

# Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) | 2023

## List of Covered Drugs (Formulary)

### Introduction

This document is called the List of Covered Drugs (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by 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).

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.



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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).

## 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 gratuita.
- ❖ 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.
- ❖ If you would like to request an alternate format (large print, audio, accessible electronic formats, other formats) or another preferred language call Member Services at 1-866-549-8289, 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.
  - If you would like to continue to receive printed materials after you have requested one, we will continue to provide them annually until a request to terminate the request is provided.
  - If you have questions/concerns or would like to update a preferred language and/or format request call, Member Services at 1-866-549-8289, 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.



**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.

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## B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 15 are the drugs covered by 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. This call is free.



**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.

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## 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 authorization (PA) or approval for a drug. (PA 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.

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 below 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. This call is free.



**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.

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### **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.

**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.



**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.

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#### **B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

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

- **Prior Authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA 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.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 15-INDEX-1. You can also get more information by visiting our website at [mmp.buckeyehealthplan.com](http://mmp.buckeyehealthplan.com). We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

You can 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 15 has a column labeled "Necessary actions, restrictions, or limits on use."



**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.

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it if you know how to spell the drug. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs, generic drugs, and over-the-counter (OTC) drugs are listed in the index.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on page 11. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, **CARDIOVASCULAR**. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the Drug List, call Member Services at 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.



**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.

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## **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 PA 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 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.



**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.

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## **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 PA requirements.

## **B11. How can I ask for an exception?**

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

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

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

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber’s supporting statement.

## **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don’t have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

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



**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.

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## **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.

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## 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. This call is free.
- **ST** stands for Step Therapy. Refer to question B4
- **^** stands for Drug may be available for up to a 30-day supply only.

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



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**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. This call is free. 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 referring to page 11.



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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).

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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</i>	\$0 (Tier 3) NT
<i>acetaminophen childrens suspension 160 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>acetaminophen childrens tablet chewable 160 mg oral</i>	\$0 (Tier 3) NT
<i>acetaminophen er tablet extended release 650 mg oral</i>	\$0 (Tier 3) NT
<i>acetaminophen extra strength tablet 500 mg oral</i>	\$0 (Tier 3) NT
<i>acetaminophen suppository 120 mg rectal</i>	\$0 (Tier 3) NT
<i>acetaminophen suppository 650 mg rectal</i>	\$0 (Tier 3) NT
<i>acetaminophen tablet 325 mg oral</i>	\$0 (Tier 3) NT
<i>aspirin low dose tablet delayed release 81 mg oral</i>	\$0 (Tier 3) NT
ASPIRIN SUPPOSITORY 300 MG RECTAL	\$0 (Tier 3) NT
<i>aspirin tablet 325 mg oral</i>	\$0 (Tier 3) NT
<i>aspirin tablet chewable 81 mg oral</i>	\$0 (Tier 3) NT
<i>aspirin tablet delayed release 325 mg oral</i>	\$0 (Tier 3) NT
<i>ed-apap liquid 160 mg/5ml oral</i>	\$0 (Tier 3) NT
FEVERALL INFANTS SUPPOSITORY 80 MG RECTAL	\$0 (Tier 3) NT
FEVERALL JUNIOR STRENGTH SUPPOSITORY 325 MG RECTAL	\$0 (Tier 3) NT
<i>mapap acetaminophen extra str liquid 500 mg/15ml oral</i>	\$0 (Tier 3) NT
<i>mapap capsule 500 mg oral</i>	\$0 (Tier 3) NT
<i>mapap childrens tablet chewable 80 mg oral</i>	\$0 (Tier 3) NT
<b>NSAIDS</b>	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)

