium oxide tablet 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
MAGONATE LIQUID 54 (MAG EQUIV) MG/5ML ORAL 54 (MAG EQUIV) MG/5ML	\$0 (Tier 3) NT
<i>mag-oxide tablet 200 mg oral 200 mg</i>	\$0 (Tier 3) NT
<i>os-cal extra d3 tablet 500-15 mg-mcg oral 500-15 mg-mcg</i>	\$0 (Tier 3) NT
<i>os-cal tablet chewable 500-15 mcg oral 500-15 mcg</i>	\$0 (Tier 3) NT

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
OSTEO-PORETICAL TABLET 600-25 MG-MCG ORAL 600-25 MG-MCG	\$0 (Tier 3) NT
<i>oyster shell calcium 500 + d tablet 500-3.125 mg-mcg oral 500-3.125 mg-mcg</i>	\$0 (Tier 3) NT
<i>oyster shell calcium plus d tablet 500-3.125 mg-mcg oral 500-3.125 mg-mcg</i>	\$0 (Tier 3) NT
<i>oyster shell calcium tablet 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>oyster shell calcium w/d tablet 500-5 mg-mcg oral 500-5 mg-mcg</i>	\$0 (Tier 3) NT
<i>oyster shell calcium/d tablet 500-10 mg-mcg oral 500-10 mg-mcg</i>	\$0 (Tier 3) NT
OYSTER SHELL CALCIUM/VITAMIN D PACKET 500-5 MG-MCG ORAL 500-5 MG-MCG	\$0 (Tier 3) NT
<i>oyster shell calcium/vitamin d tablet 250-3.125 mg-mcg oral 250-3.125 mg-mcg</i>	\$0 (Tier 3) NT
<i>oyster shell calcium/vitamin d tablet 500-5 mg-mcg oral 500-5 mg-mcg</i>	\$0 (Tier 3) NT
<i>oystercal-d tablet 500-10 mg-mcg oral 500-10 mg-mcg</i>	\$0 (Tier 3) NT
<i>phosphorus supplement packet 280-160-250 mg oral 280-160-250 mg</i>	\$0 (Tier 3) NT
<i>ra calcium 600/vit d/minerals tablet 600-200 mg-unit oral 600-200 mg-unit</i>	\$0 (Tier 3) NT
RISACAL-D TABLET 105-81-120 MG-MG-UNIT ORAL 105-81-120 MG-MG-UNIT	\$0 (Tier 3) NT
<i>slow magnesium/calcium tablet delayed release 70-117 mg oral 70-117 mg</i>	\$0 (Tier 3) NT
SLOW-MAG TABLET DELAYED RELEASE 71.5-119 MG ORAL 71.5-119 MG	\$0 (Tier 3) NT
<i>sm calcium/vitamin d3 tablet 600-800 mg-unit oral 600-800 mg-unit</i>	\$0 (Tier 3) NT
SODIUM CHLORIDE GRANULES (OTC)	\$0 (Tier 3) NT
UPCAL D PACKET 500-12.5 MG-MCG ORAL 500-12.5 MG-MCG	\$0 (Tier 3) NT
UPCAL D POWDER 500-12.5 MG-MCG/5GM ORAL 500-12.5 MG-MCG/5GM	\$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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
VITAMIN D3/CALCIUM/PHOSPHORUS TABLET 120-100-78 UNIT-MG ORAL 120-100-78 UNIT-MG	\$0 (Tier 3) NT
<i>zinc sulfate capsule 220 (50 zn) mg oral (otc) 220 (50 zn) mg</i>	\$0 (Tier 3) NT
ZINC SULFATE CAPSULE 50 MG ORAL 50 MG	\$0 (Tier 3) NT
ZINC SULFATE MONOHYDRATE POWDER (RX)	\$0 (Tier 3) NT
<b>MISCELLANEOUS</b>	
<i>alpha-lipoic acid capsule 100 mg oral 100 mg</i>	\$0 (Tier 3) NT
<i>alpha-lipoic acid capsule 200 mg oral 200 mg</i>	\$0 (Tier 3) NT
ALPHA-LIPOIC ACID CAPSULE 300 MG ORAL 300 MG	\$0 (Tier 3) NT
ALPHA-LIPOIC ACID CAPSULE 50 MG ORAL 50 MG	\$0 (Tier 3) NT
<i>alpha-lipoic acid capsule 600 mg oral 600 mg</i>	\$0 (Tier 3) NT
ARGININE PACKET 500 MG ORAL 500 MG	\$0 (Tier 3) NT
ARGININE TABLET 500 MG ORAL 500 MG	\$0 (Tier 3) NT
ARGININE2000 PACKET 2000 MG ORAL 2000 MG	\$0 (Tier 3) NT
<i>co q-10 capsule 100 mg oral 100 mg</i>	\$0 (Tier 3) NT
<i>co q-10 capsule 150 mg oral 150 mg</i>	\$0 (Tier 3) NT
<i>co q-10 capsule 200 mg oral 200 mg</i>	\$0 (Tier 3) NT
<i>co q10 capsule 30 mg oral 30 mg</i>	\$0 (Tier 3) NT
<i>co q-10 capsule 300 mg oral 300 mg</i>	\$0 (Tier 3) NT
<i>co q-10 capsule 400 mg oral 400 mg</i>	\$0 (Tier 3) NT
<i>co q-10 capsule 50 mg oral 50 mg</i>	\$0 (Tier 3) NT
<i>co q10 capsule 60 mg oral 60 mg</i>	\$0 (Tier 3) NT
<i>co q-10 capsule 75 mg oral 75 mg</i>	\$0 (Tier 3) NT
<i>coenzyme q10 capsule 10 mg oral 10 mg</i>	\$0 (Tier 3) NT
COROMEGA OMEGA 3 SQUEEZE EMULSION ORAL	\$0 (Tier 3) NT
<i>cyto arg powder oral</i>	\$0 (Tier 3) NT
CYTO-Q LIQUID 80 MG/10ML ORAL 80 MG/10ML	\$0 (Tier 3) NT
CYTO-Q MAX LIQUID 100 MG/ML ORAL 100 MG/ML	\$0 (Tier 3) NT
ENSURE CLEAR LIQUID ORAL	\$0 (Tier 3) NT
<i>enteric fish oil capsule delayed release 1000 mg oral 1000 mg</i>	\$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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>fish oil adult gummies tablet chewable 113.5 mg oral 113.5 mg</i>	\$0 (Tier 3) NT
<i>fish oil capsule 435 mg oral 435 mg</i>	\$0 (Tier 3) NT
<i>fish oil capsule 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>fish oil maximum strength capsule delayed release 1200 mg oral 1200 mg</i>	\$0 (Tier 3) NT
FISH OIL PEARLS CAPSULE 150 MG ORAL 150 MG	\$0 (Tier 3) NT
FISH OIL PEARLS CAPSULE 180 MG ORAL 180 MG	\$0 (Tier 3) NT
FISH OIL PEARLS CAPSULE 183.33 MG ORAL 183.33 MG	\$0 (Tier 3) NT
FISH OIL TABLET CHEWABLE 875 MG ORAL 875 MG	\$0 (Tier 3) NT
FISH OIL TRIPLE STRENGTH CAPSULE 1360 MG ORAL 1360 MG	\$0 (Tier 3) NT
FRUCTOSE GRANULES (OTC)	\$0 (Tier 3) NT
<i>glutamine powder oral</i>	\$0 (Tier 3) NT
GLUTATHIONE POWDER (OTC)	\$0 (Tier 3) NT
GNP FISH OIL CAPSULE DELAYED RELEASE 840 MG ORAL 840 MG	\$0 (Tier 3) NT
<i>l-arginine capsule 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
L-ARGININE POWDER (OTC)	\$0 (Tier 3) NT
<i>l-arginine tablet 1000 mg oral 1000 mg</i>	\$0 (Tier 3) NT
L-GLUTAMINE POWDER (OTC)	\$0 (Tier 3) NT
L-GLUTATHIONE CRYSTALS	\$0 (Tier 3) NT
LIPOIC ACID CAPSULE 150 MG ORAL 150 MG	\$0 (Tier 3) NT
LIQ-10 SYRUP 100-1 MG-UNT/5ML ORAL 100-1 MG-UNT/5ML	\$0 (Tier 3) NT
LIQ-10 SYRUP 50-15 ORAL 50-15	\$0 (Tier 3) NT
L-ISOLEUCINE POWDER (RX)	\$0 (Tier 3) NT
L-ISOLEUCINE POWDER ORAL	\$0 (Tier 3) NT
L-VALINE POWDER (OTC)	\$0 (Tier 3) NT
NEOQ10 CAPSULE 125 MG ORAL 125 MG	\$0 (Tier 3) NT
<i>omega essentials basic liquid oral</i>	\$0 (Tier 3) NT
<i>omega-3 capsule 1000 mg oral 1000 mg</i>	\$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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
OMEGA-3 CAPSULE 1400 MG ORAL 1400 MG	\$0 (Tier 3) NT
OMEGA-3 CAPSULE DELAYED RELEASE 350 MG ORAL 350 MG	\$0 (Tier 3) NT
<i>omega-3 fish oil capsule 1200 mg oral 1200 mg</i>	\$0 (Tier 3) NT
<i>omega-3 fish oil capsule 300 mg oral 300 mg</i>	\$0 (Tier 3) NT
OMEGA-3 FISH OIL EX ST CAPSULE 880 MG ORAL 880 MG	\$0 (Tier 3) NT
PURE L-CITRULLINE CAPSULE 600 MG ORAL 600 MG	\$0 (Tier 3) NT
Q-GEL CAPSULE 15 MG ORAL 15 MG	\$0 (Tier 3) NT
SM FISH OIL CAPSULE 554 MG ORAL 554 MG	\$0 (Tier 3) NT
SUPER TWIN EPA/DHA CAPSULE 1250 MG ORAL 1250 MG	\$0 (Tier 3) NT
<b>VITAMINS</b>	
<i>a-25 capsule 7.5 mg (25000 ut) oral 7.5 mg (25000 ut)</i>	\$0 (Tier 3) NT
<i>abdek pediatric solution oral</i>	\$0 (Tier 3) NT
<i>airborne tablet effervescent oral</i>	\$0 (Tier 3) NT
ANIMAL SHAPES/IRON TABLET CHEWABLE 18 MG ORAL 18 MG	\$0 (Tier 3) NT
APETIGEN-PLUS TABLET ORAL	\$0 (Tier 3) NT
AQUADEKS LIQUID ORAL	\$0 (Tier 3) NT
AQUADEKS TABLET CHEWABLE ORAL	\$0 (Tier 3) NT
AQUA-E LIQUID 50.25 MG/ML (75 UT/ML) ORAL 50.25 MG/ML (75 UT/ML)	\$0 (Tier 3) NT
ASCOR SOLUTION 25000 MG/50ML INTRAVENOUS 25000 MG/50ML	\$0 (Tier 3) NT
<i>baby vitamin d3 liquid 10 mcg /0.028ml oral 10 mcg /0.028ml</i>	\$0 (Tier 3) NT
B-COMPLEX/FOLIC ACID/VITAMIN C TABLET EXTENDED RELEASE ORAL	\$0 (Tier 3) NT
<i>b-complex/vitamin c (w/ ca) tablet oral</i>	\$0 (Tier 3) NT
<i>beta carotene capsule 25000 unit oral 25000 unit</i>	\$0 (Tier 3) NT
BIO-D-MULSION FORTE LIQUID 50 MCG/0.04ML ORAL 50 MCG/0.04ML	\$0 (Tier 3) NT
BIO-D-MULSION LIQUID 10 MCG/0.04ML ORAL 10 MCG/0.04ML	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
BIOTIN CAPSULE 1 MG ORAL 1 MG	\$0 (Tier 3) NT
<i>biotin capsule 10 mg oral 10 mg</i>	\$0 (Tier 3) NT
<i>biotin capsule 2500 mcg oral 2500 mcg</i>	\$0 (Tier 3) NT
<i>biotin capsule 5 mg oral 5 mg</i>	\$0 (Tier 3) NT
BIOVOL SYRUP ORAL	\$0 (Tier 3) NT
BP VIT 3 CAPSULE 1 MG ORAL 1 MG	\$0 (Tier 3) NT
CAL-CITRATE CAPSULE 150 MG ORAL 150 MG	\$0 (Tier 3) NT
<i>certavite/antioxidants tablet oral</i>	\$0 (Tier 3) NT
<i>childrens chewable vitamins tablet chewable oral</i>	\$0 (Tier 3) NT
CHLORELLA CAPSULE ORAL	\$0 (Tier 3) NT
CITRACAL MAXIMUM PLUS TABLET ORAL	\$0 (Tier 3) NT
<i>corvita tablet oral</i>	\$0 (Tier 3) NT
<i>cyanocobalamin solution 1000 mcg/ml injection 1000 mcg/ml</i>	\$0 (Tier 3) NT
<i>d3 maximum strength liquid 125 mcg/ml oral 125 mcg/ml</i>	\$0 (Tier 3) NT
<i>daily vitamin formula+iron tablet oral</i>	\$0 (Tier 3) NT
DDROPS LIQUID 50 MCG /0.028ML ORAL 50 MCG /0.028ML	\$0 (Tier 3) NT
DECARA CAPSULE 625 MCG (25000 UT) ORAL 625 MCG (25000 UT)	\$0 (Tier 3) NT
DEKAS ESSENTIAL CAPSULE ORAL	\$0 (Tier 3) NT
DEKAS PLUS LIQUID ORAL	\$0 (Tier 3) NT
DIABETES HEALTH ORAL	\$0 (Tier 3) NT
DIALYVITE 3000 TABLET 3 MG ORAL 3 MG	\$0 (Tier 3) NT
DIALYVITE 5000 TABLET 5 MG ORAL 5 MG	\$0 (Tier 3) NT
DIALYVITE 800 WAFER 0.8 MG ORAL 0.8 MG	\$0 (Tier 3) NT
DIALYVITE SUPREME D TABLET ORAL	\$0 (Tier 3) NT
<i>dialyvite tablet oral</i>	\$0 (Tier 3) NT
<i>dialyvite vitamin d3 max tablet 1.25 mg (50000 ut) oral 1.25 mg (50000 ut)</i>	\$0 (Tier 3) NT
DIALYVITE/ZINC TABLET ORAL	\$0 (Tier 3) NT
DINO-LIFE W/IRON-ZINC TABLET CHEWABLE 30-200-3 ORAL 30-200-3	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>eldertonic liquid oral</i>	\$0 (Tier 3) NT
EMERGEN-C VITAMIN C PACKET ORAL	\$0 (Tier 3) NT
ENDUR-VM WITH IRON TABLET EXTENDED RELEASE ORAL	\$0 (Tier 3) NT
<i>ergocalciferol solution 200 mcg/ml oral 200 mcg/ml</i>	\$0 (Tier 3) NT
<i>flintstones complete tablet chewable 10 mg oral 10 mg</i>	\$0 (Tier 3) NT
FLORIVA PLUS SOLUTION 0.25 MG/ML ORAL 0.25 MG/ML	\$0 (Tier 3) NT
<i>folic acid capsule 0.8 mg oral 0.8 mg</i>	\$0 (Tier 3) NT
FOLIC ACID CAPSULE 20 MG ORAL 20 MG	\$0 (Tier 3) NT
FOLIC ACID CAPSULE 5 MG ORAL 5 MG	\$0 (Tier 3) NT
FOLIC ACID POWDER (RX)	\$0 (Tier 3) NT
<i>folic acid solution 5 mg/ml injection 5 mg/ml</i>	\$0 (Tier 3) NT
<i>folic acid tablet 1 mg oral (rx) 1 mg</i>	\$0 (Tier 3) NT
<i>folic acid tablet 400 mcg oral 400 mcg</i>	\$0 (Tier 3) NT
<i>folic acid tablet 800 mcg oral 800 mcg</i>	\$0 (Tier 3) NT
FOLITE TABLET ORAL	\$0 (Tier 3) NT
FOLIXAPURE TABLET 1-5000 MG-UNIT ORAL 1-5000 MG-UNIT	\$0 (Tier 3) NT
FOLTRATE TABLET 500-1 MCG-MG ORAL 500-1 MCG-MG	\$0 (Tier 3) NT
<i>gnp childrens chewables/ex c tablet chewable oral</i>	\$0 (Tier 3) NT
<i>hm vitamin b complex/vitamin c tablet oral</i>	\$0 (Tier 3) NT
<i>hydroxocobalamin acetate solution 1000 mcg/ml intramuscular 1000 mcg/ml</i>	\$0 (Tier 3) NT
<i>icaps capsule oral</i>	\$0 (Tier 3) NT
INFUVITE PEDIATRIC SOLUTION INTRAVENOUS	\$0 (Tier 3) NT
M.V.I. PEDIATRIC SOLUTION RECONSTITUTED INTRAVENOUS	\$0 (Tier 3) NT
MAXIMUM D3 CAPSULE 325 MCG (13000 UT) ORAL 325 MCG (13000 UT)	\$0 (Tier 3) NT
<i>multi adult gummies tablet chewable oral</i>	\$0 (Tier 3) NT
<i>multiple vitamins-iron tablet chewable 15 mg oral 15 mg</i>	\$0 (Tier 3) NT
<i>multivitamin &amp; mineral liquid oral</i>	\$0 (Tier 3) NT
MULTIVITAMIN CHILDRENS TABLET CHEWABLE ORAL	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
MULTIVITAMIN GUMMIES CHILDRENS TABLET CHEWABLE ORAL	\$0 (Tier 3) NT
MULTIVITAMIN TABLET ORAL	\$0 (Tier 3) NT
MULTIVITAMIN+ LIQUID ORAL	\$0 (Tier 3) NT
<i>multivitamins capsule oral</i>	\$0 (Tier 3) NT
MULTI-VITE LIQUID ORAL	\$0 (Tier 3) NT
MVW COMPLETE FORMULATION SOLUTION 45 MG/0.5ML ORAL 45 MG/0.5ML	\$0 (Tier 3) NT
<i>mvw complete formulation tablet chewable oral</i>	\$0 (Tier 3) NT
MVW COMPLETE FORMULATION TABLET CHEWABLE ORAL	\$0 (Tier 3) NT
NANOVM T/F POWDER ORAL	\$0 (Tier 3) NT
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL 500 MCG/0.1ML	\$0 (Tier 3) NT
NEPHRONEX LIQUID 0.9 MG/5ML ORAL 0.9 MG/5ML	\$0 (Tier 3) NT
<i>niacin er capsule extended release 250 mg oral 250 mg</i>	\$0 (Tier 3) NT
<i>niacin er capsule extended release 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
NIACIN ER TABLET EXTENDED RELEASE 1000 MG ORAL 1000 MG	\$0 (Tier 3) NT
<i>niacin er tablet extended release 250 mg oral 250 mg</i>	\$0 (Tier 3) NT
<i>niacin er tablet extended release 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>niacin er tablet extended release 750 mg oral 750 mg</i>	\$0 (Tier 3) NT
<i>niacin tablet 100 mg oral 100 mg</i>	\$0 (Tier 3) NT
<i>niacin tablet 250 mg oral 250 mg</i>	\$0 (Tier 3) NT
<i>niacin tablet 50 mg oral 50 mg</i>	\$0 (Tier 3) NT
<i>niacin tablet 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
NICOMIDE TABLET 750-27-2-0.5 MG ORAL 750-27-2-0.5 MG	\$0 (Tier 3) NT
<i>novaferrum ped multi vit-iron solution 10 mg/ml oral 10 mg/ml</i>	\$0 (Tier 3) NT
NUTR-E-SOL LIQUID 400 UNIT/15ML ORAL 400 UNIT/15ML	\$0 (Tier 3) NT
ONE-A-DAY ADULT VITACRAVES+DHA TABLET CHEWABLE ORAL	\$0 (Tier 3) NT
ONE-DAILY MULTI-VITAMIN PACKET ORAL	\$0 (Tier 3) NT
<i>one-daily multi-vitamin tablet oral</i>	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
OPTIMAL D3 M CAPSULE 350 MCG (14000 UT) ORAL 350 MCG (14000 UT)	\$0 (Tier 3) NT
<i>pc pediatric tri-vitamin drops solution 750-400-35 unit-mg/ml oral 750-400-35 unit-mg/ml</i>	\$0 (Tier 3) NT
PEDIAVIT LIQUID ORAL	\$0 (Tier 3) NT
<i>phytonadione tablet 5 mg oral 5 mg</i>	\$0 (Tier 3) PA; NT
POLY-VI-SOL SOLUTION ORAL	\$0 (Tier 3) NT
POLY-VI-SOL/IRON SOLUTION 11 MG/ML ORAL 11 MG/ML	\$0 (Tier 3) NT
POLY-VITA/IRON SOLUTION 10 MG/ML ORAL 10 MG/ML	\$0 (Tier 3) NT
PRESERVISION AREDS CAPSULE ORAL	\$0 (Tier 3) NT
PYRIDOXINE HCL POWDER (OTC)	\$0 (Tier 3) NT
PYRIDOXINE HCL POWDER (RX)	\$0 (Tier 3) NT
<i>pyridoxine hcl solution 100 mg/ml injection 100 mg/ml</i>	\$0 (Tier 3) NT
RA B-COMPLEX/VITAMIN C CR TABLET EXTENDED RELEASE ORAL	\$0 (Tier 3) NT
<i>renal-vite tablet 0.8 mg oral 0.8 mg</i>	\$0 (Tier 3) NT
<i>reno caps capsule 1 mg oral 1 mg</i>	\$0 (Tier 3) NT
REPLESTA NX WAFER 350 MCG (14000 UT) ORAL 350 MCG (14000 UT)	\$0 (Tier 3) NT
REPLESTA WAFER 1.25 MG (50000 UT) ORAL 1.25 MG (50000 UT)	\$0 (Tier 3) NT
SCOOBY-DOO ONE A DAY TABLET CHEWABLE ORAL	\$0 (Tier 3) NT
SM B-COMPLEX/VITAMIN C TABLET ORAL	\$0 (Tier 3) NT
<i>sm vitamin d3 capsule 100 mcg (4000 ut) oral 100 mcg (4000 ut)</i>	\$0 (Tier 3) NT
<i>stress formula/zinc (b-compl) tablet oral</i>	\$0 (Tier 3) NT
STROVITE ONE TABLET ORAL	\$0 (Tier 3) NT
SUPER DAILY D3 LIQUID 25 MCG /0.028ML ORAL 25 MCG /0.028ML	\$0 (Tier 3) NT
SUPER NU-THERA POWDER ORAL	\$0 (Tier 3) NT
TAB-A-VITE/IRON/BETA CAROTENE TABLET ORAL	\$0 (Tier 3) NT
THERA-D 4000 TABLET 100 MCG (4000 UT) ORAL 100 MCG (4000 UT)	\$0 (Tier 3) NT