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

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<b>Name of Drug</b>	<b>What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)</b>
<i>celecoxib oral capsule 400 mg</i>	\$0 (Tier 1) QL (30 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 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)
<i>ibuprofen capsule 200 mg oral</i>	\$0 (Tier 3) NT
<i>ibuprofen childrens suspension 100 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>ibuprofen junior strength tablet chewable 100 mg oral</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</i>	\$0 (Tier 3) NT
<i>infants ibuprofen suspension 50 mg/1.25ml oral</i>	\$0 (Tier 3) NT
<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</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</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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 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 300-30 mg</i>	\$0 (Tier 1) QL (360 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); ^
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>morphine sulfate (concentrate) oral solution 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 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML	\$0 (Tier 2) B/D
<i>morphine sulfate intravenous solution 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)
<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
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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 suspension 40 mg/ml</i>	\$0 (Tier 2) PA; QL (630 ML per 30 days); ^
<i>posaconazole oral tablet delayed release 100 mg</i>	\$0 (Tier 2) PA; QL (93 EA per 30 days); ^
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<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	\$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)
<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; QL (12 EA per 90 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 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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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</i>	\$0 (Tier 3) NT
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 1)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	\$0 (Tier 2) ^
SIVEXTRO ORAL TABLET 200 MG	\$0 (Tier 2) ^
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	\$0 (Tier 1)
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 2)
<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)
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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 tablet 26.3 (15 base) mg oral</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)
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)
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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0 (Tier 2) ^
<i>nevirapine er oral tablet extended release 24 hour 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)
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); ^
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 25 MG	\$0 (Tier 2)
SELZENTRY ORAL TABLET 75 MG	\$0 (Tier 2) ^
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	\$0 (Tier 2) LA; ^
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)
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) QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 2) ^
<i>efavirenz-emtricitab-tenofo df 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) ^
<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, 200-50 mg</i>	\$0 (Tier 1)
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) ^
SYM TUZA ORAL TABLET 800-150-200-10 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)
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 2)

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

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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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)
<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) ^
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 250 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 INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 3 GM	\$0 (Tier 2)
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</i>	\$0 (Tier 1)
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)
<i>cefixime oral capsule 400 mg</i>	\$0 (Tier 1)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will cost you (tier level) limits on use
<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)
<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 ethylsuccinate oral tablet 400 mg</i>	\$0 (Tier 1)
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	\$0 (Tier 1)
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<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 PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 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 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)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<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
<i>tigecycline intravenous solution reconstituted 50 mg</i>	\$0 (Tier 2) ^
TIGECYCLINE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	\$0 (Tier 2) ^
<b>ANTINEOPLASTIC AGENTS</b>	
<b>ALKYLATING AGENTS</b>	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (Tier 2) B/D; LA; ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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; ^
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML, 500 MG/ML	\$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
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0 (Tier 2)
GLEOSTINE ORAL CAPSULE 100 MG	\$0 (Tier 2) ^
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>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; ^
ELLENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML	\$0 (Tier 2) B/D
<b>ANTIMETABOLITES</b>	
<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; LA; ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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
<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)
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	\$0 (Tier 2) PA-NS
EMCYT ORAL CAPSULE 140 MG	\$0 (Tier 2) ^
ERLEADA ORAL TABLET 240 MG, 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>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; ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ORSERDU ORAL TABLET 345 MG, 86 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) ^
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, 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; LA; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2) PA-NS; LA; QL (56 EA per 28 days); ^
<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 (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2) PA-NS; QL (49 EA per 28 days); ^
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); ^
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; ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>MITOTIC INHIBITORS</b>	
DOCETAXEL CONCENTRATE 160 MG/8ML INTRAVENOUS	\$0 (Tier 2) B/D; ^
DOCETAXEL CONCENTRATE 80 MG/4ML INTRAVENOUS	\$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	\$0 (Tier 2) B/D; ^
DOCETAXEL SOLUTION 20 MG/2ML INTRAVENOUS	\$0 (Tier 2) B/D; ^
DOCETAXEL SOLUTION 80 MG/8ML INTRAVENOUS	\$0 (Tier 2) B/D; ^
<i>etoposide intravenous solution 1 gm/50ml, 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>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>	
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; ^
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; ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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; ^
<i>gefitinib oral tablet 250 mg</i>	\$0 (Tier 2) PA-NS; ^
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; LA; ^
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	\$0 (Tier 2) PA-NS; LA; ^
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; LA; ^
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); ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<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); ^
JAYPIRCA ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	\$0 (Tier 2) B/D; LA; ^
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; LA; ^
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (Tier 2) PA-NS; LA; ^
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); ^
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2) PA-NS; QL (63 EA per 28 days); ^
KRAZATI ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; ^
<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); ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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, 320 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); ^
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2) PA-NS; LA; ^
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2) PA-NS; LA; ^
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2) PA-NS; LA; ^
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	\$0 (Tier 2) PA-NS; LA; ^
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; LA; ^

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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; LA; ^
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; ^
REZLIDHIA ORAL CAPSULE 150 MG	\$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); ^
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; ^
TAFINLAR ORAL TABLET SOLUBLE 10 MG	\$0 (Tier 2) PA-NS; LA; ^
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 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); ^
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	\$0 (Tier 2) PA-NS; ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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 125 MG, 200 MG	\$0 (Tier 2) PA-NS; LA; ^
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (Tier 2) PA-NS; LA; ^
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; ^
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; ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	\$0 (Tier 2) PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2) PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2) PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	\$0 (Tier 2) PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2) PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2) PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2) PA-NS; LA; QL (32 EA per 28 days); ^
ZEJULA ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 2) PA-NS; LA; ^
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0 (Tier 2) PA-NS; LA; ^
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) ^
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 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)
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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>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</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 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)
<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)

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

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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<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)
<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 oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)

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

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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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</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>	
ADRENALIN INJECTION SOLUTION 1 MG/ML	\$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)
<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>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); ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	\$0 (Tier 1)
<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); ^
<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, 62.5 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (60 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 (360 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); ^
TADLIQ ORAL SUSPENSION 20 MG/5ML	\$0 (Tier 2) PA-NS; QL (300 ML per 30 days); ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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; LA; ^
<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	\$0 (Tier 2) QL (30 EA per 30 days); ^
APTIOM ORAL TABLET 600 MG, 800 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
BRIVIACT INTRAVENOUS SOLUTION 50 MG/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)
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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 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)
<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) PA-NS; QL (480 ML per 30 days)
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 2) PA-NS; QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</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)
<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)
<i>methsuximide oral capsule 300 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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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 1)
<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 125 mg, 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 (2400 ML per 30 days); ^
<i>rufinamide oral tablet 200 mg</i>	\$0 (Tier 1) 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)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	\$0 (Tier 2) QL (120 EA per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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); ^
<i>vigadrone oral tablet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
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, 50 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
XCOPRI 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)
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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	\$0 (Tier 2)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (Tier 2)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 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)
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	\$0 (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)
<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)

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

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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 2) QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<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
<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 2)
<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)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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, 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
<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 2) 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); ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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, 42 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	\$0 (Tier 1)
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (Tier 1)
<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 (120 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)
<i>clozapine oral tablet dispersible 200 mg</i>	\$0 (Tier 2) PA-NS; QL (120 EA per 30 days); ^
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (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 HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	\$0 (Tier 2) QL (3.5 ML per 180 days); ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	\$0 (Tier 2) QL (5 ML per 180 days); ^
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); ^
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>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<i>risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	\$0 (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); ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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, 4 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older; QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older; QL (60 EA per 30 days)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	\$0 (Tier 1) PA; 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)