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>thiamine hcl solution 100 mg/ml injection 100 mg/ml</i>	\$0 (Tier 3) NT
<i>totalday multiple tablet extended release oral</i>	\$0 (Tier 3) NT
TRI-VI-SOL A/C/D SOLUTION 250-50-10 ORAL 250-50-10	\$0 (Tier 3) NT
TRI-VITAMIN INFANT & TODDLER SOLUTION 500-10-50 MCG-MG/ML ORAL 500-10-50 MCG-MG/ML	\$0 (Tier 3) NT
UPSPRING BABY VIT D LIQUID 10 MCG /0.025ML ORAL 10 MCG /0.025ML	\$0 (Tier 3) NT
<i>vitafol tablet oral</i>	\$0 (Tier 3) NT
VITAL-D RX TABLET 1 MG ORAL 1 MG	\$0 (Tier 3) NT
<i>vitamin a capsule 2400 mcg (8000 ut) oral 2400 mcg (8000 ut)</i>	\$0 (Tier 3) NT
<i>vitamin a capsule 3 mg (10000 ut) oral 3 mg (10000 ut)</i>	\$0 (Tier 3) NT
<i>vitamin a palmitate tablet 3 mg (10000 ut) oral 3 mg (10000 ut)</i>	\$0 (Tier 3) NT
VITAMIN A PALMITATE TABLET 4.5 MG (15000 UT) ORAL 4.5 MG (15000 UT)	\$0 (Tier 3) NT
<i>vitamin b + c complex tablet oral</i>	\$0 (Tier 3) NT
<i>vitamin b complex-c capsule oral</i>	\$0 (Tier 3) NT
<i>vitamin b-6 tablet 100 mg oral 100 mg</i>	\$0 (Tier 3) NT
<i>vitamin b-6 tablet 50 mg oral 50 mg</i>	\$0 (Tier 3) NT
VITAMIN C TABLET 100 MG ORAL 100 MG	\$0 (Tier 3) NT
<i>vitamin c tablet 1000 mg oral 1000 mg</i>	\$0 (Tier 3) NT
<i>vitamin c tablet 250 mg oral 250 mg</i>	\$0 (Tier 3) NT
<i>vitamin c tablet 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>vitamin d (cholecalciferol) capsule 25 mcg (1000 ut) oral 25 mcg (1000 ut)</i>	\$0 (Tier 3) NT
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral 1.25 mg (50000 ut)</i>	\$0 (Tier 3) NT
VITAMIN D (ERGOCALCIFEROL) CAPSULE 50 MCG (2000 UT) ORAL 50 MCG (2000 UT)	\$0 (Tier 3) NT
<i>vitamin d capsule 50 mcg (2000 ut) oral 50 mcg (2000 ut)</i>	\$0 (Tier 3) NT
<i>vitamin d liquid 10 mcg/ml oral 10 mcg/ml</i>	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
VITAMIN D2 TABLET 10 MCG (400 UNIT) ORAL 10 MCG (400 UNIT)	\$0 (Tier 3) NT
VITAMIN D2 TABLET 50 MCG (2000 UT) ORAL 50 MCG (2000 UT)	\$0 (Tier 3) NT
<i>vitamin d3 capsule 1.25 mg (50000 ut) oral 1.25 mg (50000 ut)</i>	\$0 (Tier 3) NT
<i>vitamin d3 capsule 10 mcg (400 unit) oral 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 capsule 125 mcg (5000 ut) oral 125 mcg (5000 ut)</i>	\$0 (Tier 3) NT
<i>vitamin d3 capsule 250 mcg (10000 ut) oral 250 mcg (10000 ut)</i>	\$0 (Tier 3) NT
VITAMIN D3 IMMUNE HEALTH LIQUID 25 MCG/10ML ORAL 25 MCG/10ML	\$0 (Tier 3) NT
VITAMIN D3 LIQUID 125 MCG/0.5ML ORAL 125 MCG/0.5ML	\$0 (Tier 3) NT
VITAMIN D3 LIQUID 25 MCG/SPRAY ORAL 25 MCG/SPRAY	\$0 (Tier 3) NT
VITAMIN D3 LIQUID 30 MCG/15ML ORAL 30 MCG/15ML	\$0 (Tier 3) NT
<i>vitamin d3 tablet 10 mcg (400 unit) oral 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 tablet 125 mcg (5000 ut) oral 125 mcg (5000 ut)</i>	\$0 (Tier 3) NT
<i>vitamin d3 tablet 25 mcg (1000 ut) oral 25 mcg (1000 ut)</i>	\$0 (Tier 3) NT
VITAMIN D3 TABLET 250 MCG (10000 UT) ORAL 250 MCG (10000 UT)	\$0 (Tier 3) NT
<i>vitamin d3 tablet 50 mcg (2000 ut) oral 50 mcg (2000 ut)</i>	\$0 (Tier 3) NT
VITAMIN D3 TABLET 75 MCG (3000 UT) ORAL 75 MCG (3000 UT)	\$0 (Tier 3) NT
<i>vitamin d3 tablet chewable 10 mcg (400 unit) oral 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 tablet chewable 25 mcg (1000 ut) oral 25 mcg (1000 ut)</i>	\$0 (Tier 3) NT
<i>vitamin d3 tablet chewable 50 mcg (2000 ut) oral 50 mcg (2000 ut)</i>	\$0 (Tier 3) NT
VITAMIN D3 TABLET DISPERSIBLE 125 MCG (5000 UT) ORAL 125 MCG (5000 UT)	\$0 (Tier 3) NT
<i>vitamin e capsule 180 mg (400 unit) oral 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e capsule 400 unit oral 400 unit</i>	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>vitamin e capsule 45 mg (100 unit) oral 45 mg (100 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e capsule 450 mg (1000 ut) oral 450 mg (1000 ut)</i>	\$0 (Tier 3) NT
<i>vitamin e oil 67 mg/0.25ml oral 67 mg/0.25ml</i>	\$0 (Tier 3) NT
<i>vitamin e solution 6.75 mg/0.3ml oral 6.75 mg/0.3ml</i>	\$0 (Tier 3) NT
VITAMIN E TABLET 134 MG (200 UNIT) ORAL 134 MG (200 UNIT)	\$0 (Tier 3) NT
<i>vitamin e tablet 268 mg (400 unit) oral 268 mg (400 unit)</i>	\$0 (Tier 3) NT
VITAMIN E TABLET 67 MG (100 UNIT) ORAL 67 MG (100 UNIT)	\$0 (Tier 3) NT
VITAMIN E TABLET CHEWABLE 400 UNIT ORAL 400 UNIT	\$0 (Tier 3) NT
<i>vitamin e-200 capsule 90 mg (200 unit) oral 90 mg (200 unit)</i>	\$0 (Tier 3) NT
<i>vitamin k1 solution 10 mg/ml injection 10 mg/ml</i>	\$0 (Tier 3) NT
<i>westab mini tablet 2.2-25-1 mg oral 2.2-25-1 mg</i>	\$0 (Tier 3) NT
<i>westab one tablet 2.5-25-1 mg oral 2.5-25-1 mg</i>	\$0 (Tier 3) NT
WEST-VITE W/FOLIC ACID TABLET 0.8 MG ORAL 0.8 MG	\$0 (Tier 3) NT
ZINC LOZENGE ORAL	\$0 (Tier 3) NT
<b>OPHTHALMIC</b>	
<b>ANTIALLERGICS</b>	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	\$0 (Tier 1)
BEPREVE OPHTHALMIC SOLUTION 1.5 %	\$0 (Tier 2)
<i>cromolyn sodium ophthalmic solution 4 %</i>	\$0 (Tier 1)
<i>ketotifen fumarate solution 0.025 % ophthalmic (otc) 0.025 %</i>	\$0 (Tier 3) NT
LASTACFT OPHTHALMIC SOLUTION 0.25 %	\$0 (Tier 2)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	\$0 (Tier 1)
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	\$0 (Tier 2)
<b>ANTIGLAUCOMA</b>	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	\$0 (Tier 2)
AZOPT OPHTHALMIC SUSPENSION 1 %	\$0 (Tier 2)
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	\$0 (Tier 2)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	\$0 (Tier 1)
<i>carteolol hcl ophthalmic solution 1 %</i>	\$0 (Tier 1)
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	\$0 (Tier 2)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	\$0 (Tier 1)
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	\$0 (Tier 1)
<i>latanoprost ophthalmic solution 0.005 %</i>	\$0 (Tier 1)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$0 (Tier 2)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$0 (Tier 1)
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	\$0 (Tier 2)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	\$0 (Tier 2)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	\$0 (Tier 2)
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	\$0 (Tier 1)
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	\$0 (Tier 1)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	\$0 (Tier 2)
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	\$0 (Tier 1)
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	\$0 (Tier 2)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	\$0 (Tier 1)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	\$0 (Tier 1)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	\$0 (Tier 2)
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	\$0 (Tier 2)
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	\$0 (Tier 2)
<b>ANTI-INFECTIVES</b>	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	\$0 (Tier 1)
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$0 (Tier 1)
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	\$0 (Tier 2)
CILOXAN OPHTHALMIC OINTMENT 0.3 %	\$0 (Tier 2)
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	\$0 (Tier 1)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	\$0 (Tier 1)
<i>gatifloxacin ophthalmic solution 0.5 %</i>	\$0 (Tier 1)
<i>gentak ophthalmic ointment 0.3 %</i>	\$0 (Tier 1)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	\$0 (Tier 1)
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)
NATACYN OPHTHALMIC SUSPENSION 5 %	\$0 (Tier 2)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	\$0 (Tier 1)
<i>ofloxacin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	\$0 (Tier 1)
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	\$0 (Tier 1)
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	\$0 (Tier 1)
<i>tobramycin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)
<i>trifluridine ophthalmic solution 1 %</i>	\$0 (Tier 1)
ZIRGAN OPHTHALMIC GEL 0.15 %	\$0 (Tier 2)
<b>ANTI-INFLAMMATORIES</b>	
ALREX OPHTHALMIC SUSPENSION 0.2 %	\$0 (Tier 2)
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	\$0 (Tier 1)
BROMSITE OPHTHALMIC SOLUTION 0.075 %	\$0 (Tier 2)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	\$0 (Tier 1)
<i>difluprednate ophthalmic emulsion 0.05 %</i>	\$0 (Tier 1)
FLAREX OPHTHALMIC SUSPENSION 0.1 %	\$0 (Tier 2)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	\$0 (Tier 1)
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	\$0 (Tier 1)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	\$0 (Tier 2)
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	\$0 (Tier 1)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	\$0 (Tier 2)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	\$0 (Tier 1)
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %	\$0 (Tier 2)
PROLENSA OPHTHALMIC SOLUTION 0.07 %	\$0 (Tier 2)
<b>MISCELLANEOUS</b>	
<i>artificial tears ointment 83-15 % ophthalmic 83-15 %</i>	\$0 (Tier 3) NT
<i>artificial tears solution 0.5-0.6 % ophthalmic 0.5-0.6 %</i>	\$0 (Tier 3) NT
<i>artificial tears solution 1.4 % ophthalmic 1.4 %</i>	\$0 (Tier 3) NT
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	\$0 (Tier 1)
<i>atropine sulfate solution 1 % ophthalmic 1 %</i>	\$0 (Tier 2)
<i>carboxymethylcellulose sodium solution 0.5 % ophthalmic 0.5 %</i>	\$0 (Tier 3) NT
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	\$0 (Tier 2) PA; LA; ^
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	\$0 (Tier 2) PA; LA; ^
<i>dry eye relief drops solution 0.2-0.2-1 % ophthalmic 0.2-0.2-1 %</i>	\$0 (Tier 3) NT
FRESHKOTE PF SOLUTION 2.7-2 % OPHTHALMIC 2.7-2 %	\$0 (Tier 3) NT
FRESHKOTE SOLUTION 2.7-2 % OPHTHALMIC 2.7-2 %	\$0 (Tier 3) NT
GENTEAL SEVERE GEL 0.3 % OPHTHALMIC 0.3 %	\$0 (Tier 3) NT
<i>gentle tears solution 0.1-0.2-0.3 % ophthalmic 0.1-0.2-0.3 %</i>	\$0 (Tier 3) NT
<i>gentle tears solution 0.1-0.3 % ophthalmic 0.1-0.3 %</i>	\$0 (Tier 3) NT
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	\$0 (Tier 2)
ISOPTO TEARS SOLUTION 0.5 % OPHTHALMIC 0.5 %	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>lubricating eye drops solution 0.4-0.3 % ophthalmic 0.4-0.3 %</i>	\$0 (Tier 3) NT
<i>lubricating eye drops solution 0.5-0.9 % ophthalmic 0.5-0.9 %</i>	\$0 (Tier 3) NT
<i>lubricating plus eye drops solution 0.5 % ophthalmic 0.5 %</i>	\$0 (Tier 3) NT
MURO 128 SOLUTION 2 % OPHTHALMIC 2 %	\$0 (Tier 3) NT
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)
<i>refresh celluvisc gel 1 % ophthalmic 1 %</i>	\$0 (Tier 3) NT
REFRESH LIQUIGEL GEL 1 % OPHTHALMIC 1 %	\$0 (Tier 3) NT
REFRESH OPTIVE ADVANCED SOLUTION 0.5-1-0.5 % OPHTHALMIC 0.5-1-0.5 %	\$0 (Tier 3) NT
REFRESH OPTIVE GEL 1-0.9 % OPHTHALMIC 1-0.9 %	\$0 (Tier 3) NT
REFRESH OPTIVE MEGA-3 SOLUTION 0.5-1-0.5 % OPHTHALMIC 0.5-1-0.5 %	\$0 (Tier 3) NT
REFRESH OPTIVE PF SOLUTION 0.5-0.9 % OPHTHALMIC 0.5-0.9 %	\$0 (Tier 3) NT
REFRESH RELIEVA PF SOLUTION 0.5-1 % OPHTHALMIC 0.5-1 %	\$0 (Tier 3) NT
REFRESH SOLUTION 1.4-0.6 % OPHTHALMIC 1.4-0.6 %	\$0 (Tier 3) NT
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	\$0 (Tier 2)
RESTASIS OPHTHALMIC EMULSION 0.05 %	\$0 (Tier 2)
<i>sodium chloride (hypertonic) ointment 5 % ophthalmic 5 %</i>	\$0 (Tier 3) NT
<i>sodium chloride (hypertonic) solution 5 % ophthalmic 5 %</i>	\$0 (Tier 3) NT
SYSTANE COMPLETE SOLUTION 0.6 % OPHTHALMIC 0.6 %	\$0 (Tier 3) NT
SYSTANE GEL 0.4-0.3 % OPHTHALMIC 0.4-0.3 %	\$0 (Tier 3) NT
<b>OTIC</b>	
<b>OTIC AGENTS</b>	
<i>acetic acid otic solution 2 %</i>	\$0 (Tier 1)
CIPRO HC OTIC SUSPENSION 0.2-1 %	\$0 (Tier 2)
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	\$0 (Tier 2)
<i>flac otic oil 0.01 %</i>	\$0 (Tier 1)
<i>fluocinolone acetonide otic oil 0.01 %</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-hc otic solution 1 %</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	\$0 (Tier 1)
<i>ofloxacin otic solution 0.3 %</i>	\$0 (Tier 1)
<b>RESPIRATORY</b>	
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	\$0 (Tier 2) QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	\$0 (Tier 2) QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT	\$0 (Tier 2) Institutional Pack (5.9g inhaler containing 28 inhalations); QL (23.6 GM per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	\$0 (Tier 2) Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	\$0 (Tier 2) QL (8 GM per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	\$0 (Tier 1) B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	\$0 (Tier 2) QL (60 EA per 30 days)
<b>ANTICHOLINERGICS</b>	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	\$0 (Tier 2) QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	\$0 (Tier 2) QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1) B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	\$0 (Tier 1)
<b>ANTIHISTAMINES</b>	
ALA-HIST IR TABLET 2 MG ORAL 2 MG	\$0 (Tier 3) NT
<i>allergy relief capsule 10 mg oral 10 mg</i>	\$0 (Tier 3) NT
<i>levocetirizine dihydrochloride tablet 5 mg oral (otc) 5 mg</i>	\$0 (Tier 3) NT
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	\$0 (Tier 1)
<i>cetirizine hcl allergy child solution 5 mg/5ml oral (otc) 5 mg/5ml</i>	\$0 (Tier 3) NT