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

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Name of Drug	What the 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)
DAYVIGO ORAL TABLET 10 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)
<i>tasimelteon oral capsule 20 mg</i>	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
<i>temazepam oral capsule 15 mg</i>	\$0 (Tier 1) PA; PA if 65 years and older; QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	\$0 (Tier 1) PA; PA if 65 years and older; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	\$0 (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); ^
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	\$0 (Tier 2) PA; QL (2 ML per 30 days)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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)
<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; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	\$0 (Tier 2) PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	\$0 (Tier 2) PA; QL (84 EA per 365 days); ^
GRALISE ORAL TABLET 300 MG	\$0 (Tier 2) PA; QL (180 EA per 30 days)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
GRALISE ORAL TABLET 450 MG	\$0 (Tier 2) PA; QL (120 EA per 30 days)
GRALISE ORAL TABLET 600 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days)
GRALISE ORAL TABLET 750 MG, 900 MG	\$0 (Tier 2) PA; QL (60 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)
<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, 82.5 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days)
NUDEXTA 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>	
AUBAGIO ORAL TABLET 14 MG, 7 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
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
<i> fingolimod hcl oral capsule 0.5 mg</i>	\$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); ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	\$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); ^
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG	\$0 (Tier 2) PA-NS; LA; ^
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)
<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 (60 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)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	\$0 (Tier 2) PA; LA; QL (540 ML 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)
<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)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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	\$0 (Tier 3) NT
<i>nicotine mini lozenge 4 mg mouth/throat</i>	\$0 (Tier 3) NT
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc)</i>	\$0 (Tier 3) NT
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc)</i>	\$0 (Tier 3) NT
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc)</i>	\$0 (Tier 3) NT
<i>nicotine polacrilex gum 2 mg mouth/throat</i>	\$0 (Tier 3) NT
<i>nicotine polacrilex gum 4 mg mouth/throat</i>	\$0 (Tier 3) NT
<i>nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0 (Tier 3) NT
NICOTROL INHALATION INHALER 10 MG	\$0 (Tier 2)
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0 (Tier 2)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	\$0 (Tier 1)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1) QL (56 EA per 28 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (Tier 2) ^
<b>ENDOCRINE AND METABOLIC</b>	
<b>ANDROGENS</b>	
<i>depo-testosterone intramuscular solution 100 mg/ml, 200 mg/ml</i>	\$0 (Tier 1)
<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)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	\$0 (Tier 1) PA; QL (150 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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FIASP INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2) B/D
GAUZE PADS 2" X 2" PAD 2"X2"	\$0 (Tier 2)
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)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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 (15 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	\$0 (Tier 2) PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	\$0 (Tier 2) PA; QL (15 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 (15 EA per 30 days)
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	\$0 (Tier 2) PA; QL (15 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0 (Tier 2) QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (Tier 2)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (Tier 2)
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 20 UNIT/24HR	\$0 (Tier 2) PA; QL (30 EA per 30 days)
V-GO 30 KIT 30 UNIT/24HR	\$0 (Tier 2) PA; QL (30 EA per 30 days)
V-GO 40 KIT 40 UNIT/24HR	\$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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	\$0 (Tier 2) PA-NS; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	\$0 (Tier 2) PA-NS; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	\$0 (Tier 2) PA-NS; 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)
<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)

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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	PA-NS; QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	\$0 (Tier 2)	PA-NS; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	\$0 (Tier 2)	PA-NS; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	\$0 (Tier 2)	PA-NS; 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)
<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)	PA-NS; 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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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) PA-NS; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	\$0 (Tier 2) PA-NS; 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
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	\$0 (Tier 2) PA; LA; ^
<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
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)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	\$0 (Tier 2) PA; ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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</i>	\$0 (Tier 2) PA; ^
<i>deferasirox oral tablet 90 mg</i>	\$0 (Tier 2) PA
<i>deferasirox oral tablet soluble 125 mg</i>	\$0 (Tier 2) 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)
<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>abra 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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<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)
<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>enilloring vaginal ring 0.12-0.015 mg/24hr</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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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>haloette vaginal ring 0.12-0.015 mg/24hr</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)
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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>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)</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>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)
<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>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will cost you (tier level) limits on use
<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)
<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>philith oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)

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

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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<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 10 mg/ml, 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)