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$0 (Tier 1)
<i>cetirizine hcl tablet 10 mg oral 10 mg</i>	\$0 (Tier 3) NT
<i>cetirizine hcl tablet 5 mg oral 5 mg</i>	\$0 (Tier 3) NT
<i>cetirizine hcl tablet chewable 10 mg oral 10 mg</i>	\$0 (Tier 3) NT
<i>cetirizine hcl tablet chewable 5 mg oral 5 mg</i>	\$0 (Tier 3) NT
<i>chlorpheniramine maleate er tablet extended release 12 mg oral 12 mg</i>	\$0 (Tier 3) NT
<i>chlorpheniramine maleate tablet 4 mg oral 4 mg</i>	\$0 (Tier 3) NT
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>cyproheptadine hcl oral tablet 4 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>desloratadine oral tablet 5 mg</i>	\$0 (Tier 1)
<i>diphenhydramine hcl capsule 25 mg oral (otc) 25 mg</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl capsule 50 mg oral (otc) 50 mg</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0 (Tier 1)
<i>diphenhydramine hcl liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl liquid 6.25 mg/ml oral 6.25 mg/ml</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl tablet 25 mg oral 25 mg</i>	\$0 (Tier 3) NT
<i>ed chlorped jr syrup 2 mg/5ml oral 2 mg/5ml</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl tablet 180 mg oral (otc) 180 mg</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl tablet 60 mg oral (otc) 60 mg</i>	\$0 (Tier 3) NT
<i>gnp allergy relief tablet chewable 12.5 mg oral 12.5 mg</i>	\$0 (Tier 3) NT
HISTEX SYRUP 2.5 MG/5ML ORAL 2.5 MG/5ML	\$0 (Tier 3) NT
<i>loratadine tablet dispersible 10 mg oral 10 mg</i>	\$0 (Tier 3) NT
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	\$0 (Tier 1)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	\$0 (Tier 1)
<i>loratadine childrens syrup 5 mg/5ml oral 5 mg/5ml</i>	\$0 (Tier 3) NT
<i>loratadine childrens tablet chewable 5 mg oral 5 mg</i>	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>loratadine tablet 10 mg oral 10 mg</i>	\$0 (Tier 3) NT
MICLARA LQ LIQUID 1.25 MG/5ML ORAL 1.25 MG/5ML	\$0 (Tier 3) NT
<i>olopatadine hcl nasal solution 0.6 %</i>	\$0 (Tier 1)
PEDIAVENT SYRUP 2 MG/5ML ORAL 2 MG/5ML	\$0 (Tier 3) NT
<i>sm allergy relief tablet 1.34 mg oral 1.34 mg</i>	\$0 (Tier 3) NT
TRIPROLIDINE HCL LIQUID 0.313 MG/ML ORAL 0.313 MG/ML	\$0 (Tier 3) NT
<i>triprolidone hcl liquid 0.625 mg/ml oral 0.625 mg/ml</i>	\$0 (Tier 3) NT
<i>triprolidone hcl liquid 0.938 mg/ml oral (otc) 0.938 mg/ml</i>	\$0 (Tier 3) NT
TRIPROLIDINE HCL LIQUID 2.5 MG/5ML ORAL 2.5 MG/5ML	\$0 (Tier 3) NT
<b>BETA AGONISTS</b>	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0 (Tier 1) (generic of Proair HFA); QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	\$0 (Tier 1) (generic of Proventil HFA); QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	\$0 (Tier 1) (generic of Ventolin HFA); QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	\$0 (Tier 1) B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	\$0 (Tier 1)
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	\$0 (Tier 1) B/D; ^
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	\$0 (Tier 2) B/D; ^
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	\$0 (Tier 2) B/D; ^
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	\$0 (Tier 1) B/D
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	\$0 (Tier 1) QL (30 GM per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (Tier 2) QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	\$0 (Tier 2) QL (48 GM per 30 days)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	\$0 (Tier 2) QL (36 GM per 30 days)
<b>COUGH AND COLD</b>	
ALAHIST CF TABLET 10-2-20 MG ORAL 10-2-20 MG	\$0 (Tier 3) NT
ALAHIST D TABLET 17.5-10 MG ORAL 17.5-10 MG	\$0 (Tier 3) NT
ALAHIST DM LIQUID 7.5-2-15 MG/5ML ORAL 7.5-2-15 MG/5ML	\$0 (Tier 3) NT
ALAHIST PE TABLET 2-7.5 MG ORAL 2-7.5 MG	\$0 (Tier 3) NT
<i>allergy multi-symptom tablet 2-5-325 mg oral 2-5-325 mg</i>	\$0 (Tier 3) NT
<i>aprodine tablet 2.5-60 mg oral 2.5-60 mg</i>	\$0 (Tier 3) NT
AQUANAZ PSE TABLET 60-20-375 MG ORAL 60-20-375 MG	\$0 (Tier 3) NT
AQUANAZ TABLET 10-15-400 MG ORAL 10-15-400 MG	\$0 (Tier 3) NT
BENZEDREX INHALER NASAL	\$0 (Tier 3) NT
<i>benzonatate capsule 100 mg oral 100 mg</i>	\$0 (Tier 3) NT
<i>benzonatate capsule 150 mg oral 150 mg</i>	\$0 (Tier 3) NT
<i>benzonatate capsule 200 mg oral 200 mg</i>	\$0 (Tier 3) NT
BRONKAID TABLET 25-400 MG ORAL 25-400 MG	\$0 (Tier 3) NT
CAPCOF SYRUP 5-2-10 MG/5ML ORAL 5-2-10 MG/5ML	\$0 (Tier 3) NT
CAPMIST DM TABLET 60-15-400 MG ORAL 60-15-400 MG	\$0 (Tier 3) NT
CAPRON DM LIQUID 7.5-7.5 MG/5ML ORAL 7.5-7.5 MG/5ML	\$0 (Tier 3) NT
CAPRON DMT TABLET 30-30 MG ORAL 30-30 MG	\$0 (Tier 3) NT
<i>cetirizine-pseudoephedrine er tablet extended release 12 hour 5-120 mg oral 5-120 mg</i>	\$0 (Tier 3) NT
<i>chest congestion relief liquid 100 mg/5ml oral 100 mg/5ml</i>	\$0 (Tier 3) NT
CHLO HIST SOLUTION 12.5-1 MG/5ML ORAL 12.5-1 MG/5ML	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CHLO TUSS LIQUID 30-1-12.5 MG/5ML ORAL 30-1-12.5 MG/5ML	\$0 (Tier 3) NT
<i>cold &amp; flu relief daytime capsule 10-5-325 mg oral 10-5-325 mg</i>	\$0 (Tier 3) NT
<i>cold &amp; flu relief nightttime capsule 15-6.25-325 mg oral 15-6.25-325 mg</i>	\$0 (Tier 3) NT
<i>cold relief plus tablet effervescent 2-7.8-325 mg oral 2-7.8-325 mg</i>	\$0 (Tier 3) NT
CONEX COLD/ALLERGY SOLUTION 1-30 MG/5ML ORAL 1-30 MG/5ML	\$0 (Tier 3) NT
CONEX COLD/ALLERGY TABLET 2-60 MG ORAL 2-60 MG	\$0 (Tier 3) NT
CONTAC COLD/FLU DAY & NIGHT TABLET 2-5-500 MG ORAL 2-5-500 MG	\$0 (Tier 3) NT
<i>contac cold+flu max st tablet 5-500 mg oral 5-500 mg</i>	\$0 (Tier 3) NT
<i>cough &amp; cold hbp tablet 4-30 mg oral 4-30 mg</i>	\$0 (Tier 3) NT
<i>cough/chest congestion dm syrup 10-100 mg/5ml oral 10-100 mg/5ml</i>	\$0 (Tier 3) NT
DAY CLEAR ALLERGY/COUGH TABLET CHEWABLE 12.5-12.5 MG ORAL 12.5-12.5 MG	\$0 (Tier 3) NT
DAYCLEAR ALLERGY RELIEF TABLET 25-50 MG ORAL 25-50 MG	\$0 (Tier 3) NT
<i>daytime cold &amp; flu relief liquid 10-5-325 mg/15ml oral 10-5-325 mg/15ml</i>	\$0 (Tier 3) NT
<i>daytime severe cold &amp; flu liquid 5-10-200-325 mg/15ml oral 5-10-200-325 mg/15ml</i>	\$0 (Tier 3) NT
DECONEX DMX TABLET 10-17.5-400 MG ORAL 10-17.5-400 MG	\$0 (Tier 3) NT
DECONEX IR TABLET 10-385 MG ORAL 10-385 MG	\$0 (Tier 3) NT
DELSYM CHILD COUGH+SORE THROAT LIQUID 325-10 MG/10ML ORAL 325-10 MG/10ML	\$0 (Tier 3) NT
DELSYM COUGH + SORE THROAT LIQUID 650-20 MG/20ML ORAL 650-20 MG/20ML	\$0 (Tier 3) NT
DELSYM DAY NIGHT ORAL	\$0 (Tier 3) NT
<i>dexbrompheniramine-phenyleph tablet 2-10 mg oral 2-10 mg</i>	\$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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>dextromethorphan polistirex er suspension extended release 30 mg/5ml oral 30 mg/5ml</i>	\$0 (Tier 3) NT
<i>dimaphen dm cold/cough liquid 2.5-1-5 mg/5ml oral 2.5-1-5 mg/5ml</i>	\$0 (Tier 3) NT
<i>doxylamine-phenylephrine tablet 7.5-10 mg oral 7.5-10 mg</i>	\$0 (Tier 3) NT
DURAFLU TABLET 60-20-200-325 MG ORAL 60-20-200-325 MG	\$0 (Tier 3) NT
ED A-HIST DM TABLET 10-4-10 MG ORAL 10-4-10 MG	\$0 (Tier 3) NT
<i>ed a-hist tablet 4-10 mg oral 4-10 mg</i>	\$0 (Tier 3) NT
ED BRON GP LIQUID 5-100 MG/5ML ORAL 5-100 MG/5ML	\$0 (Tier 3) NT
<i>fexofenadine-pseudoephed er tablet extended release 12 hour 60-120 mg oral (otc) 60-120 mg</i>	\$0 (Tier 3) NT
<i>flu hbp tablet 10-325-2 mg oral 10-325-2 mg</i>	\$0 (Tier 3) NT
<i>flu/severe cold &amp; cough day packet 20-10-650 mg oral 20-10-650 mg</i>	\$0 (Tier 3) NT
<i>gnp tussin cf cough &amp; cold syrup 5-10-100 mg/5ml oral 5-10-100 mg/5ml</i>	\$0 (Tier 3) NT
<i>guaifenesin liquid 100 mg/5ml oral 100 mg/5ml</i>	\$0 (Tier 3) NT
<i>guaifenesin tablet 200 mg oral (otc) 200 mg</i>	\$0 (Tier 3) NT
<i>guaifenesin tablet 400 mg oral 400 mg</i>	\$0 (Tier 3) NT
<i>guaifenesin-codeine solution 100-10 mg/5ml oral (otc) 100-10 mg/5ml</i>	\$0 (Tier 3) NT
HISTEX-AC SYRUP 10-2.5-10 MG/5ML ORAL 10-2.5-10 MG/5ML	\$0 (Tier 3) NT
HISTEX-DM SYRUP 10-2.5-20 MG/5ML ORAL 10-2.5-20 MG/5ML	\$0 (Tier 3) NT
<i>hm cold &amp; sinus relief tablet 30-200 mg oral 30-200 mg</i>	\$0 (Tier 3) NT
<i>hydrocod polst-cpm polst er suspension extended release 10-8 mg/5ml oral 10-8 mg/5ml</i>	\$0 (Tier 3) NT
<i>hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral 5-1.5 mg/5ml</i>	\$0 (Tier 3) NT
<i>hydrocodone bit-homatrop mbr tablet 5-1.5 mg oral 5-1.5 mg</i>	\$0 (Tier 3) NT
LODRANE D CAPSULE 4-60 MG ORAL 4-60 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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
LOHIST-D LIQUID 2-30 MG/5ML ORAL 2-30 MG/5ML	\$0 (Tier 3) NT
LOHIST-DM SYRUP 5-2-10 MG/5ML ORAL 5-2-10 MG/5ML	\$0 (Tier 3) NT
<i>loratadine-d 12hr tablet extended release 12 hour 5-120 mg oral 5-120 mg</i>	\$0 (Tier 3) NT
<i>loratadine-d 24hr tablet extended release 24 hour 10-240 mg oral 10-240 mg</i>	\$0 (Tier 3) NT
LORTUSS LQ LIQUID 6.25-30 MG/5ML ORAL 6.25-30 MG/5ML	\$0 (Tier 3) NT
<i>mapap cold formula multi-sympt tablet 10-5-325 mg oral 10-5-325 mg</i>	\$0 (Tier 3) NT
MAR-COF BP LIQUID 30-2-7.5 MG/5ML ORAL 30-2-7.5 MG/5ML	\$0 (Tier 3) NT
MAR-COF CG EXPECTORANT LIQUID 225-7.5 MG/5ML ORAL 225-7.5 MG/5ML	\$0 (Tier 3) NT
MAXICHLOR PEH DM TABLET 10-4-18 MG ORAL 10-4-18 MG	\$0 (Tier 3) NT
MAXIFED TABLET 60-360 MG ORAL 60-360 MG	\$0 (Tier 3) NT
MAXIFED TR TABLET 1.25-30 MG ORAL 1.25-30 MG	\$0 (Tier 3) NT
MAXI-TUSS CD LIQUID 10-4-10 MG/5ML ORAL 10-4-10 MG/5ML	\$0 (Tier 3) NT
<i>maxi-tuss gmx liquid 10-200 mg/5ml oral 10-200 mg/5ml</i>	\$0 (Tier 3) NT
MAXI-TUSS JR LIQUID 2.5-5 MG/5ML ORAL 2.5-5 MG/5ML	\$0 (Tier 3) NT
MAXI-TUSS PE JR LIQUID 2.5-50 MG/5ML ORAL 2.5-50 MG/5ML	\$0 (Tier 3) NT
MAXI-TUSS PE LIQUID 2-5 MG/5ML ORAL 2-5 MG/5ML	\$0 (Tier 3) NT
MAXI-TUSS TR LIQUID 1.25-30 MG/5ML ORAL 1.25-30 MG/5ML	\$0 (Tier 3) NT
M-CLEAR WC SOLUTION 100-6.3 MG/5ML ORAL 100-6.3 MG/5ML	\$0 (Tier 3) NT
M-END DMX LIQUID 20-0.667-10 MG/5ML ORAL 20-0.667-10 MG/5ML	\$0 (Tier 3) NT
M-END PE LIQUID 3.33-1.33-6.33 MG/5ML ORAL 3.33-1.33-6.33 MG/5ML	\$0 (Tier 3) NT
MICLARA DM LIQUID 10-2.5-20 MG/5ML ORAL 10-2.5-20 MG/5ML	\$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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
MUCINEX CHILD MS DAY-NIGHT CLD ORAL	\$0 (Tier 3) NT
MUCINEX COUGH FOR KIDS PACKET 5-100 MG ORAL 5-100 MG	\$0 (Tier 3) NT
MUCINEX FAST-MAX CAPSULE 5-10-200-325 MG ORAL 5-10-200-325 MG	\$0 (Tier 3) NT
<i>mucinex fast-max cld/flu dy/nt tablet therapy pack oral</i>	\$0 (Tier 3) NT
<i>mucinex fast-max cold flu nght liquid 12.5-5-325 mg/10ml oral 12.5-5-325 mg/10ml</i>	\$0 (Tier 3) NT
MUCINEX FAST-MAX CONGEST COUGH TABLET 5-10-200 MG ORAL 5-10-200 MG	\$0 (Tier 3) NT
MUCINEX FAST-MAX DAY/NIGHT ORAL	\$0 (Tier 3) NT
MUCINEX FAST-MAX DAY/NIGHT TABLET ORAL TABLET	\$0 (Tier 3) NT
<i>mucinex fast-max dm max liquid 20-400 mg/20ml oral 20-400 mg/20ml</i>	\$0 (Tier 3) NT
MUCINEX FOR KIDS PACKET 100 MG ORAL 100 MG	\$0 (Tier 3) NT
MUCINEX FREEFROM DAY-NIGHT LIQUID THERAPY PACK ORAL	\$0 (Tier 3) NT
MUCINEX JUNIOR COLD/FLU TABLET 2.5-5-100-162.5 MG ORAL 2.5-5-100-162.5 MG	\$0 (Tier 3) NT
MUCINEX JUNIOR COUGH/CONGEST TABLET 2.5-5-100 MG ORAL 2.5-5-100 MG	\$0 (Tier 3) NT
MUCINEX NIGHTSHIFT COLD/FLU SOLUTION 650-20-2.5 MG/20ML ORAL 650-20-2.5 MG/20ML	\$0 (Tier 3) NT
MUCINEX NIGHTSHIFT SINUS SOLUTION 10-2.5-20-650 MG/20ML ORAL 10-2.5-20-650 MG/20ML	\$0 (Tier 3) NT
<i>mucinex sinus-max congestion liquid 10-650-400 mg/20ml oral 10-650-400 mg/20ml</i>	\$0 (Tier 3) NT
MUCINEX SINUS-MAX DAY/NIGHT CAPSULE THERAPY PACK ORAL	\$0 (Tier 3) NT
MUCINEX STUFFY NOSE & CHEST LIQUID 2.5-100 MG/5ML ORAL 2.5-100 MG/5ML	\$0 (Tier 3) NT
<i>mucus relief childrens liquid 2.5-5-100 mg/5ml oral 2.5-5-100 mg/5ml</i>	\$0 (Tier 3) NT
<i>mucus relief dm cough tablet 20-400 mg oral 20-400 mg</i>	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>mucus relief dm max tablet extended release 12 hour 60-1200 mg oral 60-1200 mg</i>	\$0 (Tier 3) NT
<i>mucus relief dm tablet extended release 12 hour 30-600 mg oral 30-600 mg</i>	\$0 (Tier 3) NT
<i>mucus relief max st tablet extended release 12 hour 1200 mg oral 1200 mg</i>	\$0 (Tier 3) NT
<i>mucus relief tablet extended release 12 hour 600 mg oral 600 mg</i>	\$0 (Tier 3) NT
<i>mucusrelief sinus tablet 10-400 mg oral 10-400 mg</i>	\$0 (Tier 3) NT
<i>multi symptom flu/severe cold packet 20-10-500 mg oral 20-10-500 mg</i>	\$0 (Tier 3) NT
<i>multi-symptom cold childrens suspension 2.5-1-5-160 mg/5ml oral 2.5-1-5-160 mg/5ml</i>	\$0 (Tier 3) NT
<i>nasal decongestant spray solution 0.05 % nasal 0.05 %</i>	\$0 (Tier 3) NT
<i>nasal mist aerosol solution 0.9 % inhalation 0.9 %</i>	\$0 (Tier 3) NT
<b>NASOPEN PE LIQUID 50-10 MG/15ML ORAL 50-10 MG/15ML</b>	\$0 (Tier 3) NT
<i>nighttime cold/flu relief liquid 15-6.25-325 mg/15ml oral 15-6.25-325 mg/15ml</i>	\$0 (Tier 3) NT
<i>nighttime cough liquid 12.5-30 mg/30ml oral 12.5-30 mg/30ml</i>	\$0 (Tier 3) NT
<i>nighttime severe cold &amp; flu liquid 5-6.25-10-325 mg/15ml oral 5-6.25-10-325 mg/15ml</i>	\$0 (Tier 3) NT
<b>NINJACOF LIQUID 12.5-12.5 MG/5ML ORAL 12.5-12.5 MG/5ML</b>	\$0 (Tier 3) NT
<b>NINJACOF-A LIQUID 12.5-12.5-160 MG/5ML ORAL 12.5-12.5-160 MG/5ML</b>	\$0 (Tier 3) NT
<b>NINJACOF-XG LIQUID 200-8 MG/5ML ORAL 200-8 MG/5ML</b>	\$0 (Tier 3) NT
<b>NIVANEX DMX TABLET 10-15-380 MG ORAL 10-15-380 MG</b>	\$0 (Tier 3) NT
<i>nohist-dm liquid 10-4-15 mg/5ml oral (otc) 10-4-15 mg/5ml</i>	\$0 (Tier 3) NT
<i>nohist-lq liquid 4-10 mg/5ml oral 4-10 mg/5ml</i>	\$0 (Tier 3) NT
<b>NOREL AD TABLET 4-10-325 MG ORAL 4-10-325 MG</b>	\$0 (Tier 3) NT
<i>phenylephrine hcl tablet 10 mg oral 10 mg</i>	\$0 (Tier 3) NT

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>phenylephrine-dm-gg liquid 10-18-200 mg/15ml oral 10-18-200 mg/15ml</i>	\$0 (Tier 3) NT
<i>phenylephrine-dm-gg tablet 10-17.5-385 mg oral 10-17.5-385 mg</i>	\$0 (Tier 3) NT
POLY HIST FORTE TABLET 10.5-10 MG ORAL 10.5-10 MG	\$0 (Tier 3) NT
POLY-HIST DM LIQUID 5-25-10 MG/5ML ORAL 5-25-10 MG/5ML	\$0 (Tier 3) NT
POLY-TUSSIN AC LIQUID 10-4-10 MG/5ML ORAL 10-4-10 MG/5ML	\$0 (Tier 3) NT
POLYTUSSIN DM SYRUP 5-10-1 MG/5ML ORAL 5-10-1 MG/5ML	\$0 (Tier 3) NT
POLY-VENT DM TABLET 60-20-380 MG ORAL 60-20-380 MG	\$0 (Tier 3) NT
POLY-VENT IR TABLET 60-380 MG ORAL 60-380 MG	\$0 (Tier 3) NT
<i>promethazine-codeine syrup 6.25-10 mg/5ml oral 6.25-10 mg/5ml</i>	\$0 (Tier 3) NT
<i>promethazine-dm syrup 6.25-15 mg/5ml oral 6.25-15 mg/5ml</i>	\$0 (Tier 3) NT
<i>promethazine-phenyleph-codeine syrup 6.25-5-10 mg/5ml oral 6.25-5-10 mg/5ml</i>	\$0 (Tier 3) NT
PRO-RED AC SYRUP 5-1-9 MG/5ML ORAL 5-1-9 MG/5ML	\$0 (Tier 3) NT
<i>pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx) 30-2-10 mg/5ml</i>	\$0 (Tier 3) NT
<i>pseudoephedrine hcl er tablet extended release 12 hour 120 mg oral 120 mg</i>	\$0 (Tier 3) NT
<i>pseudoephedrine hcl tablet 30 mg oral (otc) 30 mg</i>	\$0 (Tier 3) NT
<i>pseudoephedrine hcl tablet 60 mg oral (otc) 60 mg</i>	\$0 (Tier 3) NT
<i>pseudoephedrine-guaifenesin er tablet extended release 12 hour 120-1200 mg oral 120-1200 mg</i>	\$0 (Tier 3) NT
<i>pseudoephedrine-guaifenesin er tablet extended release 12 hour 60-600 mg oral 60-600 mg</i>	\$0 (Tier 3) NT
<i>pseudoephedrine-guaifenesin tablet 60-375 mg oral 60-375 mg</i>	\$0 (Tier 3) NT
RESCON TABLET 2-60 MG ORAL 2-60 MG	\$0 (Tier 3) NT
RONDEC-D LIQUID 12.5-30 MG/5ML ORAL 12.5-30 MG/5ML	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
RU-HIST D TABLET 4-10 MG ORAL 4-10 MG	\$0 (Tier 3) NT
RYDEX LIQUID 10-1.33-6.33 MG/5ML ORAL 10-1.33-6.33 MG/5ML	\$0 (Tier 3) NT
RYMED TABLET 2-10 MG ORAL 2-10 MG	\$0 (Tier 3) NT
<i>rynex pe elixir 1-2.5 mg/5ml oral 1-2.5 mg/5ml</i>	\$0 (Tier 3) NT
<i>rynex pse liquid 1-15 mg/5ml oral 1-15 mg/5ml</i>	\$0 (Tier 3) NT
<i>severe cold &amp; flu tablet 5-10-200-325 mg oral 5-10-200-325 mg</i>	\$0 (Tier 3) NT
<i>severe cold/cough packet 25-10-650 mg oral 25-10-650 mg</i>	\$0 (Tier 3) NT
<i>silphen dm cough syrup 10 mg/5ml oral 10 mg/5ml</i>	\$0 (Tier 3) NT
<i>sinus congestion/pain daytime tablet 5-325-200 mg oral 5-325-200 mg</i>	\$0 (Tier 3) NT
<i>sinus congestion/pain tablet 5-325 mg oral 5-325 mg</i>	\$0 (Tier 3) NT
<i>sinus relief extra strength solution 1 % nasal 1 %</i>	\$0 (Tier 3) NT
STAHIST AD TABLET 25-60 MG ORAL 25-60 MG	\$0 (Tier 3) NT
<i>sudogest sinus/allergy tablet 4-60 mg oral 4-60 mg</i>	\$0 (Tier 3) NT
<i>theraflu expressmax sev cld/cg tablet 12.5-5-325 mg oral 12.5-5-325 mg</i>	\$0 (Tier 3) NT
THERAFLU FLU & SORE THROAT PACKET 20-10-650 MG ORAL 20-10-650 MG	\$0 (Tier 3) NT
<i>triaacting nighttime cold&amp;cough liquid 6.25-2.5 mg/5ml oral 6.25-2.5 mg/5ml</i>	\$0 (Tier 3) NT
TRIAMINIC COLD/COUGH DAY TIME SYRUP 2.5-5 MG/5ML ORAL 2.5-5 MG/5ML	\$0 (Tier 3) NT
TRIAMINIC NIGHT TIME COLD/CGH SYRUP 6.25-2.5 MG/5ML ORAL 6.25-2.5 MG/5ML	\$0 (Tier 3) NT
TUSNEL C SYRUP 30-10-100 MG/5ML ORAL 30-10-100 MG/5ML	\$0 (Tier 3) NT
TUSNEL LIQUID 30-15-200 MG/5ML ORAL 30-15-200 MG/5ML	\$0 (Tier 3) NT
TUSNEL PEDIATRIC LIQUID 15-5-50 MG/5ML ORAL 15-5-50 MG/5ML	\$0 (Tier 3) NT
TUSNEL PEDIATRIC LIQUID 7.5-50 MG/ML ORAL 7.5-50 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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
TUSNEL TABLET 60-30-400 MG ORAL 60-30-400 MG	\$0 (Tier 3) NT
TUSNEL-DM PEDIATRIC LIQUID 7.5-2.5-25 MG/ML ORAL 7.5-2.5-25 MG/ML	\$0 (Tier 3) NT
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG ORAL 10-8 MG	\$0 (Tier 3) NT
<i>tussin cf multi-symptom cold liquid 5-10-100 mg/5ml oral 5-10-100 mg/5ml</i>	\$0 (Tier 3) NT
<i>tussin cf severe multi-symptom liquid 5-10-200-325 mg/10ml oral 5-10-200-325 mg/10ml</i>	\$0 (Tier 3) NT
<i>tussin cough syrup 15 mg/5ml oral 15 mg/5ml</i>	\$0 (Tier 3) NT
<i>tussin dm liquid 100-10 mg/5ml oral 100-10 mg/5ml</i>	\$0 (Tier 3) NT
VANACOF DMX LIQUID 10-18-396 MG/15ML ORAL 10-18-396 MG/15ML	\$0 (Tier 3) NT
VANACOF LIQUID 30-1-12.5 MG/5ML ORAL 30-1-12.5 MG/5ML	\$0 (Tier 3) NT
VANATAB DM TABLET 5-9-198 MG ORAL 5-9-198 MG	\$0 (Tier 3) NT
VIRTUSSIN DAC SOLUTION 30-10-100 MG/5ML ORAL 30-10-100 MG/5ML	\$0 (Tier 3) NT
<b>LEUKOTRIENE MODULATORS</b>	
<i>montelukast sodium oral packet 4 mg</i>	\$0 (Tier 1)
<i>montelukast sodium oral tablet 10 mg</i>	\$0 (Tier 1)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	\$0 (Tier 1)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
<b>MISCELLANEOUS</b>	
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	\$0 (Tier 1) B/D
AEROCHAMBER PLUS FLOW VU	\$0 (Tier 3) NT
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	\$0 (Tier 2) PA; LA; ^
ASTHMAPACK FOR CHILDREN KIT	\$0 (Tier 3) NT
AYR NASAL MIST ALLERGY/SINUS SOLUTION 2.65 % NASAL 2.65 %	\$0 (Tier 3) NT
AYR SALINE NASAL DROPS SOLUTION 0.65 % NASAL 0.65 %	\$0 (Tier 3) NT
<i>cromolyn sodium aerosol solution 5.2 mg/act nasal 5.2 mg/act</i>	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	\$0 (Tier 1) B/D
DALIRESP ORAL TABLET 250 MCG, 500 MCG	\$0 (Tier 2)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	\$0 (Tier 1) (generic of Adrenaclick)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	\$0 (Tier 1) (generic of Adrenaclick)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	\$0 (Tier 1) (generic of EpiPen)
ESBRIET ORAL CAPSULE 267 MG	\$0 (Tier 2) PA; QL (270 EA per 30 days); ^
ESBRIET ORAL TABLET 267 MG	\$0 (Tier 2) PA; QL (270 EA per 30 days); ^
ESBRIET ORAL TABLET 801 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	\$0 (Tier 2) PA; LA; ^
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	\$0 (Tier 2) PA; LA; ^
FLEXICHAMBER ADULT MASK/SMALL	\$0 (Tier 3) NT
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	\$0 (Tier 2) PA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
LITTLE REMEDIES SALINE MIST AEROSOL SOLUTION NASAL	\$0 (Tier 3) NT
NASADROPS SALINE ON THE GO SOLUTION 0.9 % NASAL 0.9 %	\$0 (Tier 3) NT
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	\$0 (Tier 2) PA; LA; ^
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	\$0 (Tier 2) PA; LA; ^
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) PA; LA; ^
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	\$0 (Tier 2) PA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 2) PA; QL (112 EA per 28 days); ^
<i>pirfenidone oral tablet 267 mg</i>	\$0 (Tier 2) PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
POCKET PEAK FLOW METER DEVICE	\$0 (Tier 3) NT
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	\$0 (Tier 2) PA; LA; ^

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	\$0 (Tier 2) PA; LA; ^
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	\$0 (Tier 2) PA; ^
RHINARIS SOLUTION 0.2 % NASAL 0.2 %	\$0 (Tier 3) NT
<i>saline gel nasal</i>	\$0 (Tier 3) NT
<i>saline nasal spray solution 0.65 % nasal 0.65 %</i>	\$0 (Tier 3) NT
SIMPLY SALINE AEROSOL SOLUTION 0.9 % NASAL 0.9 %	\$0 (Tier 3) NT
SINUS WASH SALT CRYSTALS NASAL	\$0 (Tier 3) NT
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (Tier 2)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	\$0 (Tier 1)
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	\$0 (Tier 1)
<i>theophylline oral elixir 80 mg/15ml</i>	\$0 (Tier 1)
<i>theophylline oral solution 80 mg/15ml</i>	\$0 (Tier 1)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	\$0 (Tier 2) PA; LA; QL (84 EA per 28 days); ^
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	\$0 (Tier 3) NT
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	\$0 (Tier 2) PA; LA; ^
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	\$0 (Tier 2) PA; LA; ^
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	\$0 (Tier 2) PA; LA; ^
<b>NASAL STEROIDS</b>	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$0 (Tier 1) QL (75 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	\$0 (Tier 1) QL (16 GM per 30 days)
<i>fluticasone propionate suspension 50 mcg/act nasal (otc) 50 mcg/act</i>	\$0 (Tier 3) NT
<i>mometasone furoate nasal suspension 50 mcg/act</i>	\$0 (Tier 1) QL (34 GM per 30 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	\$0 (Tier 2) QL (12.5 GM per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>STEROID INHALANTS</b>	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	\$0 (Tier 2) QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	\$0 (Tier 1) B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT	\$0 (Tier 2) QL (240 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (Tier 2) QL (180 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	\$0 (Tier 2) QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	\$0 (Tier 2) QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	\$0 (Tier 2) QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	\$0 (Tier 2) QL (3 EA per 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	\$0 (Tier 2) QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	\$0 (Tier 2) QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	\$0 (Tier 2) QL (60 EA per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	\$0 (Tier 2) QL (10.2 GM per 30 days)
<b>TOPICAL</b>	
<b>DERMATOLOGY, ACNE</b>	
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1) PA
ACNE MEDICATION 10 LOTION 10 % EXTERNAL 10 %	\$0 (Tier 3) NT
ACNE MEDICATION 5 LOTION 5 % EXTERNAL 5 %	\$0 (Tier 3) NT
<i>adapalene gel 0.1 % external (otc) 0.1 %</i>	\$0 (Tier 3) NT
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) PA
<i>avita external cream 0.025 %</i>	\$0 (Tier 1) PA; QL (45 GM per 30 days)
<i>avita external gel 0.025 %</i>	\$0 (Tier 1) PA; QL (45 GM per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
BENZOYL PEROXIDE CLEANSER LIQUID 6 % EXTERNAL 6 %	\$0 (Tier 3) NT
<i>benzoyl peroxide gel 10 % external (otc) 10 %</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide gel 2.5 % external (otc) 2.5 %</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide gel 5 % external (otc) 5 %</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide wash liquid 10 % external (otc) 10 %</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide wash liquid 5 % external (otc) 5 %</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	\$0 (Tier 1) QL (46.6 GM per 30 days)
<i>bpo foaming cloths 6 % external (otc) 6 %</i>	\$0 (Tier 3) NT
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1) PA
<i>clindamycin phosphate external gel 1 %</i>	\$0 (Tier 1) QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion 1 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>ery external pad 2 %</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>erythromycin external solution 2 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1) PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1) PA
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	\$0 (Tier 1) QL (118 ML per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1) PA; QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$0 (Tier 1) PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1) PA
<b>DERMATOLOGY, ANTIBIOTICS</b>	
<i>bacitracin ointment 500 unit/gm external 500 unit/gm</i>	\$0 (Tier 3) NT
<i>bacitracin zinc ointment 500 unit/gm external 500 unit/gm</i>	\$0 (Tier 3) NT
<i>gentamicin sulfate external cream 0.1 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>mupirocin external ointment 2 %</i>	\$0 (Tier 1) QL (220 GM per 30 days)
<i>poly bacitracin ointment 500-10000 unit/gm external 500-10000 unit/gm</i>	\$0 (Tier 3) NT
<i>silver sulfadiazine external cream 1 %</i>	\$0 (Tier 1)
<i>sm antibiotic plus pain relief cream 3.5-10000-10 external 3.5-10000-10</i>	\$0 (Tier 3) NT
<i>ssd external cream 1 %</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SULFAMYLDON EXTERNAL CREAM 85 MG/GM	\$0 (Tier 2) QL (453.6 GM per 30 days)
<i>triple antibiotic ointment 3.5-400-5000 external 3.5-400-5000</i>	\$0 (Tier 3) NT
<i>triple antibiotic plus ointment 1 % external 1 %</i>	\$0 (Tier 3) NT
<b>DERMATOLOGY, ANTIFUNGALS</b>	
ALEVAZOL OINTMENT 1 % EXTERNAL 1 %	\$0 (Tier 3) NT
ALOE VESTA CLEAR ANTIFUNGAL OINTMENT 2 % EXTERNAL 2 %	\$0 (Tier 3) NT
<i>antifungal powder 2 % external 2 %</i>	\$0 (Tier 3) NT
<i>athletes foot powder spray aerosol powder 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>athletes foot powder spray aerosol powder 2 % external 2 %</i>	\$0 (Tier 3) NT
<i>athletes foot spray aerosol 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>benzoin compound tincture external (otc)</i>	\$0 (Tier 3) NT
BENZOIN TINCTURE EXTERNAL (OTC)	\$0 (Tier 3) NT
<i>butenafine hcl cream 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>castellani paint modified liquid 1.5 % external 1.5 %</i>	\$0 (Tier 3) NT
<i>ciclopirox olamine external cream 0.77 %</i>	\$0 (Tier 1) QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>clotrimazole anti-fungal cream 1 % external (otc) 1 %</i>	\$0 (Tier 3) NT
<i>clotrimazole external cream 1 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	\$0 (Tier 1) QL (30 ML per 30 days)
<i>clotrimazole solution 1 % external (otc) 1 %</i>	\$0 (Tier 3) NT
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>diphenhydramine-zinc acetate cream 2-0.1 % external 2-0.1 %</i>	\$0 (Tier 3) NT
FUNGOID TINCTURE SOLUTION 2 % EXTERNAL 2 %	\$0 (Tier 3) NT
<i>itch relief extra strength liquid 2-0.1 % external 2-0.1 %</i>	\$0 (Tier 3) NT
<i>ketoconazole external cream 2 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>miconazole nitrate cream 2 % external (otc) 2 %</i>	\$0 (Tier 3) NT
<i>nyamyc external powder 100000 unit/gm</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	\$0 (Tier 1) QL (30 GM per 30 days)

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12/01/2022



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>nystatin external powder 100000 unit/gm</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>nystop external powder 100000 unit/gm</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>terbinafine hcl cream 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>tolnaftate antifungal cream 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>tolnaftate powder 1 % external 1 %</i>	\$0 (Tier 3) NT
<b>DERMATOLOGY, ANTIPSORIATICS</b>	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1) PA
<i>calcipotriene external ointment 0.005 %</i>	\$0 (Tier 1) PA; QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	\$0 (Tier 1) PA; QL (120 ML per 30 days)
<i>calcitrene external ointment 0.005 %</i>	\$0 (Tier 1) PA; QL (120 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	\$0 (Tier 1) PA; QL (60 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	\$0 (Tier 2) PA; QL (60 GM per 30 days)
<b>DERMATOLOGY, ANTISEBORRHEICS</b>	
<i>ketoconazole external shampoo 2 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>selenium sulfide external lotion 2.5 %</i>	\$0 (Tier 1)
<b>DERMATOLOGY, CORTICOSTEROIDS</b>	
<i>ala-cort external cream 1 %, 2.5 %</i>	\$0 (Tier 1)
<i>alclometasone dipropionate external cream 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>clobetasol prop emollient base external cream 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>clobetasol propionate external cream 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	\$0 (Tier 1) QL (50 ML per 30 days)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	\$0 (Tier 2) PA; QL (120 GM per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	\$0 (Tier 1) QL (118.28 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	\$0 (Tier 1) QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	\$0 (Tier 1) QL (118.28 ML per 30 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	\$0 (Tier 1)
<i>fluticasone propionate external ointment 0.005 %</i>	\$0 (Tier 1)
<i>gnp hydrocortisone cream 0.5 % external 0.5 %</i>	\$0 (Tier 3) NT
<i>halobetasol propionate external cream 0.05 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
HYDROCORTISONE ACETATE OINTMENT 1 % EXTERNAL 1 %	\$0 (Tier 3) NT
<i>hydrocortisone cream 0.5 % external 0.5 %</i>	\$0 (Tier 3) NT
<i>hydrocortisone cream 1 % external (otc) 1 %</i>	\$0 (Tier 3) NT
<i>hydrocortisone external cream 1 %, 2.5 %</i>	\$0 (Tier 1)
<i>hydrocortisone external lotion 2.5 %</i>	\$0 (Tier 1)
<i>hydrocortisone external ointment 2.5 %</i>	\$0 (Tier 1)
<i>hydrocortisone ointment 1 % external (otc) 1 %</i>	\$0 (Tier 3) NT
<i>mometasone furoate external cream 0.1 %</i>	\$0 (Tier 1)
<i>mometasone furoate external ointment 0.1 %</i>	\$0 (Tier 1)
<i>mometasone furoate external solution 0.1 %</i>	\$0 (Tier 1)

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>scalpicin maximum strength solution 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide external cream 0.1 %</i>	\$0 (Tier 1) QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)
<i>triderm external cream 0.5 %</i>	\$0 (Tier 1)
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>	
<i>glydo external prefilled syringe 2 %</i>	\$0 (Tier 1) PA; QL (60 ML per 30 days)
<i>lidocaine external ointment 5 %</i>	\$0 (Tier 1) PA; QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	\$0 (Tier 1) PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	\$0 (Tier 1) PA; QL (50 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	\$0 (Tier 1) PA; QL (30 ML per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	\$0 (Tier 1) PA; QL (30 GM per 30 days)
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>	
ALOE VESTA PROTECTIVE OINTMENT EXTERNAL	\$0 (Tier 3) NT
<i>ammonium lactate cream 12 % external (otc) 12 %</i>	\$0 (Tier 3) NT
<i>ammonium lactate external cream 12 %</i>	\$0 (Tier 1)
<i>ammonium lactate external lotion 12 %</i>	\$0 (Tier 1)
<i>ammonium lactate lotion 12 % external (otc) 12 %</i>	\$0 (Tier 3) NT
<i>anti-dandruff shampoo 1 % external 1 %</i>	\$0 (Tier 3) NT
AQUAPHOR OINTMENT EXTERNAL	\$0 (Tier 3) NT
ARTHRITIS PAIN RELIEVING CREAM 0.075 % EXTERNAL 0.075 %	\$0 (Tier 3) NT
<i>azelaic acid external gel 15 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
BETADINE SOLUTION 5 % EXTERNAL 5 %	\$0 (Tier 3) NT
BETADINE SURGICAL SCRUB SOLUTION 7.5 % EXTERNAL 7.5 %	\$0 (Tier 3) NT
<i>bexarotene external gel 1 %</i>	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
BULL FROG MOSQUITO COAST LIQUID EXTERNAL	\$0 (Tier 3) NT
<i>capsaicin cream 0.025 % external 0.025 %</i>	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>capsaicin cream 0.1 % external 0.1 %</i>	\$0 (Tier 3) NT
COLEMAN INSECT REPEL HIGH&DRY AEROSOL 25 % EXTERNAL 25 %	\$0 (Tier 3) NT
COLEMAN SKINSMART INSECT REPEL AEROSOL EXTERNAL	\$0 (Tier 3) NT
COLEMAN SKINSMART INSECT REPEL LIQUID EXTERNAL	\$0 (Tier 3) NT
<i>corn &amp; callus remover liquid 17 % external 17 %</i>	\$0 (Tier 3) NT
<i>dandruff shampoo shampoo 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>dermacerin cream external</i>	\$0 (Tier 3) NT
DERMACINRX SKIN REPAIR CREAM 5 % EXTERNAL 5 %	\$0 (Tier 3) NT
<i>dermamed ointment external</i>	\$0 (Tier 3) NT
<i>diclofenac sodium external gel 1 %</i>	\$0 (Tier 1) QL (1000 GM per 30 days)
FINACEA EXTERNAL FOAM 15 %	\$0 (Tier 2) QL (50 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	\$0 (Tier 1) QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	\$0 (Tier 1) QL (10 ML per 30 days)
GNP CAPSAICIN LIQUID 0.15 % EXTERNAL 0.15 %	\$0 (Tier 3) NT
<i>gnp scalp relief liquid 3 % external 3 %</i>	\$0 (Tier 3) NT
<i>hemorrhoidal ointment 0.25-14-74.9 % rectal 0.25-14-74.9 %</i>	\$0 (Tier 3) NT
<i>hydrocortisone (perianal) external cream 2.5 %</i>	\$0 (Tier 1)
<i>hydrolatum ointment external</i>	\$0 (Tier 3) NT
<i>imiquimod external cream 5 %</i>	\$0 (Tier 1) QL (24 EA per 30 days)
LANOLOR CREAM EXTERNAL	\$0 (Tier 3) NT
LIDOCAINE CREAM 3 % EXTERNAL 3 %	\$0 (Tier 3) NT; QL (85 GM per 30 days)
<i>lidocaine cream 4 % external 4 %</i>	\$0 (Tier 3) NT; QL (120 GM per 30 days)
<i>medela tender care lanolin cream external</i>	\$0 (Tier 3) NT
<i>medicated callus removers pad 40 % external 40 %</i>	\$0 (Tier 3) NT
<i>metronidazole external cream 0.75 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	\$0 (Tier 1) QL (59 ML per 30 days)
MINERAL OIL-HYDROPHIL PETROLAT OINTMENT EXTERNAL	\$0 (Tier 3) NT
<i>moisturizing cream cream external</i>	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
NATRAPEL 12-HOUR TICK/INSECT AEROSOL 20 % EXTERNAL 20 %	\$0 (Tier 3) NT
NORITATE EXTERNAL CREAM 1 %	\$0 (Tier 2) QL (60 GM per 30 days); ^
OFF DEEP WOODS LIQUID EXTERNAL	\$0 (Tier 3) NT
PANRETIN EXTERNAL GEL 0.1 %	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
PENTRAVAN CREAM EXTERNAL	\$0 (Tier 3) NT
<i>podofilox external solution 0.5 %</i>	\$0 (Tier 1) QL (7 ML per 28 days)
<i>povidone-iodine ointment 10 % external 10 %</i>	\$0 (Tier 3) NT
<i>povidone-iodine solution 10 % external (otc) 10 %</i>	\$0 (Tier 3) NT
<i>procto-med hc external cream 2.5 %</i>	\$0 (Tier 1)
<i>procto-pak external cream 1 %</i>	\$0 (Tier 1)
<i>proctosol hc external cream 2.5 %</i>	\$0 (Tier 1)
<i>proctozone-hc external cream 2.5 %</i>	\$0 (Tier 1)
PROSHIELD PLUS SKIN PROTECTANT CREAM 1 % EXTERNAL 1 %	\$0 (Tier 3) NT
RECTIV RECTAL OINTMENT 0.4 %	\$0 (Tier 2) QL (30 GM per 30 days)
REMEDY SKIN REPAIR CREAM 1.5 % EXTERNAL 1.5 %	\$0 (Tier 3) NT
REPEL MOSQUITO WIPES SHEET 30 % EXTERNAL 30 %	\$0 (Tier 3) NT
<i>rosadan external cream 0.75 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>sal-plant gel 17 % external 17 %</i>	\$0 (Tier 3) NT
SAWYER INSECT REPELLENT LIQUID 20 % EXTERNAL 20 %	\$0 (Tier 3) NT
SAWYER INSECT REPELLENT LOTION 20 % EXTERNAL 20 %	\$0 (Tier 3) NT
SEBEX SHAMPOO 2-2 % EXTERNAL 2-2 %	\$0 (Tier 3) NT
SENSI-CARE MOISTURIZING CREAM EXTERNAL	\$0 (Tier 3) NT
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
TARGRETIN EXTERNAL GEL 1 %	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
THERAPEUTIC DANDRUFF SHAMPOO 3 % EXTERNAL 3 %	\$0 (Tier 3) NT
VALCHLOR EXTERNAL GEL 0.016 %	\$0 (Tier 2) PA-NS; LA; QL (60 GM per 30 days); ^
<i>wart remover maximum strength strip 40 % external 40 %</i>	\$0 (Tier 3) NT
XERAC AC SOLUTION 6.25 % EXTERNAL 6.25 %	\$0 (Tier 3) NT
ZIKS ARTHRITIS PAIN RELIEF CREAM 0.025-1-12 % EXTERNAL 0.025-1-12 %	\$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.

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	\$0 (Tier 2) QL (15 GM per 30 days); ^
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>	
<i>gnp lice treatment liquid 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>lice killing shampoo 0.33-4 % external 0.33-4 %</i>	\$0 (Tier 3) NT
<i>lice treatment lotion 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>malathion external lotion 0.5 %</i>	\$0 (Tier 1) QL (59 ML per 30 days)
<i>permethrin external cream 5 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>sm lice solution kit kit 0.33-4-0.5 % combination 0.33-4-0.5 %</i>	\$0 (Tier 3) NT
VANALICE GEL 0.3-3.5 % EXTERNAL 0.3-3.5 %	\$0 (Tier 3) NT
<b>DERMATOLOGY, WOUND CARE AGENTS</b>	
REGANEX EXTERNAL GEL 0.01 %	\$0 (Tier 2) PA; QL (30 GM per 30 days); ^
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	\$0 (Tier 2) QL (180 GM per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)
<i>sterile water for irrigation irrigation solution</i>	\$0 (Tier 1)
<b>MOUTH/THROAT/DENTAL AGENTS</b>	
<i>cevimeline hcl oral capsule 30 mg</i>	\$0 (Tier 1)
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	\$0 (Tier 1)
<i>clotrimazole mouth/throat troche 10 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	\$0 (Tier 1)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	\$0 (Tier 1)
<i>periogard mouth/throat solution 0.12 %</i>	\$0 (Tier 1)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	\$0 (Tier 1)
<b>OTIC</b>	
<i>ear drops solution 6.5 % otic 6.5 %</i>	\$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.

12/01/2022

## D. Index of Covered Drugs

<i>a-25</i> .....	115	AEROCHAMBER PLUS FLOW VU	<i>alyq</i> .....	48
<i>abacavir sulfate</i> .....	21	.....	<i>amabelz</i> .....	77
<i>abacavir sulfate-lamivudine</i> .....	23	AFINITOR.....	<i>amantadine hcl</i> .....	56
<i>abacavir-lamivudine-zidovudine</i> .....	23	AFINITOR DISPERZ.....	AMBISOME.....	18
<i>abdek pediatric</i> .....	115	<i>afirmelle</i> .....	<i>ambrisentan</i> .....	49
ABELCET.....	18	AIMOVIG.....	<i>amethia</i> .....	72
ABILIFY MAINTENA.....	58	<i>airborne</i> .....	<i>amikacin sulfate</i> .....	19
<i>abiraterone acetate</i> .....	32	<i>ala-cort</i> .....	<i>amiloride hcl</i> .....	47
ABRAXANE.....	33	ALAHIST CF.....	<i>amiloride-hydrochlorothiazide</i> ...	47
<i>acamprosate calcium</i> .....	65	ALAHIST D.....	<i>amiodarone hcl</i> .....	43
<i>acarbose</i> .....	68	ALAHIST DM.....	<i>amitriptyline hcl</i> .....	54
<i>accutane</i> .....	141	ALA-HIST IR.....	<i>amlodipine besy-benazepril hcl</i> ..	41
<i>acebutolol hcl</i> .....	45	ALAHIST PE.....	<i>amlodipine besylate</i> .....	45
<i>acetaminophen</i> .....	14	<i>albendazole</i> .....	<i>amlodipine besylate-valsartan</i> ...	42
ACETAMINOPHEN.....	103	<i>albuterol sulfate</i> .....	<i>amlodipine-atorvastatin</i> .....	47
<i>acetaminophen childrens</i> .....	14	<i>albuterol sulfate hfa inhalation</i>	<i>amlodipine-olmesartan</i> .....	42
<i>acetaminophen er</i> .....	14	<i>aerosol solution 108 (90 base)</i>	<i>amlodipine-valsartan-hctz</i> .....	42
<i>acetaminophen extra strength</i> ...	14	<i>mcg/act</i> .....	<i>ammonium lactate</i> .....	146
<i>acetaminophen-codeine</i> .....	16	<i>alclometasone dipropionate</i> ....	<i>amnestem</i> .....	141
<i>acetaminophen-codeine #3</i> .....	16	ALCOHOL SWABS.....	<i>amoxapine</i> .....	54
<i>acetazolamide</i> .....	47	ALDURAZYME.....	<i>amoxicillin</i> .....	28
<i>acetazolamide er</i> .....	47	ALECENSA.....	<i>amoxicillin-pot clavulanate</i> .....	29
<i>acetic acid</i> .....	91, 126	<i>alendronate sodium</i> .....	<i>amoxicillin-pot clavulanate er</i> ...	28
<i>acetylcysteine</i> .....	138	ALEVAZOL.....	<i>amphetamine-dextroamphet er</i> ..	61
<i>acid gone</i> .....	83	<i>alfuzosin hcl er</i> .....	<i>amphetamine-</i>	
<i>acid reducer</i> .....	86	ALIMTA.....	<i>dextroamphetamine</i> .....	61
<i>acidophilus probiotic</i> .....	84	<i>aliskiren fumarate</i> .....	<i>amphotericin b</i> .....	18
ACIDOPHILUS/BIFIDUS.....	84	<i>allergy multi-symptom</i> .....	<i>amphotericin b liposome</i> .....	18
ACIDOPHILUS/CITRUS PECTIN....	84	<i>allergy relief</i> .....	<i>ampicillin</i> .....	29
<i>acidophilus/pectin</i> .....	84	<i>allopurinol</i> .....	<i>ampicillin sodium</i> .....	29
<i>acitretin</i> .....	144	ALOE VESTA CLEAR	<i>ampicillin-sulbactam sodium</i> .....	29
ACNE MEDICATION 10.....	141	ANTIFUNGAL.....	<i>anagrelide hcl</i> .....	96
ACNE MEDICATION 5.....	141	ALOE VESTA PROTECTIVE.....	<i>anastrozole</i> .....	32
ACTHIB.....	101	<i>alose tron hcl</i> .....	ANDRODERM.....	66
ACTIMMUNE.....	100	ALPHAGAN P.....	ANIMAL SHAPES/IRON.....	115
ACTIVE FE.....	93	<i>alpha-lipoic acid</i> .....	ANORO ELLIPTA.....	127
<i>acyclovir</i> .....	25	ALPHA-LIPOIC ACID.....	<i>antacid calcium</i> .....	83
<i>acyclovir sodium</i> .....	25	<i>alprazolam</i> .....	<i>antacid extra strength</i> .....	83
ADACEL.....	101	ALREX.....	<i>antacid ultra strength</i> .....	83
<i>adapalene</i> .....	141	<i>altavera</i> .....	<i>anti-dandruff</i> .....	146
ADCIRCA.....	48	ALTOPREV.....	<i>anti-diarrheal</i> .....	84
<i>adefovir dipivoxil</i> .....	25	<i>alum &amp; mag hydroxide-simeth</i> ...	<i>antifungal</i> .....	143
ADEMPAS.....	48	<i>alumina-magnesia-simethicone</i> ..	APETIGEN-PLUS.....	115
ADRENALIN.....	47	ALUMINUM HYDROXIDE GEL.....	APOKYN.....	56
<i>adriamycin</i> .....	31	ALUNBRIG.....	<i>apomorphine hcl</i> .....	56
ADVAIR DISKUS.....	141	<i>alyacen 1/35</i> .....	<i>aprepitant</i> .....	84
ADVAIR HFA.....	141	<i>alyacen 7/7/7</i> .....	<i>apri</i> .....	72