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

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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
PREDNISONE 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	\$0 (Tier 3) NT
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 2) ^
<i>gluco burst gel 40 % oral</i>	\$0 (Tier 3) NT
GLUCOSE TABLET CHEWABLE 4 GM ORAL	\$0 (Tier 3) NT
GLUCOSE TABLET CHEWABLE 4-6 GM-MG ORAL	\$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	\$0 (Tier 3) NT
TRUEPLUS GLUCOSE GEL 15 GM/32ML ORAL	\$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)
<i>carglumic acid oral tablet soluble 200 mg</i>	\$0 (Tier 2) PA; LA; ^
CERDELGA ORAL CAPSULE 84 MG	\$0 (Tier 2) PA; LA; ^
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 (60 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); ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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, 500 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; ^
<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	\$0 (Tier 2) PA; ^
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	\$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, 20 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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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	\$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; LA; ^
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	\$0 (Tier 2) PA; LA; ^
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 2) 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) QL (180 EA per 30 days)
<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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<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 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</i>	\$0 (Tier 3) NT
<i>alum &amp; mag hydroxide-simeth suspension 400-400-40 mg/5ml oral</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>alumina-magnesia-simethicone suspension 200-200-20 mg/5ml oral</i>	\$0 (Tier 3) NT
ALUMINUM HYDROXIDE GEL SUSPENSION 320 MG/5ML ORAL	\$0 (Tier 3) NT
<i>antacid calcium tablet chewable 500 mg oral</i>	\$0 (Tier 3) NT
<i>antacid extra strength tablet chewable 160-105 mg oral</i>	\$0 (Tier 3) NT
<i>antacid ultra strength tablet chewable 1000 mg oral</i>	\$0 (Tier 3) NT
<i>calcium antacid extra strength tablet chewable 750 mg oral</i>	\$0 (Tier 3) NT
<i>calcium carbonate antacid suspension 1250 mg/5ml oral</i>	\$0 (Tier 3) NT
CALCIUM CARBONATE ANTACID TABLET 648 MG ORAL	\$0 (Tier 3) NT
<i>gnp antacid &amp; anti-gas tablet chewable 1000-60 mg oral</i>	\$0 (Tier 3) NT
<i>heartburn relief ex st suspension 254-237.5 mg/5ml oral</i>	\$0 (Tier 3) NT
MAG-AL LIQUID 200-200 MG/5ML ORAL	\$0 (Tier 3) NT
<i>magnesium oxide tablet 400 mg oral</i>	\$0 (Tier 3) NT
<i>magnesium oxide tablet 420 mg oral</i>	\$0 (Tier 3) NT
<i>mintox plus tablet chewable 200-200-25 mg oral</i>	\$0 (Tier 3) NT
SODIUM BICARBONATE POWDER ORAL (OTC)	\$0 (Tier 3) NT
<i>sodium bicarbonate tablet 325 mg oral</i>	\$0 (Tier 3) NT
<i>sodium bicarbonate tablet 650 mg oral</i>	\$0 (Tier 3) NT
TUMS CHEWY DELIGHTS TABLET CHEWABLE 1177 MG ORAL	\$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</i>	\$0 (Tier 3) NT
<i>anti-diarrheal tablet 2 mg oral</i>	\$0 (Tier 3) NT
BIO-K PLUS STRONG CAPSULE DELAYED RELEASE ORAL	\$0 (Tier 3) NT
BIOMEPRO LIQUID 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</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>lactobacillus packet oral</i>	\$0 (Tier 3) NT
<i>lactobacillus tablet oral</i>	\$0 (Tier 3) NT
<i>loperamide hcl solution 1 mg/7.5ml oral</i>	\$0 (Tier 3) NT
MORE-DOPHILUS ACIDOPHILUS POWDER ORAL	\$0 (Tier 3) NT
<i>peptic relief tablet chewable 262 mg oral</i>	\$0 (Tier 3) NT