12/01/2022

<i>aprodine</i> .....	130	AUSTEDO.....	63	BENZYL BENZOATE.....	103
APTIOM.....	49	AVASTIN.....	34	BEPREVE.....	122
APTIVUS.....	21	<i>aviane</i> .....	72	BERINERT.....	96
AQUABASE.....	103	<i>avita</i> .....	141	BESIVANCE.....	124
AQUADEKS.....	115	AYR NASAL MIST		BESREMI.....	33
AQUA-E.....	115	ALLERGY/SINUS.....	138	<i>beta carotene</i> .....	115
AQUANAZ.....	130	AYR SALINE NASAL DROPS.....	138	BETADINE.....	146
AQUANAZ PSE.....	130	<i>ayuna</i> .....	72	BETADINE SURGICAL SCRUB.....	146
AQUAPHOR.....	146	AYVAKIT.....	35	<i>betaine</i> .....	80
ARALAST NP.....	138	<i>azacitidine</i> .....	31	<i>betamethasone dipropionate</i> ..	144
<i>aranelle</i> .....	72	<i>azathioprine</i> .....	100	<i>betamethasone dipropionate</i>	
ARCALYST.....	100	<i>azelaic acid</i> .....	146	<i>aug</i> .....	144
<i>arformoterol tartrate</i> .....	129	<i>azelastine hcl</i> .....	122, 127	<i>betamethasone valerate</i> .....	144
ARGININE.....	113	<i>azithromycin</i> .....	27	BETASERON.....	64
ARGININE2000.....	113	AZOPT.....	122	<i>betaxolol hcl</i> .....	122
<i>aripiprazole</i> .....	58	<i>aztreonam</i> .....	19	<i>bethanechol chloride</i> .....	91
ARISTADA.....	58	<i>azurette</i> .....	72	BETOPTIC-S.....	122
ARISTADA INITIO.....	58	<i>baby vitamin d3</i> .....	115	BEVESPI AEROSPHERE.....	127
<i>armodafinil</i> .....	65	<i>bacitracin</i> .....	124, 142	<i>bexarotene</i> .....	33, 146
ARNUITY ELLIPTA.....	141	<i>bacitracin zinc</i> .....	142	BEXSERO.....	101
ARTHRITIS PAIN RELIEVING.....	146	<i>bacitracin-polymyxin b</i> .....	124	<i>bicalutamide</i> .....	32
<i>artificial tears</i> .....	125	<i>bacitra-neomycin-polymyxin-hc</i> .....	123	BICILLIN L-A.....	29
ASCOR.....	115	<i>baclofen</i> .....	64	BIKTARVY.....	23
<i>asenapine maleate</i> .....	58	<i>balsalazide disodium</i> .....	86	BIO-D-MULSION.....	115
<i>ashlyna</i> .....	72	BALVERSA.....	35	BIO-D-MULSION FORTE.....	115
ASPIRIN.....	14	<i>balziva</i> .....	72	BIO-K PLUS STRONG.....	84
<i>aspirin</i> .....	14	BARACLUDE.....	25	BIOTIN.....	116
<i>aspirin ec</i> .....	14	BASAGLAR KWIKPEN.....	66	<i>biotin</i> .....	116
<i>aspirin low dose</i> .....	14	BCG VACCINE.....	101	BIOTIN-D.....	103
<i>aspirin-dipyridamole er</i> .....	97	B-COMPLEX/FOLIC		BIOVOL.....	116
ASTHMAPACK FOR CHILDREN..	138	ACID/VITAMIN C.....	115	<i>bisacodyl</i> .....	86
<i>atazanavir sulfate</i> .....	21	<i>b-complex/vitamin c (w/ ca)</i> .....	115	<i>bisacodyl ec</i> .....	86
<i>atenolol</i> .....	45	BD GLUCOSE.....	79	<i>bisoprolol fumarate</i> .....	45
<i>atenolol-chlorthalidone</i> .....	45	BELSOMRA.....	62	<i>bisoprolol-hydrochlorothiazide</i> ..	45
<i>athletes foot powder spray</i> .....	143	<i>benazepril hcl</i> .....	41	BIVIGAM.....	99
<i>athletes foot spray</i> .....	143	<i>benazepril-hydrochlorothiazide</i> ..	41	BLEPHAMIDE S.O.P.....	123
<i>atomoxetine hcl</i> .....	61	BENDEKA.....	30	<i>blisovi 24 fe</i> .....	72
<i>atorvastatin calcium</i> .....	43	BENLYSTA.....	100	<i>blisovi fe 1.5/30</i> .....	72
<i>atovaquone</i> .....	19	BENZEDREX.....	130	BOOSTRIX.....	101
<i>atovaquone-proguanil hcl</i> .....	21	BENZOIN.....	143	BORTEZOMIB.....	35
ATROPINE SULFATE.....	125	<i>benzoin compound</i> .....	143	<i>bortezomib</i> .....	35
<i>atropine sulfate</i> .....	125	<i>benzonatate</i> .....	130	<i>bosentan</i> .....	49
ATROVENT HFA.....	127	<i>benzoyl peroxide</i> .....	142	BOSULIF.....	35
<i>aubra eq</i> .....	72	BENZOYL PEROXIDE CLEANSER.....	142	BP VIT 3.....	116
<i>aurovela 1/20</i> .....	72	<i>benzoyl peroxide wash</i> .....	142	<i>bpo foaming cloths</i> .....	142
<i>aurovela 24 fe</i> .....	72	<i>benzoyl peroxide-erythromycin</i> .....	142	BRAFTOVI.....	35
<i>aurovela fe 1.5/30</i> .....	72	<i>benztropine mesylate</i> .....	56	BREO ELLIPTA.....	141
<i>aurovela fe 1/20</i> .....	72	BENZYL ALCOHOL.....	103	BREZTRI AEROSPHERE.....	127



<i>briellyn</i> .....	72	CALCIUM CARB-	<i>carbidopa-levodopa-</i>
BRILINTA.....	97	CHOLECALCIFEROL.....	<i>entacapone</i> .....
<i>brimonidine tartrate</i> .....	123	<i>calcium carb-cholecalciferol</i> ....	30
BRIVIACT.....	49	CALCIUM CARBONATE.....	<i>carboxymethylcellulose sodium</i>
<i>bromfenac sodium (once-daily)</i>	124	<i>calcium carbonate</i> .....	125
<i>bromocriptine mesylate</i> .....	57	CALCIUM CARBONATE ANTACID	<i>carglumic acid</i> .....
BROMSITE.....	124	<i>calcium carbonate antacid</i> .....	80
BRONKAID.....	130	CALCIUM CITRATE.....	<i>carteolol hcl</i> .....
BROVANA.....	129	<i>calcium citrate + d</i> .....	123
BRUKINSA.....	35	<i>calcium citrate + d3 maximum</i> .	<i>cartia xt</i> .....
<i>budesonide</i> .....	86, 141	<i>calcium citrate+d3 petites</i> .....	45
<i>budesonide er</i> .....	86	CALCIUM CITRATE-VITAMIN D..	<i>carvedilol</i> .....
BULL FROG MOSQUITO COAST.	146	<i>calcium citrate-vitamin d</i> .....	45
<i>bumetanide</i> .....	47	CALCIUM CITRATE-VITAMIN D3	<i>caspofungin acetate</i> .....
<i>buprenorphine hcl</i> .....	65	<i>calcium gummies</i> .....	18
<i>buprenorphine hcl-naloxone hcl</i> .	65	<i>calcium high potency/vitamin d</i>	<i>castellani paint modified</i> .....
<i>bupropion hcl</i> .....	54	CALCIUM LACTATE.....	143
<i>bupropion hcl er (smoking det)</i> ...	65	CALCIUM PLUS D3 ABSORBABLE	<i>castor oil</i> .....
<i>bupropion hcl er (sr)</i> .....	54	.....	86
<i>bupropion hcl er (xl)</i> .....	54	CALCIUM PLUS VITAMIN D.....	CASTOR OIL.....
<i>buspironone hcl</i> .....	49	CALCIUM-FOLIC ACID PLUS D..	103
<i>butenafine hcl</i> .....	143	CALCIUM-VITAMIN D3.....	CAYSTON.....
<i>butorphanol tartrate</i> .....	16	<i>calcium-vitamin d3</i> .....	<i>cefaclor</i> .....
BYDUREON BCISE.....	68	CALQUENCE.....	26
BYETTA 10 MCG PEN.....	68	CAL-QUICK.....	CEFACLOR ER.....
BYETTA 5 MCG PEN.....	68	CALTRATE 600+D3 SOFT.....	26
BYSTOLIC.....	45	CALTRATE MINIS PLUS	<i>cefadroxil</i> .....
<i>cabergoline</i> .....	80	MINERALS.....	26
CABOMETYX.....	35	<i>camila</i> .....	<i>cefazolin sodium</i> .....
CAFFEINE ANHYDROUS.....	103	<i>camrese</i> .....	CEFAZOLIN SODIUM-DEXTROSE.
<i>calcipotriene</i> .....	144	<i>camrese lo</i> .....	26
<i>calcitonin (salmon)</i> .....	70	<i>candesartan cilexetil</i> .....	<i>cefdinir</i> .....
<i>calcitrate</i> .....	108	<i>candesartan cilexetil-hctz</i> .....	26
CAL-CITRATE.....	116	CAPCOF.....	<i>cefepime hcl</i> .....
CAL-CITRATE PLUS VITAMIN D..	108	CAPLYTA.....	26
<i>calcitrene</i> .....	144	CAPMIST DM.....	<i>cefixime</i> .....
<i>calcitriol</i> .....	83	CAPRELSA.....	26
<i>calcium</i> .....	110	CAPRON DM.....	<i>cefoxitin sodium</i> .....
CALCIUM.....	110	CAPRON DMT.....	26
CALCIUM 1000 + D.....	108	<i>capsaicin</i> .....	<i>cefpodoxime proxetil</i> .....
CALCIUM 1200.....	108	<i>captopril</i> .....	26
<i>calcium 600/vitamin d</i> .....	108	CARAFATE.....	<i>ceftazidime</i> .....
<i>calcium 600+d plus minerals</i> ....	108	CARBAGLU.....	27
<i>calcium 600+d3</i> .....	108	<i>carbamazepine</i> .....	CEFTAZIDIME AND DEXTROSE... 27
<i>calcium 600+d3 plus minerals</i> ..	108	<i>carbamazepine er</i> .....	<i>ceftriaxone sodium</i> .....
<i>calcium acetate</i> .....	82	<i>carbidopa</i> .....	27
<i>calcium acetate (phos binder)</i> ....	82	<i>carbidopa-levodopa</i> .....	<i>cefuroxime axetil</i> .....
<i>calcium antacid extra strength</i> ... 83		<i>carbidopa-levodopa er</i> .....	27
			<i>celecoxib</i> .....
			15
			CELONTIN.....
			50
			<i>cephalexin</i> .....
			27
			CERDELGA.....
			80
			CEREZYME.....
			80
			<i>certavite/antioxidants</i> .....
			116
			<i>cetirizine hcl</i> .....
			128
			<i>cetirizine hcl allergy child</i> .....
			127
			<i>cetirizine-pseudoephedrine er</i> ..
			130
			<i>cevimeline hcl</i> .....
			149
			CHANTIX STARTING MONTH
			PAK.....
			65
			<i>chateal</i> .....
			72
			CHEMET.....
			71
			CHEMSTRIP 7.....
			80
			<i>chest congestion relief</i> .....
			130
			<i>childrens chewable vitamins</i> ....
			116
			CHLO HIST.....
			130
			CHLO TUSS.....
			131

CHLORELLA .....	116	<i>clobetasol propionate</i> .....	145	COROMEGA OMEGA 3
<i>chlorhexidine gluconate</i> .....	149	<i>clobetasol propionate e</i> .....	144	SQUEEZE .....
<i>chloroquine phosphate</i> .....	21	<i>clomipramine hcl</i> .....	55	<i>corvita</i> .....
<i>chlorpheniramine maleate</i> .....	128	<i>clonazepam</i> .....	50	<i>corvita 150</i> .....
<i>chlorpheniramine maleate er</i> ...	128	<i>clonidine</i> .....	48	CORVITE FE .....
<i>chlorpromazine hcl</i> .....	58	<i>clonidine hcl</i> .....	47	COTELLIC .....
CHLORPROMAZINE HCL .....	58	<i>clopidogrel bisulfate</i> .....	97	<i>cough &amp; cold hbp</i> .....
<i>chlorthalidone</i> .....	47	<i>clorazepate dipotassium</i> .....	50	<i>cough/chest congestion dm</i> .....
<i>chocolated laxative</i> .....	86	<i>clotrimazole</i> .....	92, 143, 149	CREON .....
CHOLESTEROL .....	104	<i>clotrimazole 3</i> .....	92	<i>cromolyn sodium</i> .89, 122, 138, 139
<i>cholestyramine</i> .....	44	<i>clotrimazole anti-fungal</i> .....	143	<i>cryselle-28</i> .....
<i>cholestyramine light</i> .....	44	<i>clotrimazole-betamethasone</i> ...	143	CULTURELLE DIGESTIVE
<i>chromagen</i> .....	93	<i>clozapine</i> .....	58, 59	WOMENS .....
<i>ciclopirox olamine</i> .....	143	<i>co q10</i> .....	113	<i>culturelle prenatal wellness</i> .....
<i>cilostazol</i> .....	96	<i>co q-10</i> .....	113	<i>cvs slow release iron</i> .....
CILOXAN .....	124	COARTEM .....	21	CVS TRIPLE MAGNESIUM
CIMDUO .....	23	COENZYME Q10 .....	104	COMPLEX .....
<i>cinacalcet hcl</i> .....	80	<i>coenzyme q10</i> .....	113	CYANOCOBALAMIN .....
CIPRO .....	28	COLACE CLEAR .....	86	<i>cyanocobalamin</i> .....
CIPRO HC .....	126	<i>colchicine</i> .....	14	<i>cyclobenzaprine hcl</i> .....
CIPRODEX .....	126	<i>colchicine-probenecid</i> .....	14	<i>cyclophosphamide</i> .....
<i>ciprofloxacin hcl</i> .....	28, 124	<i>cold &amp; flu relief daytime</i> .....	131	CYCLOPHOSPHAMIDE .....
<i>ciprofloxacin in d5w</i> .....	28	<i>cold &amp; flu relief nighttime</i> .....	131	<i>cycloserine</i> .....
<i>cisplatin</i> .....	30	<i>cold relief plus</i> .....	131	<i>cyclosporine</i> .....
<i>citalopram hydrobromide</i> .....	54	COLEMAN INSECT.REPEL.HIGH. 147		<i>cyclosporine modified</i> .....
CITRACAL +D3 .....	110	COLEMAN SKINSMART INSECT		<i>cyproheptadine hcl</i> .....
CITRACAL CALCIUM GUMMIES. 110		REPEL .....	147	<i>cyred eq</i> .....
CITRACAL MAXIMUM PLUS .....	116	<i>colesevelam hcl</i> .....	44	CYSTADANE .....
<i>claravis</i> .....	142	<i>colestipol hcl</i> .....	44	CYSTADROPS .....
<i>clarithromycin</i> .....	27	<i>colistimethate sodium (cba)</i> .....	19	CYSTAGON .....
<i>clarithromycin er</i> .....	27	COMBIGAN .....	123	CYSTARAN .....
<i>clindamycin hcl</i> .....	19	COMBIVENT RESPIMAT .....	127	<i>cytarabine</i> .....
<i>clindamycin palmitate hcl</i> .....	19	COMETRIQ (100 MG DAILY		<i>cyto arg</i> .....
<i>clindamycin phosphate</i> . 19, 92, 142		DOSE) .....	35	CYTO-Q .....
<i>clindamycin phosphate in d5w</i> ...	19	COMETRIQ (140 MG DAILY		CYTO-Q MAX .....
CLINDAMYCIN PHOSPHATE IN		DOSE) .....	35	<i>d3 maximum strength</i> .....
NACL .....	19	COMETRIQ (60 MG DAILY		<i>daily vitamin formula+iron</i> .....
CLINIMIX/DEXTROSE (4.25/10) .107		DOSE) .....	35	<i>dalfampridine er</i> .....
CLINIMIX/DEXTROSE (4.25/5) ...107		COMPLERA .....	23	DALIRESP .....
CLINIMIX/DEXTROSE (5/15) .....	107	<i>compro</i> .....	85	<i>danazol</i> .....
CLINIMIX/DEXTROSE (5/20) .....	107	CONEX COLD/ALLERGY .....	131	<i>dandruff shampoo</i> .....
CLINIMIX/DEXTROSE (6/5) .....	107	<i>constulose</i> .....	87	<i>dantrolene sodium</i> .....
CLINIMIX/DEXTROSE (8/10) .....	107	CONTAC COLD/FLU DAY &		<i>dapsone</i> .....
CLINIMIX/DEXTROSE (8/14) .....	107	NIGHT .....	131	DAPTACEL .....
<i>clinisol sf</i> .....	107	<i>contac cold+flu max st</i> .....	131	<i>daptomycin</i> .....
CLINOLIPID .....	107	COPIKTRA .....	35	DAPTOMYCIN .....
<i>clobazam</i> .....	50	CORLANOR .....	48	<i>darifenacin hydrobromide er</i> .....
<i>clobetasol prop emollient base</i> .144		<i>corn &amp; callus remover</i> .....	147	<i>dasetta 1/35</i> .....

<i>dasetta 7/7/7</i> .....	72	DEXTROSE 5%/ELECTROLYTE #48.....	105	<i>disulfiram</i> .....	65
DAURISMO.....	35	<i>dextrose in lactated ringers</i> .....	105	<i>divalproex sodium</i> .....	50, 51
DAY CLEAR ALLERGY/COUGH...	131	DEXTROSE-NACL.....	105	<i>divalproex sodium er</i> .....	50
DAYCLEAR ALLERGY RELIEF.....	131	<i>dextrose-nacl</i> .....	105	DOCETAXEL.....	34
<i>daysee</i> .....	72	<i>dextrose-sodium chloride</i> .....	105	<i>docetaxel</i> .....	34
<i>daytime cold &amp; flu relief</i> .....	131	DIABETES HEALTH.....	116	<i>docusate calcium</i> .....	87
<i>daytime severe cold &amp; flu</i> .....	131	DIACOMIT.....	50	<i>docusate sodium</i> .....	87
DDROPS.....	116	<i>dialyvite</i> .....	116	DOCUSOL KIDS.....	87
<i>deblitane</i> .....	72	DIALYVITE 3000.....	116	DOCUSOL PLUS MINI-ENEMA....	87
DECARA.....	116	DIALYVITE 5000.....	116	<i>dofetilide</i> .....	43
DECONEX DMX.....	131	DIALYVITE 800.....	116	<i>dok</i> .....	87
DECONEX IR.....	131	DIALYVITE SUPREME D.....	116	<i>donepezil hcl</i> .....	54
<i>deferasirox</i> .....	71	<i>dialyvite vitamin d3 max</i> .....	116	DOPTelet.....	96
<i>deferasirox granules</i> .....	71	DIALYVITE/ZINC.....	116	<i>dorzolamide hcl</i> .....	123
DEKAS ESSENTIAL.....	116	<i>diazepam</i> .....	50	<i>dorzolamide hcl-timolol mal</i> ....	123
DEKAS PLUS.....	116	<i>diazepam intensol</i> .....	50	<i>dotti</i> .....	77
DELESTROGEN.....	77	<i>diazoxide</i> .....	79	DOVATO.....	23
DELSTRIGO.....	23	<i>diclofenac potassium</i> .....	15	<i>doxazosin mesylate</i> .....	41
DELSYM CHILD COUGH+SORE THROAT.....	131	<i>diclofenac sodium</i> .....	15, 125, 147	<i>doxepin hcl</i> .....	55, 62
DELSYM COUGH + SORE THROAT.....	131	<i>diclofenac sodium er</i> .....	15	<i>doxercalciferol</i> .....	83
DELSYM DAY NIGHT.....	131	<i>diclofenac-misoprostol</i> .....	15	<i>doxorubicin hcl</i> .....	31
DENGVAxia.....	101	<i>dicloxacillin sodium</i> .....	29	<i>doxorubicin hcl liposomal</i> .....	31
<i>dermacerin</i> .....	147	<i>dicyclomine hcl</i> .....	85	<i>doxy 100</i> .....	30
DERMACINRX SKIN REPAIR.....	147	DIFICID.....	27	<i>doxycycline hyclate</i> .....	30
<i>dermamed</i> .....	147	<i>diflunisal</i> .....	15	<i>doxycycline monohydrate</i> .....	30
DESCOVY.....	23	<i>difluprednate</i> .....	125	<i>doxylamine-phenylephrine</i> .....	132
<i>desipramine hcl</i> .....	55	<i>digitek</i> .....	48	<i>driminate</i> .....	85
<i>desloratadine</i> .....	128	<i>digoxin</i> .....	48	DRIZALMA SPRINKLE.....	55
<i>desmopressin ace spray refrig</i> ....	80	<i>dihydroergotamine mesylate</i> .....	62	<i>dronabinol</i> .....	85
<i>desmopressin acetate</i> .....	80	DILANTIN.....	50	<i>drospiren-eth estrad-levomefol</i> ..	73
<i>desmopressin acetate pf</i> .....	80	DILANTIN INFATABS.....	50	<i>drospirenone-ethinyl estradiol</i> ....	73
<i>desmopressin acetate spray</i> .....	80	<i>diltiazem hcl</i> .....	46	DROXIA.....	96
<i>desogestrel-ethinyl estradiol</i> .....	72	<i>diltiazem hcl er</i> .....	46	<i>droxidopa</i> .....	48
<i>desvenlafaxine succinate er</i> .....	55	<i>diltiazem hcl er beads</i> .....	46	<i>dry eye relief drops</i> .....	125
<i>dexamethasone</i> .....	78	<i>diltiazem hcl er coated beads</i> ....	46	<i>duloxetine hcl</i> .....	55
DEXAMETHASONE INTENSOL.....	78	<i>dilt-xr</i> .....	46	DURAFLU.....	132
<i>dexamethasone sod phosphate pf</i> .....	78	<i>dimaphen dm cold/cough</i> .....	132	DUREX REALFEEL.....	73
<i>dexamethasone sodium phosphate</i> .....	79, 124	DINO-LIFE W/IRON-ZINC.....	116	<i>dutasteride</i> .....	91
<i>dexbrompheniramine-phenyleph</i> .....	131	<i>diphenhydramine hcl</i> .....	128	<i>dutasteride-tamsulosin hcl</i> .....	91
<i>dexlansoprazole</i> .....	90	<i>diphenhydramine-zinc acetate</i> .	143	<i>e.e.s. 400</i> .....	27
<i>dexamethylphenidate hcl</i> .....	61	<i>diphenoxylate-atropine</i> .....	89	<i>ear drops</i> .....	149
<i>dextromethorphan polistirex er</i>	132	DIPHThERIA-TETANUS TOXOIDS		<i>ec-naproxen</i> .....	15
<i>dextrose</i> .....	107	DT.....	101	<i>ed a-hist</i> .....	132
		<i>dipyridamole</i> .....	97	ED A-HIST DM.....	132
		DISNEY CALCIUM + VITAMIN D3.....	110	ED BRON GP.....	132
		<i>disopyramide phosphate</i> .....	43	<i>ed chlorped jr</i> .....	128
				<i>ed-apap</i> .....	14
				EDARBI.....	42