<i>stomach relief extra strength suspension 525 mg/15ml oral</i>	\$0 (Tier 3) NT
<i>stomach relief suspension 525 mg/30ml oral</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
<i>compro rectal suppository 25 mg</i>	\$0 (Tier 1)
<i>driminate tablet 50 mg oral</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</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)</i>	\$0 (Tier 3) NT
<i>meclizine hcl tablet chewable 25 mg oral (otc)</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 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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<b>H2-RECEPTOR ANTAGONISTS</b>	
<i>acid reducer tablet 10 mg oral</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</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</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; QL (30 EA per 30 days); ^
<i>budesonide oral capsule delayed release particles 3 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)</i>	\$0 (Tier 3) NT
<i>bisacodyl suppository 10 mg rectal</i>	\$0 (Tier 3) NT
<i>castor oil oil 100 % oral</i>	\$0 (Tier 3) NT
<i>chocolated laxative tablet chewable 15 mg oral</i>	\$0 (Tier 3) NT
COLACE CLEAR CAPSULE 50 MG ORAL	\$0 (Tier 3) NT
<i>constulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)
<i>docusate calcium capsule 240 mg oral</i>	\$0 (Tier 3) NT
<i>docusate sodium capsule 250 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>docusate sodium liquid 50 mg/5ml oral</i>	\$0 (Tier 3) NT
DOCUSOL KIDS ENEMA 100 MG/5ML RECTAL	\$0 (Tier 3) NT
DOCUSOL PLUS MINI-ENEMA ENEMA 20-283 MG RECTAL	\$0 (Tier 3) NT
<i>dok tablet 100 mg oral</i>	\$0 (Tier 3) NT
<i>enema enema 7-19 gm/118ml rectal</i>	\$0 (Tier 3) NT
<i>enema mineral oil enema rectal</i>	\$0 (Tier 3) NT
<i>enemeez mini enema 283 mg/5ml rectal</i>	\$0 (Tier 3) NT
<i>enulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)
<i>fiber tablet 625 mg oral</i>	\$0 (Tier 3) NT
FLEET BISACODYL ENEMA 10 MG/30ML RECTAL	\$0 (Tier 3) NT
FLEET PEDIATRIC ENEMA 3.5-9.5 GM/59ML RECTAL	\$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>generlac oral solution 10 gm/15ml</i>	\$0 (Tier 1)
<i>gnp fiber powder 43 % oral</i>	\$0 (Tier 3) NT
<i>gnp fiber therapy tablet 500 mg oral</i>	\$0 (Tier 3) NT
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	\$0 (Tier 2)
KONSYL DAILY FIBER PACKET 100 % ORAL	\$0 (Tier 3) NT
KONSYL DAILY FIBER POWDER 100 % ORAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>konsyl daily fiber powder 28.3 % oral</i>	\$0 (Tier 3) NT
KONSYL DAILY FIBER POWDER 60.3 % ORAL	\$0 (Tier 3) NT
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	\$0 (Tier 1)
<i>lactulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)
<i>laxative max str tablet 25 mg oral</i>	\$0 (Tier 3) NT
<i>laxative regular strength tablet 15 mg oral</i>	\$0 (Tier 3) NT
<i>magnesium citrate solution 1.745 gm/30ml oral</i>	\$0 (Tier 3) NT
<i>milk of magnesia concentrate suspension 2400 mg/10ml oral</i>	\$0 (Tier 3) NT
<i>milk of magnesia suspension 7.75 % oral</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)
PEDIA-LAX LIQUID 50 MG/15ML ORAL	\$0 (Tier 3) NT
PEDIA-LAX TABLET CHEWABLE 400 MG ORAL	\$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)</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powder 17 gm/scoop oral (otc)</i>	\$0 (Tier 3) NT
<i>senna capsule 8.6 mg oral</i>	\$0 (Tier 3) NT
<i>senna liquid 8.8 mg/5ml oral</i>	\$0 (Tier 3) NT
SENNAPLUS CAPSULE 50-8.6 MG ORAL	\$0 (Tier 3) NT
<i>senna-lax tablet 8.6 mg oral</i>	\$0 (Tier 3) NT
<i>senokot extra strength tablet 17.2 mg oral</i>	\$0 (Tier 3) NT
<i>silace syrup 60 mg/15ml oral</i>	\$0 (Tier 3) NT
<i>sm epsom salt granules oral</i>	\$0 (Tier 3) NT
<i>sm fiber powder 58.6 % oral</i>	\$0 (Tier 3) NT
<i>soluble fiber therapy powder oral</i>	\$0 (Tier 3) NT
SORBITOL SOLUTION 70 % ORAL	\$0 (Tier 3) NT