EDARBYCLOR.....	42	<i>epitol</i> .....	51	<i>famciclovir</i> .....	25
EDURANT.....	22	EPIVIR HBV.....	25	<i>famotidine</i> .....	86
<i>efavirenz</i> .....	22	<i>eplerenone</i> .....	41	<i>famotidine (pf)</i> .....	86
<i>efavirenz-emtricitab-tenofovir</i> ....	23	EPRONTIA.....	51	<i>famotidine maximum strength</i> ...	86
<i>efavirenz-lamivudine-tenofovir</i> ...	23	EQL CALCIUM/VITAMIN D.....	110	<i>famotidine premixed</i> .....	86
<i>eldertonic</i> .....	117	<i>eql carbonyl iron</i> .....	93	FANAPT.....	59
<i>elinest</i> .....	73	<i>ergocalciferol</i> .....	117	FANAPT TITRATION PACK.....	59
ELIQUIS.....	92	<i>ergotamine-caffeine</i> .....	63	FARXIGA.....	68
ELIQUIS DVT/PE STARTER PACK..	92	ERIVEDGE.....	35	FASENRA.....	139
ELLA.....	73	ERLEADA.....	32	FASENRA PEN.....	139
<i>eluryng</i> .....	73	<i>erlotinib hcl</i> .....	35	FC2 FEMALE CONDOM.....	73
EMCYT.....	32	<i>errin</i> .....	73	<i>febuxostat</i> .....	14
EMERGEN-C VITAMIN C.....	117	<i>ertapenem sodium</i> .....	19	<i>felbamate</i> .....	51
EMGALITY.....	63	<i>ery</i> .....	142	<i>felodipine er</i> .....	46
EMGALITY (300 MG DOSE).....	62	<i>ery-tab</i> .....	28	<i>femynor</i> .....	73
<i>emoquette</i> .....	73	ERYTHROCIN LACTOBIONATE.....	28	<i>fenofibrate</i> .....	43
EMSAM.....	55	<i>erythrocin stearate</i> .....	28	<i>fenofibrate micronized</i> .....	43
<i>emtricitabine</i> .....	22	<i>erythromycin</i> .....	28, 124, 142	<i>fenofibric acid</i> .....	43
<i>emtricitabine-tenofovir df</i> .....	24	<i>erythromycin base</i> .....	28	<i>fentanyl</i> .....	16
EMTRIVA.....	22	<i>erythromycin ethylsuccinate</i> .....	28	<i>fentanyl citrate</i> .....	16, 17
EMVERM.....	19	<i>erythromycin lactobionate</i> .....	28	FERAHEME.....	94
<i>enalapril maleate</i> .....	41	ESBRIET.....	139	FERIVA 21/7.....	94
<i>enalapril-hydrochlorothiazide</i> ....	41	<i>escitalopram oxalate</i> .....	55	FERIVAF.....	94
ENBREL.....	97	<i>esomeprazole magnesium</i> .....	90	FERRALET 90.....	94
ENBREL MINI.....	97	<i>estarylla</i> .....	73	FERRAPLUS 90.....	94
ENBREL SURECLICK.....	97	<i>estradiol</i> .....	78	<i>ferrous gluconate</i> .....	94
ENDARI.....	96	<i>estradiol valerate</i> .....	78	FERROUS GLUCONATE.....	94
<i>endocet</i> .....	16	<i>estradiol-norethindrone acet</i> .....	78	<i>ferrous sulfate</i> .....	94
ENDUR-VM WITH IRON.....	117	<i>ethambutol hcl</i> .....	24	FERROUS SULFATE.....	94
<i>enema</i> .....	87	<i>ethosuximide</i> .....	51	FETZIMA.....	55
<i>enema mineral oil</i> .....	87	<i>ethynodiol diac-eth estradiol</i> .....	73	FETZIMA TITRATION.....	55
<i>enemeez mini</i> .....	87	<i>etodolac</i> .....	15	FEVERALL INFANTS.....	14
ENFAMIL ENFALYTE.....	107	<i>etodolac er</i> .....	15	FEVERALL JUNIOR STRENGTH....	14
ENGERIX-B.....	101, 102	<i>etonogestrel-ethinyl estradiol</i> ....	73	<i>fexofenadine hcl</i> .....	128
<i>enoxaparin sodium</i> .....	92	<i>etoposide</i> .....	34	<i>fexofenadine-pseudoephed er</i> ..	132
<i>enpresse-28</i> .....	73	<i>etravirine</i> .....	22	FIASP.....	66
<i>enskyce</i> .....	73	EULEXIN.....	32	FIASP FLEXTOUCH.....	66
ENSTILAR.....	145	<i>euthyrox</i> .....	82	FIASP PENFILL.....	66
ENSURE CLEAR.....	113	<i>everolimus</i> .....	35, 100	<i>fiber</i> .....	87
<i>entacapone</i> .....	57	EVOTAZ.....	24	FINACEA.....	147
<i>entecavir</i> .....	25	<i>exemestane</i> .....	32	<i>finasteride</i> .....	91
<i>enteric fish oil</i> .....	113	EXKIVITY.....	35	FINTEPLA.....	51
ENTRESTO.....	42	EZALLOR SPRINKLE.....	44	<i>finzala</i> .....	73
<i>enulose</i> .....	87	<i>ezetimibe</i> .....	44	<i>fish oil</i> .....	114
EPCLUSA.....	25	<i>ezetimibe-simvastatin</i> .....	44	FISH OIL.....	114
EPIDIOLEX.....	51	EZFE 200.....	94	<i>fish oil adult gummies</i> .....	114
<i>epinephrine</i> .....	139	FABRAZYME.....	80	<i>fish oil maximum strength</i> .....	114
<i>epirubicin hcl</i> .....	31	<i>falmina</i> .....	73	FISH OIL PEARLS.....	114

FISH OIL TRIPLE STRENGTH .....	114	<i>fosinopril sodium-hctz</i> .....	41	GENVOYA .....	24
<i>flac</i> .....	126	FOTIVDA .....	35	GILENYA .....	64
FLAREX .....	125	FREAMINE III .....	107	GILOTRIF .....	36
FLEBOGAMMA DIF .....	99	FRESHKOTE .....	125	<i>glatiramer acetate</i> .....	64
<i>flecainide acetate</i> .....	43	FRESHKOTE PF .....	125	<i>glatopa</i> .....	64
FLEET BISACODYL .....	87	FRUCTOSE .....	114	<i>glimepiride</i> .....	68
FLEET PEDIATRIC .....	87	<i>fulvestrant</i> .....	32	<i>glipizide</i> .....	68
FLEXICHAMBER ADULT		FUNGOID TINCTURE .....	143	<i>glipizide er</i> .....	68
MASK/SMALL .....	139	<i>furosemide</i> .....	47	<i>glipizide xl</i> .....	68
<i>flintstones complete</i> .....	117	FUSION PLUS .....	94	<i>glipizide-metformin hcl</i> .....	68, 69
FLORIVA PLUS .....	117	FUZEON .....	22	<i>gluco burst</i> .....	79
FLOVENT DISKUS .....	141	<i>fyavolv</i> .....	78	GLUCOSE .....	79
FLOVENT HFA .....	141	FYCOMPA .....	51	<i>glutamine</i> .....	114
<i>flu hbp</i> .....	132	<i>gabapentin</i> .....	51	GLUTATHIONE .....	114
<i>flu/severe cold &amp; cough day</i> .....	132	<i>galantamine hydrobromide</i> .....	54	GLYCERIN .....	104
<i>fluconazole</i> .....	18	<i>galantamine hydrobromide er</i> ...	54	<i>glycopyrrolate</i> .....	85
<i>fluconazole in sodium chloride</i> ...	18	GALZIN .....	110	<i>glydo</i> .....	146
<i>flucytosine</i> .....	18	GAMASTAN .....	99	GLYXAMBI .....	69
<i>fludrocortisone acetate</i> .....	79	GAMMAGARD .....	99	<i>gnp allergy relief</i> .....	128
<i>flunisolide</i> .....	140	GAMMAGARD S/D LESS IGA .....	99	<i>gnp antacid &amp; anti-gas</i> .....	83
<i>fluocinolone acetonide</i> .....	126, 145	GAMMAKED .....	99	GNP CAPSAICIN .....	147
<i>fluocinolone acetonide body</i> .....	145	GAMMAPLEX .....	99	<i>gnp childrens chewables/ex c</i> ...	117
<i>fluocinolone acetonide scalp</i> ...	145	GAMUNEX-C .....	99	<i>gnp fiber therapy</i> .....	87
<i>fluocinonide</i> .....	145	<i>ganciclovir sodium</i> .....	25	GNP FISH OIL .....	114
<i>fluocinonide emulsified base</i> ...	145	GARDASIL 9 .....	102	<i>gnp hydrocortisone</i> .....	145
<i>fluorometholone</i> .....	125	GAS RELIEF .....	89	<i>gnp iron</i> .....	94
<i>fluorouracil</i> .....	31, 147	<i>gas relief</i> .....	89	<i>gnp lice treatment</i> .....	149
<i>fluoxetine hcl</i> .....	55	<i>gas relief extra strength</i> .....	89	<i>gnp motion sickness relief</i> .....	85
<i>fluphenazine decanoate</i> .....	59	<i>gas relief ultra strength</i> .....	89	<i>gnp natural fiber</i> .....	87
<i>fluphenazine hcl</i> .....	59	<i>gatifloxacin</i> .....	124	<i>gnp pink bismuth</i> .....	84
<i>flurbiprofen</i> .....	15	GATTEX .....	89	<i>gnp scalp relief</i> .....	147
<i>flurbiprofen sodium</i> .....	125	GAUZE PADS 2" X 2" .....	66	<i>gnp tussin cf cough &amp; cold</i> .....	132
<i>flutamide</i> .....	32	<i>gavilyte-c</i> .....	87	GOLYTELY .....	87
<i>fluticasone propionate</i> .....	140, 145	<i>gavilyte-g</i> .....	87	<i>goodsense hemorrhoidal</i> .....	147
<i>fluvastatin sodium</i> .....	44	<i>gavilyte-n with flavor pack</i> .....	87	GRALISE .....	63
<i>fluvastatin sodium er</i> .....	44	GAVISCON .....	83	<i>granisetron hcl</i> .....	85
<i>fluvoxamine maleate</i> .....	49	GAVRETO .....	35	<i>griseofulvin microsize</i> .....	18
<i>folic acid</i> .....	117	<i>gemcitabine hcl</i> .....	31	<i>griseofulvin ultramicrosize</i> .....	18
FOLIC ACID .....	117	<i>gemfibrozil</i> .....	43	<i>guaifenesin</i> .....	132
FOLITE .....	117	<i>generlac</i> .....	87	<i>guaifenesin-codeine</i> .....	132
FOLIXAPURE .....	117	<i>gengraf</i> .....	100, 101	<i>guanfacine hcl</i> .....	48
FOLTRATE .....	117	GENOTROPIN .....	80	<i>guanfacine hcl er</i> .....	61
<i>fondaparinux sodium</i> .....	93	GENOTROPIN MINIQUICK .....	80	GVOKE HYPOPEN 2-PACK .....	79
<i>formoterol fumarate</i> .....	129	<i>gentak</i> .....	124	GVOKE KIT .....	79
FORTEO .....	70	<i>gentamicin in saline</i> .....	19	GVOKE PFS .....	79
FOSAMAX PLUS D .....	70	<i>gentamicin sulfate</i> .....	19, 124, 142	HAEGARDA .....	96
<i>fosamprenavir calcium</i> .....	22	GENTEAL SEVERE .....	125	<i>hailey 1.5/30</i> .....	73
<i>fosinopril sodium</i> .....	41	<i>genteel tears</i> .....	125	<i>hailey 24 fe</i> .....	73

<i>halobetasol propionate</i> .....	145	<i>hydrocod polst-cpm polst er</i> .....	132	INFUVITE PEDIATRIC.....	117
<i>haloperidol</i> .....	59	<i>hydrocodone bit-homatrop mbr</i>		INGREZZA.....	63
<i>haloperidol decanoate</i> .....	59	.....	132	INJECTAFER.....	95
<i>haloperidol lactate</i> .....	59	<i>hydrocodone-acetaminophen</i> .....	17	INLYTA.....	36
HARVONI.....	25	<i>hydrocodone-ibuprofen</i> .....	17	INQOVI.....	31
HAVRIX.....	102	<i>hydrocortisone</i> .....	79, 86, 145	INREBIC.....	36
<i>heartburn relief ex st</i> .....	84	<i>hydrocortisone (perianal)</i> .....	147	INSTA-GLUCOSE.....	79
<i>heather</i> .....	73	HYDROCORTISONE ACETATE....	145	INSULIN PEN NEEDLE.....	67
HEMATEX.....	94	<i>hydrolatum</i> .....	147	INSULIN SYRINGE (DISP) U-100	
HEMATEX IRON COMPLEX.....	94	<i>hydromorphone hcl</i> .....	17	0.3 ML.....	67
HEMATOGEN FA.....	94	HYDROPHILIC PETROLATUM....	104	INSULIN SYRINGE (DISP) U-100	
HEMATOGEN FORTE.....	95	HYDROXOCOBALAMIN.....	104	1 ML.....	67
HEMOCYTE PLUS.....	95	<i>hydroxocobalamin acetate</i> .....	117	INSULIN SYRINGE (DISP) U-100	
<i>hemocyte-f</i> .....	95	<i>hydroxychloroquine sulfate</i> .....	99	1/2 ML.....	67
HEPARIN (PORCINE) IN NA CL.....	93	<i>hydroxyurea</i> .....	33	INTEGRA F.....	95
<i>heparin sod (porcine) in d5w</i> .....	93	<i>hydroxyzine hcl</i> .....	128	INTEGRA PLUS.....	95
<i>heparin sodium (porcine)</i> .....	93	<i>hydroxyzine pamoate</i> .....	128	INTELENCE.....	22
<i>hepatamine</i> .....	107	HYSINGLA ER.....	16	INTRALIPID.....	107
HERCEPTIN.....	36	<i>ibandronate sodium</i> .....	70	INTRON A.....	100
HERCEPTIN HYLECTA.....	36	IBRANCE.....	36	<i>introvale</i> .....	73
HERZUMA.....	36	<i>ibu</i> .....	15	INVEGA SUSTENNA.....	59
HETLIOZ.....	62	<i>ibuprofen</i> .....	15	INVEGA TRINZA.....	59
HIBERIX.....	102	<i>ibuprofen childrens</i> .....	15	INVIRASE.....	22
HISTEX.....	128	<i>ibuprofen junior strength</i> .....	15	IPOL.....	102
HISTEX-AC.....	132	<i>icaps</i> .....	117	<i>ipratropium bromide</i> .....	127
HISTEX-DM.....	132	<i>icatibant acetate</i> .....	96	<i>ipratropium-albuterol</i> .....	127
<i>hm allergy relief</i> .....	128	<i>iclevia</i> .....	73	<i>irbesartan</i> .....	42
<i>hm cold &amp; sinus relief</i> .....	132	ICLUSIG.....	36	<i>irbesartan-hydrochlorothiazide</i> ..	42
<i>hm fiber</i> .....	87	IDHIFA.....	36	IRESSA.....	36
<i>hm vitamin b complex/vitamin c</i>		<i>iferex 150 forte</i> .....	95	<i>irinotecan hcl</i> .....	33
.....	117	ILEVRO.....	125	<i>iron</i> .....	95
HUMIRA.....	98	<i>imatinib mesylate</i> .....	36	IRON.....	95
HUMIRA PEDIATRIC CROHNS		IMBRUVICA.....	36	IRON CHEWS PEDIATRIC.....	95
START.....	97	<i>imipenem-cilastatin</i> .....	20	IRON SLOW RELEASE.....	95
HUMIRA PEN.....	97	<i>imipramine hcl</i> .....	55	IRON UP.....	95
HUMIRA PEN-CD/UC/HS		<i>imiquimod</i> .....	147	IROSPAN 24/6.....	95
STARTER.....	97	IMOVAX RABIES.....	102	ISENTRESS.....	22
HUMIRA PEN-PEDIATRIC UC		IMVEXXY MAINTENANCE PACK..	78	ISENTRESS HD.....	22
START.....	97	IMVEXXY STARTER PACK.....	78	<i>isibloom</i> .....	73
HUMIRA PEN-PS/UV/ADOL HS		<i>incassia</i> .....	73	ISOLYTE-P IN D5W.....	105
START.....	98	INCRELEX.....	80	ISOLYTE-S.....	105
HUMIRA PEN-PSOR/UEVIT		INCRUSE ELLIPTA.....	127	ISOLYTE-S PH 7.4.....	105
STARTER.....	98	<i>indapamide</i> .....	47	<i>isoniazid</i> .....	24
HUMULIN R U-500		INFANRIX.....	102	ISOPTO ATROPINE.....	125
(CONCENTRATED).....	67	<i>infants gas relief</i> .....	89	ISOPTO TEARS.....	125
HUMULIN R U-500 KWIKPEN.....	67	<i>infants ibuprofen</i> .....	15	<i>isosorbide dinitrate</i> .....	48
<i>hydralazine hcl</i> .....	48	INFED.....	95	<i>isosorbide mononitrate</i> .....	48
<i>hydrochlorothiazide</i> .....	47	INFLIXIMAB.....	98	<i>isosorbide mononitrate er</i> .....	48

<i>isotretinoin</i> .....	142	KISQALI FEMARA(200 MG DOSE).....	33	LENVIMA (14 MG DAILY DOSE)...	37
<i>isradipine</i> .....	46	<i>klor-con</i> .....	106	LENVIMA (18 MG DAILY DOSE)...	37
<i>itch relief extra strength</i> .....	143	<i>klor-con 10</i> .....	106	LENVIMA (20 MG DAILY DOSE)...	37
<i>itraconazole</i> .....	18	<i>klor-con m10</i> .....	106	LENVIMA (24 MG DAILY DOSE)...	37
<i>ivermectin</i> .....	20	<i>klor-con m15</i> .....	106	LENVIMA (4 MG DAILY DOSE).....	37
IXIARO.....	102	<i>klor-con m20</i> .....	106	LENVIMA (8 MG DAILY DOSE).....	37
JAKAFI.....	36	KONSYL DAILY FIBER.....	87	<i>lessina</i> .....	74
<i>jantoven</i> .....	93	<i>konsyl daily fiber</i> .....	87	<i>letrozole</i> .....	32
JANUMET.....	69	KONSYL-D.....	87	<i>leucovorin calcium</i> .....	40
JANUMET XR.....	69	KORLYM.....	80	LEUKERAN.....	31
JANUVIA.....	69	<i>kurvelo</i> .....	74	<i>leuprolide acetate</i> .....	32
JARDIANCE.....	69	KYNMOBI.....	57	<i>levalbuterol hcl</i> .....	129
<i>jasmiel</i> .....	73	<i>labetalol hcl</i> .....	45	<i>levalbuterol tartrate</i> .....	129
<i>javygtor</i> .....	80	<i>lacosamide</i> .....	51	LEVEMIR.....	67
JENTADUETO.....	69	<i>lactated ringers</i> .....	105	LEVEMIR FLEXTOUCH.....	67
JENTADUETO XR.....	69	<i>lactobacillus</i> .....	84	<i>levetiracetam</i> .....	52
<i>jinteli</i> .....	78	LACTOSE.....	104	<i>levetiracetam er</i> .....	51
<i>jolessa</i> .....	73	LACTOSE MONOHYDRATE.....	104	<i>levetiracetam in nacl</i> .....	52
<i>juleber</i> .....	73	<i>lactulose</i> .....	88	<i>levobunolol hcl</i> .....	123
JULUCA.....	24	<i>lactulose encephalopathy</i> .....	87	<i>levocarnitine</i> .....	81
<i>junel 1.5/30</i> .....	73	<i>lamivudine</i> .....	22, 25	<i>levocetirizine dihydrochloride</i> ...	128
<i>junel 1/20</i> .....	73	<i>lamivudine-zidovudine</i> .....	24	<i>levofloxacin</i> .....	28
<i>junel fe 1.5/30</i> .....	74	<i>lamotrigine</i> .....	51	<i>levofloxacin in d5w</i> .....	28
<i>junel fe 1/20</i> .....	74	<i>lamotrigine er</i> .....	51	<i>levonest</i> .....	74
<i>junel fe 24</i> .....	74	LANOLOR.....	147	<i>levonorgest-eth est &amp; eth est</i> ....	74
KADCYLA.....	36	<i>lansoprazole</i> .....	90	<i>levonorgest-eth estrad 91-day</i> ...	74
<i>kaitlib fe</i> .....	74	<i>lapatinib ditosylate</i> .....	37	<i>levonorgestrel</i> .....	74
KALYDECO.....	139	<i>l-arginine</i> .....	114	<i>levonorgestrel-ethinyl estrad</i> .....	74
KANJINTI.....	36	L-ARGININE.....	114	<i>levonorg-eth estrad triphasic</i> .....	74
<i>kariva</i> .....	74	<i>larin 1.5/30</i> .....	74	<i>levora 0.15/30 (28)</i> .....	74
<i>kcl in dextrose-nacl</i> .....	105	<i>larin 1/20</i> .....	74	<i>levo-t</i> .....	82
KCL IN DEXTROSE-NACL.....	105	<i>larin 24 fe</i> .....	74	<i>levothyroxine sodium</i> .....	82
<i>kelnor 1/35</i> .....	74	<i>larin fe 1.5/30</i> .....	74	<i>levoxyl</i> .....	82
<i>kelnor 1/50</i> .....	74	<i>larin fe 1/20</i> .....	74	LEXIVA.....	22
KERENDIA.....	41	<i>larissia</i> .....	74	L-GLUTAMINE.....	114
<i>ketoconazole</i> .....	18, 143, 144	LASTACRAFT.....	122	L-GLUTATHIONE.....	114
KETO-DIASTIX.....	80	<i>latanoprost</i> .....	123	<i>lice killing</i> .....	149
<i>ketorolac tromethamine</i> .....	125	LATUDA.....	59, 60	<i>lice treatment</i> .....	149
<i>ketotifen fumarate</i> .....	122	<i>laxative max str</i> .....	88	<i>lidocaine</i> .....	146, 147
KEYTRUDA.....	36	<i>laxative regular strength</i> .....	88	LIDOCAINE.....	147
KINRIX.....	102	<i>layolis fe</i> .....	74	<i>lidocaine hcl</i> .....	18, 146
KISQALI (200 MG DOSE).....	36	L-CITRULLINE.....	104	<i>lidocaine hcl (pf)</i> .....	18
KISQALI (400 MG DOSE).....	36	<i>leena</i> .....	74	<i>lidocaine hcl urethral/mucosal</i> ..	146
KISQALI (600 MG DOSE).....	37	<i>leflunomide</i> .....	99	<i>lidocaine viscous hcl</i> .....	149
KISQALI FEMARA (400 MG DOSE).....	33	<i>lenalidomide</i> .....	33	<i>lidocaine-prilocaine</i> .....	146
KISQALI FEMARA (600 MG DOSE).....	33	LENVIMA (10 MG DAILY DOSE)...	37	<i>lillow</i> .....	74
		LENVIMA (12 MG DAILY DOSE)...	37	<i>linezolid</i> .....	20
				<i>linezolid in sodium chloride</i> .....	20

LINZESS.....	89	LUMAKRAS.....	37	MAR-COF BP.....	133
<i>liothyronine sodium</i> .....	82	LUMIGAN.....	123	MAR-COF CG EXPECTORANT....	133
LIP BALM BASE.....	104	LUMIZYME.....	81	<i>marlissa</i> .....	75
LIPOIC ACID.....	114	LUPRON DEPOT (1-MONTH).....	32	MARPLAN.....	55
LIQ-10.....	114	LUPRON DEPOT (3-MONTH).....	32	MATULANE.....	33
<i>liquid calcium with d3</i> .....	110	LUPRON DEPOT-PED (1-		<i>matzim la</i> .....	46
LIQUID CALCIUM WITH D3.....	111	MONTH).....	81	MAVYRET.....	25
<i>liquid calcium/vitamin d</i> .....	111	LUPRON DEPOT-PED (3-		MAXICHLOR PEH DM.....	133
<i>lisinopril</i> .....	41	MONTH).....	81	MAXIFED.....	133
<i>lisinopril-hydrochlorothiazide</i> ....	41	<i>lutera</i> .....	75	MAXIFED TR.....	133
L-ISOLEUCINE.....	114	L-VALINE.....	114	MAXIMUM D3.....	117
LITHIUM.....	64	<i>lyleq</i> .....	75	MAXI-TUSS CD.....	133
<i>lithium carbonate</i> .....	64	<i>lyllana</i> .....	78	<i>maxi-tuss gmx</i> .....	133
<i>lithium carbonate er</i> .....	63	LYNPARZA.....	37	MAXI-TUSS JR.....	133
LITTLE REMEDIES SALINE MIST.	139	LYRICA CR.....	64	MAXI-TUSS PE.....	133
LIVALO.....	44	LYSODREN.....	32	MAXI-TUSS PE JR.....	133
L-LYSINE HCL.....	104	<i>lyza</i> .....	75	MAXI-TUSS TR.....	133
LODRANE D.....	132	M.V.I. PEDIATRIC.....	117	M-CLEAR WC.....	133
<i>loestrin 1.5/30 (21)</i> .....	74	MAG-AL.....	84	<i>meclizine hcl</i> .....	85
<i>loestrin 1/20 (21)</i> .....	74	MAGDELAY.....	111	<i>medela tender care lanolin</i> .....	147
<i>loestrin fe 1.5/30</i> .....	74	MAG-G.....	111	<i>medicated callus removers</i> .....	147
<i>loestrin fe 1/20</i> .....	74	MAGNESIUM CHLORIDE.....	111	MEDI-LYTE.....	107
LOHIST-D.....	133	<i>magnesium chloride</i> .....	111	<i>medroxyprogesterone acetate</i>	
LOHIST-DM.....	133	<i>magnesium citrate</i> .....	88	.....	75, 82
LOKELMA.....	71	MAGNESIUM CITRATE.....	111	<i>mefloquine hcl</i> .....	21
LOLLIBASE.....	104	MAGNESIUM GLUCONATE.....	111	<i>megestrol acetate</i> .....	32, 82
LONSURF.....	31	<i>magnesium gluconate</i> .....	111	MEKINIST.....	37
<i>loperamide hcl</i> .....	84, 89	<i>magnesium lactate</i> .....	111	MEKTOVI.....	37
LOPERAMIDE HCL.....	84	<i>magnesium oxide</i> .....	84, 111	<i>meloxicam</i> .....	16
<i>lopinavir-ritonavir</i> .....	24	MAGNESIUM OXIDE.....	111	<i>memantine hcl</i> .....	54
<i>loratadine</i> .....	129	MAGNESIUM OXIDE 400.....	111	<i>memantine hcl er</i> .....	54
<i>loratadine childrens</i> .....	128	MAGNESIUM OXIDE -MG		MENACTRA.....	102
<i>loratadine-d 12hr</i> .....	133	SUPPLEMENT.....	111	M-END DMX.....	133
<i>loratadine-d 24hr</i> .....	133	<i>magnesium oxide -mg</i>		M-END PE.....	133
<i>lorazepam</i> .....	49	<i>supplement</i> .....	111	MENQUADFI.....	102
<i>lorazepam intensol</i> .....	49	<i>magnesium sulfate</i> .....	105	MENVEO.....	102
LORBRENA.....	37	MAGNESIUM SULFATE.....	105, 106	<i>mercaptopurine</i> .....	31
LORTUSS LQ.....	133	<i>magnesium sulfate in d5w</i> .....	105	<i>meropenem</i> .....	20
<i>loryna</i> .....	75	MAGNESIUM SULFATE IN D5W	105	<i>mesalamine</i> .....	86
<i>losartan potassium</i> .....	42	MAGONATE.....	111	<i>mesalamine er</i> .....	86
<i>losartan potassium-hctz</i> .....	42	<i>mag-oxide</i> .....	111	<i>mesalamine-cleanser</i> .....	86
LOTEMAX.....	125	<i>malathion</i> .....	149	MESNEX.....	40
<i>lovastatin</i> .....	44	<i>mapap</i> .....	15	<i>metadate er</i> .....	61
<i>low-ogestrel</i> .....	75	<i>mapap acetaminophen extra str</i>	14	<i>metformin hcl</i> .....	69
<i>loxapine succinate</i> .....	60	<i>mapap childrens</i> .....	15	<i>metformin hcl er</i> .....	69
<i>lubiprostone</i> .....	89	<i>mapap cold formula multi-</i>		<i>methadone hcl</i> .....	16
<i>lubricating eye drops</i> .....	126	<i>sympt</i> .....	133	<i>methadone hcl intensol</i> .....	16
<i>lubricating plus eye drops</i> .....	126	<i>maraviroc</i> .....	22	<i>methazolamide</i> .....	47



<i>methenamine hippurate</i> .....	20	<i>misoprostol</i> .....	89	<i>mucus relief dm</i> .....	135
<i>methimazole</i> .....	82	MITIGARE .....	14	<i>mucus relief dm cough</i> .....	134
METHOCEL E4M PREMIUM .....	104	M-M-R II .....	102	<i>mucus relief dm max</i> .....	135
<i>methotrexate</i> .....	99	M-NATAL PLUS .....	106	<i>mucus relief max st</i> .....	135
<i>methotrexate sodium</i> .....	31, 32	<i>modafinil</i> .....	65	<i>mucus relief sinus</i> .....	135
<i>methotrexate sodium (pf)</i> .....	31	<i>moexipril hcl</i> .....	41	MULTAQ .....	43
METHYLCELLULOSE .....	104	<i>moisturizing cream</i> .....	147	<i>multi adult gummies</i> .....	117
<i>methylphenidate hcl</i> .....	62	<i>molindone hcl</i> .....	60	<i>multi symptom flu/severe cold</i> .....	135
<i>methylphenidate hcl er</i> .....	62	<i>mometasone furoate</i> .....	140, 145	<i>multiple vitamins-iron</i> .....	117
<i>methylprednisolone</i> .....	79	MONJUVI .....	37	<i>multi-symptom cold childrens</i> .....	135
<i>methylprednisolone acetate</i> .....	79	MONOFERRIC .....	95	MULTIVITAMIN .....	118
<i>methylprednisolone sodium succ</i> .....	79	<i>mono-lynyah</i> .....	75	<i>multivitamin &amp; mineral</i> .....	117
<i>metoclopramide hcl</i> .....	85	<i>montelukast sodium</i> .....	138	MULTIVITAMIN CHILDRENS .....	117
<i>metolazone</i> .....	47	MORE-DOPHILUS ACIDOPHILUS .....	84	MULTIVITAMIN GUMMIES CHILDRENS .....	118
<i>metoprolol succinate er</i> .....	45	<i>morphine sulfate</i> .....	17	MULTIVITAMIN+ .....	118
<i>metoprolol tartrate</i> .....	45	<i>morphine sulfate (concentrate)</i> ..	17	<i>multivitamins</i> .....	118
<i>metoprolol-hydrochlorothiazide</i> ..	45	MORPHINE SULFATE (PF) .....	17	MULTI-VITE .....	118
<i>metronidazole</i> .....	20, 92, 147	<i>morphine sulfate (pf)</i> .....	17	<i>mupirocin</i> .....	142
<i>metronidazole in nacl</i> .....	20	<i>morphine sulfate er</i> .....	16	MURO 128 .....	126
<i>metyrosine</i> .....	48	MOVANTIK .....	89	MVASI .....	37
<i>micafungin sodium</i> .....	18	<i>moxifloxacin hcl</i> .....	28, 124	MVW COMPLETE FORMULATION .....	118
MICLARA DM .....	133	MUCINEX CHILD MS DAY-NIGHT CLD .....	134	<i>mvw complete formulation</i> .....	118
MICLARA LQ .....	129	MUCINEX COUGH FOR KIDS .....	134	<i>mycophenolate mofetil</i> .....	101
<i>miconazole 1</i> .....	92	MUCINEX FAST-MAX .....	134	<i>mycophenolate sodium</i> .....	101
<i>miconazole 3</i> .....	92	<i>mucinex fast-max cld/flu dy/nt</i> ..	134	<i>myorisan</i> .....	142
<i>miconazole 3 applicator</i> .....	92	<i>mucinex fast-max cold flu nght</i> ..	134	MYRBETRIQ .....	91
<i>miconazole 3 combo-supp</i> .....	92	MUCINEX FAST-MAX CONGEST COUGH .....	134	<i>na ferric gluc cplx in sucrose</i> .....	95
<i>miconazole 7</i> .....	92	MUCINEX FAST-MAX DAY/NIGHT .....	134	<i>na sulfate-k sulfate-mg sulf</i> .....	88
<i>miconazole nitrate</i> .....	92, 143	<i>mucinex fast-max dm max</i> .....	134	<i>nabumetone</i> .....	16
<i>microgestin 1.5/30</i> .....	75	MUCINEX FOR KIDS .....	134	<i>nadolol</i> .....	45
<i>microgestin 1/20</i> .....	75	MUCINEX FREEFROM DAY-NIGHT .....	134	<i>nafcellin sodium</i> .....	29
<i>microgestin 24 fe</i> .....	75	MUCINEX JUNIOR COLD/FLU ...	134	NAGLAZYME .....	81
<i>microgestin fe 1.5/30</i> .....	75	MUCINEX JUNIOR COUGH/CONGEST .....	134	<i>nalbuphine hcl</i> .....	17
<i>microgestin fe 1/20</i> .....	75	MUCINEX NIGHTSHIFT COLD/FLU .....	134	<i>naloxone hcl</i> .....	65
<i>midodrine hcl</i> .....	48	MUCINEX NIGHTSHIFT SINUS... ..	134	<i>naltrexone hcl</i> .....	65
<i>miglustat</i> .....	81	<i>mucinex sinus-max congestion</i> ..	134	NAMZARIC .....	54
<i>mili</i> .....	75	MUCINEX SINUS-MAX DAY/NIGHT .....	134	NANOVM T/F .....	118
<i>milk of magnesia</i> .....	88	MUCINEX STUFFY NOSE & CHEST .....	134	<i>naproxen</i> .....	16
<i>milk of magnesia concentrate</i> ....	88	<i>mucus relief</i> .....	135	<i>naproxen sodium</i> .....	16
<i>mimvey</i> .....	78	<i>mucus relief childrens</i> .....	134	<i>naratriptan hcl</i> .....	63
<i>mineral oil</i> .....	88			NASADROPS SALINE ON THE GO .....	139
MINERAL OIL-HYDROPHIL PETROLAT .....	147			<i>nasal decongestant spray</i> .....	135
<i>minocycline hcl</i> .....	30			<i>nasal mist</i> .....	135
<i>minoxidil</i> .....	48			NASCOBAL .....	118
<i>mintox plus</i> .....	84			NASOPEN PE .....	135
<i>mirtazapine</i> .....	55				

NATACYN.....	124	NINJACOF-A.....	135	NOVOLOG PENFILL.....	67
<i>nateglinide</i> .....	69	NINJACOF-XG.....	135	NOXAFIL.....	18
NATPARA.....	71	NINLARO.....	37	NUBEQA.....	32
NATRAPEL 12-HOUR		<i>nisoldipine er</i> .....	46	NUCALA.....	139
TICK/INSECT.....	148	<i>nitazoxanide</i> .....	20	NUDEXTA.....	64
NAYZILAM.....	52	<i>nitisinone</i> .....	81	NULOJIX.....	101
<i>nebivolol hcl</i> .....	45	NITRO-BID.....	48	NULYTELY LEMON-LIME.....	88
<i>necon 0.5/35 (28)</i> .....	75	<i>nitrofurantoin macrocrystal</i> .....	20	NUPLAZID.....	60
NEEDLES, INSULIN DISP.,		<i>nitrofurantoin monohyd macro</i> ..	20	NURTEC.....	63
SAFETY.....	67	<i>nitroglycerin</i> .....	48	NUTR-E-SOL.....	118
<i>nefazodone hcl</i> .....	55	NIVANEX DMX.....	135	NUTRILIPID.....	107
<i>neomycin sulfate</i> .....	20	<i>nizatidine</i> .....	86	NUZYRA.....	30
<i>neomycin-bacitracin zn-</i>		<i>nohist-dm</i> .....	135	<i>nyamyc</i> .....	143
<i>polymyx</i> .....	124	<i>nohist-lq</i> .....	135	<i>nylia 1/35</i> .....	76
<i>neomycin-polymyxin-dexameth</i>	123	<i>nora-be</i> .....	75	<i>nylia 7/7/7</i> .....	76
<i>neomycin-polymyxin-gramicidin</i>	124	NOREL AD.....	135	NYMALIZE.....	46
.....	124	<i>norethin ace-eth estrad-fe</i> .....	75	<i>nymyo</i> .....	76
<i>neomycin-polymyxin-hc</i>	123, 126, 127	<i>norethindrone</i> .....	75	<i>nystatin</i> .....	18, 143, 144, 149
.....		<i>norethindrone acetate</i> .....	82	<i>nystop</i> .....	144
NEOQ10.....	114	<i>norethindrone acet-ethinyl est</i> ... 75		<i>ocella</i> .....	76
NEPHRON FA.....	95	<i>norethindrone-eth estradiol</i> .....	78	OCREVUS.....	64
NEPHRONEX.....	118	<i>norethindron-ethinyl estrad-fe</i> ... 75		OCTAGAM.....	100
NERLYNX.....	37	<i>norethin-eth estradiol-fe</i> .....	75	<i>octreotide acetate</i> .....	81
NEUPRO.....	57	<i>norgestimate-eth estradiol</i> .....	75	ODEFSEY.....	24
<i>nevirapine</i> .....	22	<i>norgestim-eth estrad triphasic</i> ... 75		ODOMZO.....	37
<i>nevirapine er</i> .....	22	NORITATE.....	148	OFEV.....	139
NEXAVAR.....	37	<i>norlyroc</i> .....	76	OFF DEEP WOODS.....	148
<i>niacin</i> .....	118	NORPACE CR.....	43	<i>ofloxacin</i> .....	124, 127
<i>niacin er</i> .....	118	<i>nortrel 0.5/35 (28)</i> .....	76	OGIVRI.....	37
NIACIN ER.....	118	<i>nortrel 1/35 (21)</i> .....	76	<i>olanzapine</i> .....	60
<i>niacin er (antihyperlipidemic)</i> .....	44	<i>nortrel 1/35 (28)</i> .....	76	<i>olmesartan medoxomil</i> .....	42
<i>nicardipine hcl</i> .....	46	<i>nortrel 7/7/7</i> .....	76	<i>olmesartan medoxomil-hctz</i> .....	42
NICOMIDE.....	118	<i>nortriptyline hcl</i> .....	55	<i>olmesartan-amlodipine-hctz</i> .....	42
NICOTINE.....	65	NORVIR.....	22	<i>olopatadine hcl</i> .....	122, 129
<i>nicotine</i> .....	65, 66	NOVAFERRUM 50.....	95	<i>omega essentials basic</i> .....	114
<i>nicotine mini</i> .....	65	<i>novaferrum ped multi vit-iron</i> ..	118	<i>omega-3</i> .....	114
<i>nicotine polacrilex</i> .....	66	NOVAFERRUM PEDIATRIC		OMEGA-3.....	115
NICOTROL.....	66	DROPS.....	95	<i>omega-3 fish oil</i> .....	115
NICOTROL NS.....	66	NOVOLIN 70/30.....	67	OMEGA-3 FISH OIL EX ST.....	115
<i>nifedipine er</i> .....	46	NOVOLIN 70/30 FLEXPEN.....	67	<i>omeprazole</i> .....	90
<i>nifedipine er osmotic release</i> .....	46	NOVOLIN N.....	67	<i>omeprazole magnesium</i> .....	90
<i>nighttime cold/flu relief</i> .....	135	NOVOLIN N FLEXPEN.....	67	OMNARIS.....	140
<i>nighttime cough</i> .....	135	NOVOLIN R.....	67	OMNIPOD 5 G6 INTRO (GEN 5)..	67
<i>nighttime severe cold &amp; flu</i> .....	135	NOVOLIN R FLEXPEN.....	67	OMNIPOD 5 G6 POD (GEN 5).....	67
<i>nikki</i> .....	75	NOVOLOG.....	67	OMNIPOD CLASSIC PDM (GEN	
<i>nilutamide</i> .....	32	NOVOLOG FLEXPEN.....	67	3).....	67
<i>nimodipine</i> .....	46	NOVOLOG MIX 70/30.....	67	OMNIPOD CLASSIC PODS (GEN	
NINJACOF.....	135	NOVOLOG MIX 70/30 FLEXPEN..	67	3).....	68

OMNIPOD DASH INTRO (GEN 4) .. 68	<i>paclitaxel</i> ..... 34	<i>phenylephrine-dm-gg</i> ..... 136
OMNIPOD DASH PODS (GEN 4) .. 68	<i>paclitaxel protein-bound part</i> ..... 34	PHENYTEK..... 52
<i>ondansetron</i> .....85	<i>paliperidone er</i> .....60	<i>phenytoin</i> .....52
<i>ondansetron hcl</i> ..... 85	<i>pamidronate disodium</i> ..... 71	<i>phenytoin sodium</i> ..... 52
ONE-A-DAY ADULT	PAMIDRONATE DISODIUM..... 71	<i>phenytoin sodium extended</i> ..... 52
VITACRAVES+DHA..... 118	PANRETIN..... 148	PHESGO..... 38
ONE-DAILY MULTI-VITAMIN..... 118	<i>pantoprazole sodium</i> ..... 90	<i>philith</i> .....76
<i>one-daily multi-vitamin</i> ..... 118	PANZYGA..... 100	<i>phosphorus supplement</i> ..... 112
ONTRUZANT..... 38	<i>paraplatin</i> ..... 31	<i>phytonadione</i> .....119
ONUREG.....32	<i>paricalcitol</i> ..... 83	PIFELTRO.....22
OPSUMIT.....49	<i>paromomycin sulfate</i> ..... 20	<i>pilocarpine hcl</i> .....123, 149
OPTIMAL D3 M..... 119	<i>paroxetine hcl</i> ..... 56	<i>pimozide</i> ..... 60
ORAL SUSPEND..... 104	<i>paroxetine hcl er</i> ..... 55	<i>pimtrex</i> ..... 76
ORAL SUSPENDING	PASER.....24	<i>pindolol</i> ..... 45
COMPOUND PLUS.....104	PAXIL..... 56	<i>pinworm medicine</i> ..... 20
ORGOVYX.....32	<i>pc pediatric tri-vitamin drops</i> ... 119	<i>pioglitazone hcl</i> .....69
ORKAMBI..... 139	PEDIA-LAX..... 88	<i>pioglitazone hcl-glimepiride</i> ..... 69
<i>orsythia</i> ..... 76	PEDIARIX.....102	<i>pioglitazone hcl-metformin hcl</i> ... 69
<i>os-cal</i> ..... 111	<i>pediatric electrolyte</i> .....107	<i>piperacillin sod-tazobactam so</i> ...30
<i>os-cal extra d3</i> ..... 111	PEDIAVENT..... 129	PIQRAY (200 MG DAILY DOSE)....38
<i>oseltamivir phosphate</i> ..... 25	PEDIAVIT..... 119	PIQRAY (250 MG DAILY DOSE)....38
OSTEO-PORETICAL..... 112	PEDVAX HIB..... 102	PIQRAY (300 MG DAILY DOSE)....38
OTEZLA.....98	<i>peg 3350-kcl-na bicarb-nacl</i> ..... 88	<i>pirfenidone</i> .....139
OVIDREL.....81	<i>peg-3350/electrolytes</i> .....88	<i>pirmella 1/35</i> ..... 76
<i>oxacillin sodium</i> ..... 29	PEGASYS.....25	<i>piroxicam</i> ..... 16
<i>oxaliplatin</i> ..... 31	PEMAZYRE..... 38	PLASMA-LYTE 148.....106
<i>oxandrolone</i> .....66	<i>pemetrexed disodium</i> ..... 32	PLASMA-LYTE A..... 106
<i>oxaprozin</i> ..... 16	<i>penicillamine</i> .....71	<i>plenamine</i> ..... 108
<i>oxcarbazepine</i> .....52	PENICILLIN G POT IN DEXTROSE. 29	PLENVU..... 88
<i>oxybutynin chloride</i> ..... 91	<i>penicillin g potassium</i> ..... 29	POCKET PEAK FLOW METER..... 139
<i>oxybutynin chloride er</i> ..... 91	PENICILLIN G PROCAINE..... 29	<i>podofilox</i> .....148
<i>oxycodone hcl</i> ..... 17	<i>penicillin g sodium</i> ..... 29	<i>poly bacitracin</i> ..... 142
<i>oxycodone-acetaminophen</i> .. 17, 18	<i>penicillin v potassium</i> .....30	POLY HIST FORTE..... 136
OXYTROL FOR WOMEN..... 91	PENTACEL..... 102	POLYETHYLENE GLYCOL 1000... 104
<i>oyster shell calcium</i> .....112	<i>pentamidine isethionate</i> .....20	<i>polyethylene glycol 3350</i> ..... 88
<i>oyster shell calcium 500 + d</i> ..... 112	<i>pentoxifylline er</i> ..... 96	POLYETHYLENE GLYCOL 3350... 104
<i>oyster shell calcium plus d</i> ..... 112	PENTRAVAN..... 148	POLYETHYLENE GLYCOL 8000... 104
<i>oyster shell calcium w/d</i> ..... 112	<i>peptic relief</i> ..... 84	POLY-HIST DM..... 136
<i>oyster shell calcium/d</i> ..... 112	<i>perindopril erbumine</i> ..... 41	<i>polymyxin b-trimethoprim</i> ..... 124
OYSTER SHELL	<i>periogard</i> ..... 149	<i>polysaccharide iron complex</i> ..... 95
CALCIUM/VITAMIN D..... 112	<i>permethrin</i> ..... 149	POLY-TUSSIN AC..... 136
<i>oyster shell calcium/vitamin d</i> .. 112	<i>perphenazine</i> ..... 60	POLYTUSSIN DM..... 136
<i>oystercal-d</i> ..... 112	PERSERIS..... 60	POLY-VENT DM..... 136
OZEMPIC (0.25 OR 0.5	<i>pfizerpen</i> ..... 30	POLY-VENT IR.....136
MG/DOSE)..... 69	<i>phenelzine sulfate</i> ..... 56	POLY-VI-SOL..... 119
OZEMPIC (1 MG/DOSE)..... 69	<i>phenobarbital</i> ..... 52	POLY-VI-SOL/IRON..... 119
OZEMPIC (2 MG/DOSE)..... 69	<i>phenobarbital sodium</i> .....52	POLY-VITA/IRON..... 119
<i>pacerone</i> .....43	<i>phenylephrine hcl</i> .....135	POMALYST..... 33

<i>portia-28</i> .....	76	PRIORIX.....	102	PYRIDOXINE HCL.....	119
<i>posaconazole</i> .....	18	PRIVIGEN.....	100	<i>pyridoxine hcl</i> .....	119
POTASSIUM BROMIDE.....	104	<i>probenecid</i> .....	14	Q-GEL.....	115
<i>potassium chloride</i> .....	106, 107	PROCALAMINE.....	108	QINLOCK.....	38
POTASSIUM CHLORIDE.....	106	<i>prochlorperazine</i> .....	85	QUADRACEL.....	102
<i>potassium chloride crys er</i> .....	106	<i>prochlorperazine edisylate</i> .....	85	<i>quetiapine fumarate</i> .....	60
<i>potassium chloride er</i> .....	106, 107	<i>prochlorperazine maleate</i> .....	85	<i>quetiapine fumarate er</i> .....	60
<i>potassium chloride in dextrose</i> .....	106	PROCRIT.....	93	<i>quinapril hcl</i> .....	41
POTASSIUM CHLORIDE IN NACL.....	106	<i>procto-med hc</i> .....	148	<i>quinapril-hydrochlorothiazide</i> ....	41
<i>potassium chloride in nacl</i> .....	106	<i>procto-pak</i> .....	148	<i>quinidine sulfate</i> .....	43
<i>potassium citrate er</i> .....	91	<i>proctosol hc</i> .....	148	<i>quinine sulfate</i> .....	21
<i>povidone-iodine</i> .....	148	<i>proctozone-hc</i> .....	148	RA B-COMPLEX/VITAMIN C CR.....	119
PRALUENT.....	44	PROFE.....	95	<i>ra calcium 600/vit d/minerals</i> ..	112
<i>pramipexole dihydrochloride</i> .....	57	PROGRAF.....	101	<i>ra high potency iron</i> .....	95
<i>pramipexole dihydrochloride er</i> ..	57	PROLASTIN-C.....	139, 140	RABAVERT.....	102
<i>prasugrel hcl</i> .....	97	PROLENSA.....	125	<i>rabeprazole sodium</i> .....	91
<i>pravastatin sodium</i> .....	44	PROLIA.....	71	<i>raloxifene hcl</i> .....	81
<i>praziquantel</i> .....	20	PROMACTA.....	96, 97	<i>ramipril</i> .....	41
<i>prazosin hcl</i> .....	41	<i>promethazine hcl</i> .....	85	<i>ranolazine er</i> .....	48
PRECISION XTRA KETONE.....	81	<i>promethazine-codeine</i> .....	136	<i>rasagiline mesylate</i> .....	57
<i>prednisolone</i> .....	79	<i>promethazine-dm</i> .....	136	RAYALDEE.....	83
<i>prednisolone acetate</i> .....	125	<i>promethazine-phenyleph- codeine</i> .....	136	<i>reclipsen</i> .....	76
<i>prednisolone sodium phosphate</i> .....	79	<i>propafenone hcl</i> .....	43	RECOMBIVAX HB.....	103
PREDNISOLONE SODIUM.....	79	<i>propafenone hcl er</i> .....	43	RECTIV.....	148
PHOSPHATE.....	125	<i>propracetamol hcl</i> .....	126	REFRESH.....	126
<i>prednisone</i> .....	79	<i>propranolol hcl</i> .....	45	<i>refresh celluvisc</i> .....	126
PREDNISON INTENSOL.....	79	<i>propranolol hcl er</i> .....	45	REFRESH LIQUIGEL.....	126
<i>pregabalin</i> .....	52	PROPYLENE GLYCOL.....	104	REFRESH OPTIVE.....	126
PREHEVBRIO.....	102	<i>propylthiouracil</i> .....	82	REFRESH OPTIVE ADVANCED....	126
PREMASOL.....	108	PROQUAD.....	102	REFRESH OPTIVE MEGA-3.....	126
PREMIUM CONDOMS.....	76	PRO-RED AC.....	136	REFRESH OPTIVE PF.....	126
LUBRICATED.....	76	PROSHIELD PLUS SKIN.....	148	REFRESH RELIEVA PF.....	126
PRENATAL VITAMIN PLUS LOW.....	107	PROTECTANT.....	148	REGANEX.....	149
IRON.....	107	PROSOL.....	108	RELENZA DISKHALER.....	25
PRENATAL VITAMIN WITH.....	107	<i>protriptyline hcl</i> .....	56	RELISTOR.....	89
FOLIC ACID GREATER THAN 0.8.....	107	<i>pseudoeph-bromphen-dm</i> .....	136	REMEDY SKIN REPAIR.....	148
PRESERVISION AREDS.....	119	<i>pseudoephedrine hcl</i> .....	136	REMICADE.....	98
<i>prevalite</i> .....	44	<i>pseudoephedrine hcl er</i> .....	136	<i>renal-vite</i> .....	119
PREVYMIS.....	25	<i>pseudoephedrine-guaifenesin</i> ..	136	RENFLEXIS.....	98
PREZCOBIX.....	24	<i>pseudoephedrine-guaifenesin er</i> .....	136	<i>reno caps</i> .....	119
PREZISTA.....	22	PULMICORT FLEXHALER.....	141	<i>repaglinide</i> .....	70
PRIFTIN.....	24	PULMOZYME.....	140	REPEL MOSQUITO WIPES.....	148
PRILOSEC.....	90	PURE L-CITRULLINE.....	115	REPLESTA.....	119
PRIMAQUINE PHOSPHATE.....	21	PURIXAN.....	32	REPLESTA NX.....	119
<i>primaquine phosphate</i> .....	21	<i>pyrazinamide</i> .....	24	RESCON.....	136
<i>primidone</i> .....	52	<i>pyridostigmine bromide</i> .....	64	RESTASIS.....	126
				RESTASIS MULTIDOSE.....	126
				RETEVMO.....	38