SORBITOL SOLUTION 70 % RECTAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>stool softener capsule 100 mg oral</i>	\$0 (Tier 3) NT
<i>stool softener plus laxative tablet 8.6-50 mg oral</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>alosetron hcl oral tablet 0.5 mg, 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	\$0 (Tier 3) NT
<i>gas relief extra strength capsule 125 mg oral</i>	\$0 (Tier 3) NT
<i>gas relief extra strength tablet chewable 125 mg oral</i>	\$0 (Tier 3) NT
<i>gas relief tablet chewable 80 mg oral</i>	\$0 (Tier 3) NT
<i>gas relief ultra strength capsule 180 mg oral</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</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, 8 mcg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)
MOVANTIK ORAL TABLET 12.5 MG, 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>sucralfate oral suspension 1 gm/10ml</i>	\$0 (Tier 1) PA
<i>sucralfate 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)
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; ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)</i>	\$0 (Tier 3) NT
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	\$0 (Tier 1) ST
<i>esomeprazole magnesium tablet delayed release 20 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>lansoprazole capsule delayed release 15 mg oral (otc)</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</i>	\$0 (Tier 3) NT
<i>omeprazole magnesium tablet delayed release 20 mg oral</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</i>	\$0 (Tier 3) NT
<i>omeprazole tablet delayed release dispersible 20 mg oral</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) PA
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	\$0 (Tier 1)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>GENITOURINARY</b>	
<b>BENIGN PROSTATIC HYPERPLASIA</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>MISCELLANEOUS</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)
ORACIT SOLUTION 490-640 MG/5ML ORAL	\$0 (Tier 3) NT
<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</i>	\$0 (Tier 3) NT
<i>urinary pain relief tablet 95 mg oral</i>	\$0 (Tier 3) NT
<i>urinary pain relief tablet 99.5 mg oral</i>	\$0 (Tier 3) NT
<b>URINARY ANTISPASMODICS</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)
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	\$0 (Tier 2) QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION 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 solution 5 mg/5ml</i>	\$0 (Tier 1)
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
OXYTROL FOR WOMEN PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL	\$0 (Tier 3) NT
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<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) QL (60 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</i>	\$0 (Tier 3) NT
<i>clotrimazole cream 1 % vaginal</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</i>	\$0 (Tier 3) NT
<i>miconazole 3 applicator kit 200 &amp; 2 mg-% (9gm) vaginal</i>	\$0 (Tier 3) NT
<i>miconazole 3 combo-supp kit 200 &amp; 2 mg-% (9gm) vaginal</i>	\$0 (Tier 3) NT
<i>miconazole 3 cream 4 % vaginal</i>	\$0 (Tier 3) NT
<i>miconazole 7 suppository 100 mg vaginal</i>	\$0 (Tier 3) NT
<i>miconazole nitrate cream 2 % vaginal</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)
<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)
<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)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 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; ^
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2) PA; ^
<b>IRON</b>	
ACCRUFER CAPSULE 30 MG ORAL	\$0 (Tier 3) NT
ACTIVE FE TABLET 75-1.25 MG ORAL	\$0 (Tier 3) NT
<i>chromagen capsule oral</i>	\$0 (Tier 3) NT