REVLIMID.....	33	<i>saline nasal spray</i> .....	140	SIRTURO.....	24
REXULTI.....	60	<i>sal-plant</i> .....	148	SIVEXTRO.....	20
REYATAZ.....	23	SANDIMMUNE.....	101	SKYRIZI.....	98
REZUROCK.....	101	SANTYL.....	149	SKYRIZI (150 MG DOSE).....	98
RHINARIS.....	140	<i>sapropterin dihydrochloride</i> .....	81	SKYRIZI PEN.....	98
RHOPRESSA.....	123	SAVELLA.....	64	<i>slow iron</i> .....	96
RIABNI.....	38	SAVELLA TITRATION PACK.....	64	<i>slow magnesium/calcium</i> .....	112
<i>ribavirin</i> .....	25	SAWYER INSECT REPELLENT.....	148	<i>slow release iron</i> .....	96
<i>rifabutin</i> .....	24	<i>scalpicin maximum strength</i> .....	146	SLOW RELEASE IRON.....	96
<i>rifampin</i> .....	24	SCSEMBLIX.....	38	SLOW-MAG.....	112
<i>riluzole</i> .....	64	SCOOBY-DOO ONE A DAY.....	119	<i>sm acid reducer</i> .....	86
<i>rimantadine hcl</i> .....	25	<i>scopolamine</i> .....	85	<i>sm allergy relief</i> .....	129
RINVOQ.....	98	SEBEX.....	148	<i>sm antibiotic plus pain relief</i> .....	142
RISACAL-D.....	112	SECUADO.....	61	SM B-COMPLEX/VITAMIN C.....	119
<i>risedronate sodium</i> .....	71	<i>selegiline hcl</i> .....	57	<i>sm calcium/vitamin d3</i> .....	112
RISPERDAL CONSTA.....	60	<i>selenium sulfide</i> .....	144	<i>sm epsom salt</i> .....	88
<i>risperidone</i> .....	60, 61	SELZENTRY.....	23	<i>sm fiber</i> .....	88
<i>ritonavir</i> .....	23	<i>senna</i> .....	88	SM FISH OIL.....	115
RITUXAN.....	38	SENNA PLUS.....	88	<i>sm lice solution kit</i> .....	149
RITUXAN HYCELA.....	38	<i>senna-lax</i> .....	88	SM SLOW RELEASE IRON.....	96
<i>rivastigmine</i> .....	54	<i>senokot extra strength</i> .....	88	<i>sm urinary pain relief max st</i> .....	91
<i>rivastigmine tartrate</i> .....	54	SENSI-CARE MOISTURIZING.....	148	<i>sm vitamin d3</i> .....	119
<i>rivelsa</i> .....	76	SEREVENT DISKUS.....	130	SODIUM BENZOATE.....	104
<i>rizatriptan benzoate</i> .....	63	<i>sertraline hcl</i> .....	56	<i>sodium bicarbonate</i> .....	84
ROCKLATAN.....	123	SESAME OIL.....	104	SODIUM BROMIDE.....	104
RONDEC-D.....	136	<i>se-tan plus</i> .....	95	<i>sodium chloride</i> .....	106, 149
<i>ropinirole hcl</i> .....	57	<i>setlakin</i> .....	76	SODIUM CHLORIDE.....	112
<i>ropinirole hcl er</i> .....	57	<i>sevelamer carbonate</i> .....	82	<i>sodium chloride (hypertonic)</i> ....	126
<i>rosadan</i> .....	148	<i>severe cold &amp; flu</i> .....	137	<i>sodium fluoride chew, tab, 1.1</i>	
<i>rosuvastatin calcium</i> .....	44	<i>severe cold/cough</i> .....	137	<i>(0.5 f) mg/ml soln</i> .....	107
ROTARIX.....	103	<i>sharobel</i> .....	76	<i>sodium phenylbutyrate</i> .....	81
ROTATEQ.....	103	SHINGRIX.....	103	<i>sodium polystyrene sulfonate</i> ....	71
<i>roweepra</i> .....	52	SIGNIFOR.....	81	<i>solifenacin succinate</i> .....	91
ROZLYTREK.....	38	<i>silace</i> .....	88	SOLQUA.....	68
RUBRACA.....	38	<i>sildenafil citrate</i> .....	49	SOLTAMOX.....	32
<i>rufinamide</i> .....	52	<i>silodosin</i> .....	91	<i>soluble fiber therapy</i> .....	88
RU-HIST D.....	137	<i>silphen dm cough</i> .....	137	SOLU-CORTEF.....	79
RUKOBIA.....	23	<i>silver sulfadiazine</i> .....	142	SOMATULINE DEPOT.....	81
RUXIENCE.....	38	SIMBRINZA.....	123	SOMAVERT.....	82
RYBELSUS.....	70	<i>simliya</i> .....	76	<i>sorafenib tosylate</i> .....	38
RYDAPT.....	38	<i>simpesse</i> .....	76	SORBITOL.....	88
RYDEX.....	137	SIMPLY SALINE.....	140	<i>sorine</i> .....	43
RYMED.....	137	<i>simvastatin</i> .....	44	<i>sotalol hcl</i> .....	43
<i>rynex pe</i> .....	137	<i>sinus congestion/pain</i> .....	137	<i>sotalol hcl (af)</i> .....	43
<i>rynex pse</i> .....	137	<i>sinus congestion/pain daytime</i> .....	137	<i>spironolactone</i> .....	41
<i>sajazir</i> .....	97	<i>sinus relief extra strength</i> .....	137	<i>spironolactone-hctz</i> .....	47
SALICYLIC ACID.....	104	SINUS WASH SALT.....	140	<i>sprintec 28</i> .....	76
<i>saline</i> .....	140	<i>sirolimus</i> .....	101	SPRITAM.....	52, 53

SPRYCEL.....	38	SYNTHROID.....	82	THEO-24.....	140
<i>sps</i> .....	71	SYRSPEND SF ALKA.....	104	<i>theophylline</i> .....	140
<i>sronyx</i> .....	76	SYSTANE.....	126	THEOPHYLLINE ANHYDROUS....	104
<i>ssd</i> .....	142	SYSTANE COMPLETE.....	126	<i>theophylline er</i> .....	140
STAHIST AD.....	137	TAB-A-VITE/IRON/BETA		THERA-D 4000.....	119
<i>stavudine</i> .....	23	CAROTENE.....	119	<i>theraflu expressmax sev cld/cg</i>	137
STELARA.....	98	TABLOID.....	32	THERAFLU FLU & SORE THROAT	
<i>sterile water for irrigation</i> .....	149	TABRECTA.....	38	.....	137
STIVARGA.....	38	<i>tacrolimus</i> .....	101, 148	THERAPEUTIC DANDRUFF.....	148
<i>stomach relief</i> .....	84	<i>tadalafil (pah)</i> .....	49	<i>thiamine hcl</i> .....	120
<i>stomach relief extra strength</i> ....	84	TAFINLAR.....	38	<i>thioridazine hcl</i> .....	61
<i>stool softener</i> .....	89	TAGRISSO.....	39	<i>thiothixene</i> .....	61
<i>stool softener plus laxative</i> .....	89	TALTZ.....	98, 99	<i>tiadylt er</i> .....	46
<i>streptomycin sulfate</i> .....	20	TALZENNA.....	39	<i>tiagabine hcl</i> .....	53
<i>stress formula/zinc (b-compl)</i> ...	119	<i>tamoxifen citrate</i> .....	32	TIBSOVO.....	39
STRIBILD.....	24	<i>tamsulosin hcl</i> .....	91	TICOVAC.....	103
STROVITE ONE.....	119	TARGRETIN.....	148	TIGECYCLINE.....	30
<i>subvenite</i> .....	53	<i>tarina 24 fe</i> .....	76	<i>tigecycline</i> .....	30
<i>sucralfate</i> .....	89	<i>tarina fe 1/20 eq</i> .....	76	<i>tilia fe</i> .....	76
<i>sudogest sinus/allergy</i> .....	137	TARON FORTE.....	96	<i>timolol maleate</i> .....	45, 123
<i>sulfacetamide sodium</i> .....	124	TASIGNA.....	39	<i>timolol maleate (once-daily)</i> ....	123
<i>sulfacetamide sodium (acne)</i> ....	142	<i>tazarotene</i> .....	144	TIVICAY.....	23
<i>sulfacetamide-prednisolone</i> ....	123	<i>tazicef</i> .....	27	TIVICAY PD.....	23
SULFADIAZINE.....	20	TAZORAC.....	144	<i>tizanidine hcl</i> .....	65
<i>sulfamethoxazole-trimethoprim</i> .21		<i>taztia xt</i> .....	46	<i>tl-hem 150</i> .....	96
SULFAMYLON.....	143	TAZVERIK.....	39	TOBRADEX.....	123
<i>sulfasalazine</i> .....	86	TDVAX.....	103	TOBRADEX ST.....	123
<i>sulindac</i> .....	16	TECENTRIQ.....	39	<i>tobramycin</i> .....	21, 124
<i>sumatriptan</i> .....	63	TECFIDERA.....	64	<i>tobramycin sulfate</i> .....	21
<i>sumatriptan succinate</i> .....	63	TEFLARO.....	27	<i>tobramycin-dexamethasone</i> ....	123
<i>sumatriptan succinate refill</i> .....	63	<i>telmisartan</i> .....	43	<i>tolnaftate</i> .....	144
<i>sunitinib malate</i> .....	38	<i>telmisartan-amlodipine</i> .....	42	<i>tolnaftate antifungal</i> .....	144
SUPER DAILY D3.....	119	<i>telmisartan-hctz</i> .....	42	<i>tolterodine tartrate</i> .....	92
SUPER NU-THERA.....	119	<i>temazepam</i> .....	62	<i>tolterodine tartrate er</i> .....	92
SUPER TWIN EPA/DHA.....	115	TEMIXYS.....	24	<i>topiramate</i> .....	53
SUPREP BOWEL PREP KIT.....	89	TENIVAC.....	103	<i>toposar</i> .....	34
SWEETENING SUSPENDING		<i>tenofovir disoproxil fumarate</i> ....	23	<i>toremifene citrate</i> .....	32
COMPOUND.....	104	TEPMETKO.....	39	<i>torse mide</i> .....	47
<i>syeda</i> .....	76	<i>terazosin hcl</i> .....	41	<i>totalday multiple</i> .....	120
SYMBICORT.....	141	<i>terbinafine hcl</i> .....	19, 144	TOVIAZ.....	92
SYMDEKO.....	140	<i>terbutaline sulfate</i> .....	130	TPN ELECTROLYTES.....	106
SYMPAZAN.....	53	<i>terconazole</i> .....	92	TRADJENTA.....	70
SYMITUZA.....	24	<i>testosterone</i> .....	66	<i>tramadol hcl</i> .....	18
SYNAREL.....	77	<i>testosterone cypionate</i> .....	66	<i>tramadol-acetaminophen</i> .....	18
SYNERCID.....	21	<i>testosterone enanthate</i> .....	66	<i>trandolapril</i> .....	41
SYNJARDY.....	70	<i>tetrabenazine</i> .....	64	<i>tranexamic acid</i> .....	97
SYNJARDY XR.....	70	<i>tetracycline hcl</i> .....	30	<i>tranylcypromine sulfate</i> .....	56
SYNRIBO.....	33	THALOMID.....	33	TRAVASOL.....	108

<i>travoprost (bak free)</i> .....	123	TRI-VI-SOL A/C/D.....	120	<i>valproic acid</i> .....	53
TRAZIMERA.....	39	TRI-VITAMIN INFANT &		<i>valsartan</i> .....	43
<i>trazodone hcl</i> .....	56	TODDLER.....	120	<i>valsartan-hydrochlorothiazide</i> ....	42
TRECTOR.....	24	<i>trivora (28)</i> .....	77	VALTOCO 10 MG DOSE.....	53
TRELEGY ELLIPTA.....	127	<i>tri-vylibra</i> .....	77	VALTOCO 15 MG DOSE.....	53
TRELSTAR MIXJECT.....	32	<i>tri-vylibra lo</i> .....	77	VALTOCO 20 MG DOSE.....	53
<i>treprostinil</i> .....	49	TRIZIVIR.....	24	VALTOCO 5 MG DOSE.....	53
TRESIBA.....	68	TROGARZO.....	23	VANACOF.....	138
TRESIBA FLEXTOUCH.....	68	TROPHAMINE.....	108	VANACOF DMX.....	138
<i>tretinoin</i> .....	33, 142	<i>trosipium chloride</i> .....	92	VANALICE.....	149
TREXALL.....	99	TRUEPLUS GLUCOSE.....	80	VANATAB DM.....	138
<i>triaacting nighttime cold&amp;cough</i> .	137	TRULICITY.....	70	<i>vancomycin hcl</i> .....	21
<i>triamcinolone acetonide</i> ...	146, 149	TRUMENBA.....	103	VANCOMYCIN HCL IN NACL.....	21
TRIAMINIC COLD/COUGH DAY		TRUSELTIQ (100MG DAILY		<i>vandazole</i> .....	92
TIME.....	137	DOSE).....	39	VAQTA.....	103
TRIAMINIC NIGHT TIME		TRUSELTIQ (125MG DAILY		VARENICLINE TARTRATE.....	66
COLD/CGH.....	137	DOSE).....	39	<i>varenicline tartrate</i> .....	66
<i>triamterene-hctz</i> .....	47	TRUSELTIQ (50MG DAILY DOSE).	39	VARIVAX.....	103
TRICARE.....	107	TRUSELTIQ (75MG DAILY DOSE).	39	VASCEPA.....	44
<i>tricon</i> .....	96	TRUSTEX NON-LUBRICATED.....	77	VELCADE.....	39
<i>triderm</i> .....	146	TRUXIMA.....	39	<i>velivet</i> .....	77
<i>trientine hcl</i> .....	71	TUKYSA.....	39	VELPHORO.....	82
<i>tri-estarylla</i> .....	76	TUMS CHEWY DELIGHTS.....	84	VELTASSA.....	71
TRIFERIC.....	96	TURALIO.....	39	VEMLIDY.....	26
<i>trifluoperazine hcl</i> .....	61	TUSNEL.....	137, 138	VENCLEXTA.....	39
<i>trifluridine</i> .....	124	TUSNEL C.....	137	VENCLEXTA STARTING PACK.....	39
<i>trigels-f forte</i> .....	96	TUSNEL PEDIATRIC.....	137	<i>venlafaxine hcl</i> .....	56
<i>trihexyphenidyl hcl</i> .....	57	TUSNEL-DM PEDIATRIC.....	138	<i>venlafaxine hcl er</i> .....	56
TRIJARDY XR.....	70	TUSSICAPS.....	138	VENOFER.....	96
TRIKAFTA.....	140	<i>tussin cf multi-symptom cold</i> ...	138	VENTAVIS.....	49
<i>tri-legest fe</i> .....	76	<i>tussin cf severe multi-symptom</i>	138	VENTOLIN HFA.....	130
<i>tri-linyah</i> .....	76	<i>tussin cough</i> .....	138	<i>verapamil hcl</i> .....	47
<i>tri-lo-estarylla</i> .....	76	<i>tussin dm</i> .....	138	<i>verapamil hcl er</i> .....	46
<i>tri-lo-marzia</i> .....	77	TWINRIX.....	103	VERSACLOZ.....	61
<i>tri-lo-mili</i> .....	77	TYBOST.....	23	VERZENIO.....	39
<i>tri-lo-sprintec</i> .....	77	<i>tydemy</i> .....	77	<i>vestura</i> .....	77
<i>trimethoprim</i> .....	21	TYMLOS.....	71	V-GO 20.....	68
<i>tri-mili</i> .....	77	TYPHIM VI.....	103	V-GO 30.....	68
<i>trimipramine maleate</i> .....	56	UBRELVY.....	63	V-GO 40.....	68
TRINTELLIX.....	56	<i>unithroid</i> .....	83	VICTOZA.....	70
<i>tri-nymyo</i> .....	77	UPCAL D.....	112	<i>vienna</i> .....	77
<i>triple antibiotic</i> .....	143	UPSPRING BABY VIT D.....	120	<i>vigabatrin</i> .....	53
<i>triple antibiotic plus</i> .....	143	<i>urinary pain relief</i> .....	91	<i>vigadrone</i> .....	53
TRIPROLIDINE HCL.....	129	<i>ursodiol</i> .....	89	VIIBRYD.....	56
<i>triprolidine hcl</i> .....	129	<i>valacyclovir hcl</i> .....	26	VIIBRYD STARTER PACK.....	56
<i>tri-sprintec</i> .....	77	VALCHLOR.....	148	<i>vilazodone hcl</i> .....	56
TRIUMEQ.....	24	<i>valganciclovir hcl</i> .....	26	VIMPAT.....	53
TRIUMEQ PD.....	24	<i>valproate sodium</i> .....	53	<i>vincristine sulfate</i> .....	34

<i>vinorelbine tartrate</i> .....	34	WELIREG.....	33	ZERVIATE.....	122
<i>viorele</i> .....	77	<i>wera</i> .....	77	<i>zidovudine</i> .....	23
VIRACEPT.....	23	<i>westab mini</i> .....	122	ZIKS ARTHRITIS PAIN RELIEF.....	148
VIREAD.....	23	<i>westab one</i> .....	122	ZINC.....	122
VIRTUSSIN DAC.....	138	WEST-VITE W/FOLIC ACID.....	122	<i>zinc sulfate</i> .....	113
<i>vitafol</i> .....	120	WOUND CARE.....	104	ZINC SULFATE.....	113
VITAL-D RX.....	120	<i>wymzya fe</i> .....	77	ZINC SULFATE MONOHYDRATE.....	113
<i>vitamin a</i> .....	120	XALKORI.....	40	<i>ziprasidone hcl</i> .....	61
<i>vitamin a palmitate</i> .....	120	XARELTO.....	93	<i>ziprasidone mesylate</i> .....	61
VITAMIN A PALMITATE.....	120	XARELTO STARTER PACK.....	93	ZIRABEV.....	40
<i>vitamin b + c complex</i> .....	120	XATMEP.....	99	ZIRGAN.....	124
<i>vitamin b complex-c</i> .....	120	XCOPRI.....	53	<i>zoledronic acid</i> .....	71
<i>vitamin b-6</i> .....	120	XCOPRI (250 MG DAILY DOSE)....	53	ZOLINZA.....	40
VITAMIN C.....	120	XCOPRI (350 MG DAILY DOSE)....	53	<i>zolmitriptan</i> .....	63
<i>vitamin c</i> .....	120	XELJANZ.....	99	<i>zolpidem tartrate</i> .....	62
<i>vitamin d</i> .....	120	XELJANZ XR.....	99	ZONISADE.....	53
<i>vitamin d (cholecalciferol)</i> .....	120	XERAC AC.....	148	<i>zonisamide</i> .....	53
<i>vitamin d (ergocalciferol)</i> .....	120	XERMELO.....	90	ZORTRESS.....	101
VITAMIN D (ERGOCALCIFEROL).....	120	XGEVA.....	71	<i>zovia 1/35 (28)</i> .....	77
VITAMIN D2.....	121	XIFAXAN.....	90	ZTALMY.....	54
<i>vitamin d3</i> .....	121	XIGDUO XR.....	70	<i>zumandimine</i> .....	77
VITAMIN D3.....	121	XOLAIR.....	140	ZYCLARA PUMP.....	149
VITAMIN D3 IMMUNE HEALTH.....	121	XOSPATA.....	40	ZYDELIG.....	40
VITAMIN		XPOVIO (100 MG ONCE		ZYKADIA.....	40
D3/CALCIUM/PHOSPHORUS.....	113	WEEKLY).....	40	ZYLET.....	124
<i>vitamin e</i> .....	121, 122	XPOVIO (40 MG ONCE WEEKLY).....	40	ZYPITAMAG.....	44
VITAMIN E.....	122	XPOVIO (40 MG TWICE		ZYPREXA RELPREVV.....	61
<i>vitamin e-200</i> .....	122	WEEKLY).....	40		
<i>vitamin k1</i> .....	122	XPOVIO (60 MG ONCE WEEKLY).....	40		
VITRAKVI.....	39	XPOVIO (60 MG TWICE			
VIVITROL.....	66	WEEKLY).....	40		
VIZIMPRO.....	39	XPOVIO (80 MG ONCE WEEKLY).....	40		
VONJO.....	40	XPOVIO (80 MG TWICE			
<i>voriconazole</i> .....	19	WEEKLY).....	40		
VORTEX HOLD		XTANDI.....	33		
CHMBR/MASK/CHILD.....	140	<i>xulane</i> .....	77		
VOSEVI.....	26	XULTOPHY.....	68		
VOTRIENT.....	40	XYREM.....	65		
VRAYLAR.....	61	YF-VAX.....	103		
VUMERITY.....	64	<i>yuvafem</i> .....	78		
<i>vyfemla</i> .....	77	<i>zafemy</i> .....	77		
<i>vylibra</i> .....	77	<i>zafirlukast</i> .....	138		
VYVANSE.....	62	ZARXIO.....	93		
VYZULTA.....	123	ZEJULA.....	40		
<i>warfarin sodium</i> .....	93	ZELBORAF.....	40		
<i>wart remover maximum</i>		ZEMAIRA.....	140		
<i>strength</i> .....	148	<i>zenatane</i> .....	142		
<i>wee care</i> .....	96	ZENPEP.....	90		



**Updated on 12/01/2022.**

**For more recent information or other questions,** contact us at **1-866-549-8289** (TTY: **711**), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day or visit **[mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com)**.

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