<i>corvita 150 tablet 150-1.25 mg oral</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</i>	\$0 (Tier 3) NT
<i>eql carbonyl iron tablet 45 mg oral</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
EZFE 200 CAPSULE 434.8 (200 FE) MG ORAL	\$0 (Tier 3) NT
FERAHEME SOLUTION 510 MG/17ML INTRAVENOUS	\$0 (Tier 3) NT
FERIVA 21/7 TABLET 75-1 MG ORAL	\$0 (Tier 3) NT
FERIVAFA CAPSULE 110-1 MG ORAL	\$0 (Tier 3) NT
FERRALET 90 TABLET 90-1 MG ORAL	\$0 (Tier 3) NT
<i>ferrous gluconate tablet 324 (37.5 fe) mg oral</i>	\$0 (Tier 3) NT
FERROUS GLUCONATE TABLET 324 (38 FE) MG ORAL	\$0 (Tier 3) NT
FERROUS SULFATE POWDER (RX)	\$0 (Tier 3) NT
<i>ferrous sulfate solution 220 (44 fe) mg/5ml oral</i>	\$0 (Tier 3) NT
FERROUS SULFATE SOLUTION 220 (44 FE) MG/5ML ORAL	\$0 (Tier 3) NT
<i>ferrous sulfate solution 300 (60 fe) mg/5ml oral</i>	\$0 (Tier 3) NT
FERROUS SULFATE SOLUTION 300 MG/6.8ML ORAL	\$0 (Tier 3) NT
<i>ferrous sulfate solution 75 (15 fe) mg/ml oral</i>	\$0 (Tier 3) NT
<i>ferrous sulfate tablet 325 (65 fe) mg oral</i>	\$0 (Tier 3) NT
FERROUS SULFATE TABLET DELAYED RELEASE 324 (65 FE) MG ORAL	\$0 (Tier 3) NT
<i>ferrous sulfate tablet delayed release 325 (65 fe) mg oral</i>	\$0 (Tier 3) NT
FUSION PLUS CAPSULE ORAL	\$0 (Tier 3) NT
<i>gnp iron tablet 200 (65 fe) mg oral</i>	\$0 (Tier 3) NT
<i>gnp iron tablet extended release 142 (45 fe) mg oral</i>	\$0 (Tier 3) NT
HEMATEX IRON COMPLEX TABLET 150 MG ORAL	\$0 (Tier 3) NT
HEMATEX LIQUID 100 MG/5ML ORAL	\$0 (Tier 3) NT
HEMATOGEN FA CAPSULE 200-250-0.01-1 MG ORAL	\$0 (Tier 3) NT
<i>hematogen forte capsule 460-60-0.01-1 mg oral (rx)</i>	\$0 (Tier 3) NT
HEMOCYTE PLUS CAPSULE 106-1 MG ORAL	\$0 (Tier 3) NT
<i>hemocyte-f tablet 324-1 mg oral</i>	\$0 (Tier 3) NT
<i>iferex 150 forte capsule 150-25-1 mg-mcg-mg oral</i>	\$0 (Tier 3) NT
INFED SOLUTION 50 MG/ML INJECTION	\$0 (Tier 3) NT
INJECTAFER SOLUTION 750 MG/15ML INTRAVENOUS	\$0 (Tier 3) NT
INTEGRA F CAPSULE 125-1 MG ORAL	\$0 (Tier 3) NT
INTEGRA PLUS CAPSULE ORAL	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
IRON (FERROUS GLUCONATE) TABLET 256 (28 FE) MG ORAL	\$0 (Tier 3) NT
IRON CHEWS PEDIATRIC TABLET CHEWABLE 15 MG ORAL	\$0 (Tier 3) NT
IRON SLOW RELEASE TABLET EXTENDED RELEASE 140 (45 FE) MG ORAL	\$0 (Tier 3) NT
<i>iron tablet 240 (27 fe) mg oral</i>	\$0 (Tier 3) NT
<i>iron tablet 28 mg oral</i>	\$0 (Tier 3) NT
IRON TABLET 90 (18 FE) MG ORAL	\$0 (Tier 3) NT
IRON UP LIQUID 15 MG/0.5ML ORAL	\$0 (Tier 3) NT
IROSPAN 24/6 ORAL	\$0 (Tier 3) NT
MONOFERRIC SOLUTION 1000 MG/10ML INTRAVENOUS	\$0 (Tier 3) NT
<i>na ferric gluc cplx in sucrose solution 12.5 mg/ml intravenous</i>	\$0 (Tier 3) NT
NEPHRON FA TABLET ORAL	\$0 (Tier 3) NT
NOVAFERRUM 50 CAPSULE 50 MG ORAL	\$0 (Tier 3) NT
NOVAFERRUM LIQUID 125 MG/5ML ORAL	\$0 (Tier 3) NT
NOVAFERRUM PEDIATRIC DROPS LIQUID 15 MG/ML ORAL	\$0 (Tier 3) NT
<i>polysaccharide iron complex capsule 150 mg oral</i>	\$0 (Tier 3) NT
PROFE CAPSULE 391.3 (180 FE) MG ORAL	\$0 (Tier 3) NT
<i>ra high potency iron tablet 27 mg oral</i>	\$0 (Tier 3) NT
<i>se-tan plus capsule 162-115.2-1 mg oral</i>	\$0 (Tier 3) NT
<i>slow iron tablet extended release 160 (50 fe) mg oral</i>	\$0 (Tier 3) NT
<i>slow release iron tablet extended release 45 mg oral</i>	\$0 (Tier 3) NT
SLOW RELEASE IRON TABLET EXTENDED RELEASE 47.5 MG ORAL	\$0 (Tier 3) NT
<i>slow release iron tablet extended release 50 mg oral</i>	\$0 (Tier 3) NT
SM SLOW RELEASE IRON TABLET EXTENDED RELEASE 143 (45 FE) MG ORAL	\$0 (Tier 3) NT
TARON FORTE CAPSULE ORAL	\$0 (Tier 3) NT
<i>tricon capsule oral</i>	\$0 (Tier 3) NT
TRIFERIC PACKET 272 MG HEMODIALYSIS	\$0 (Tier 3) NT
<i>trigels-f forte capsule 460-60-0.01-1 mg oral</i>	\$0 (Tier 3) NT
VENOFER SOLUTION 20 MG/ML INTRAVENOUS	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>wee care suspension 15 mg/1.25ml oral</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 prefilled syringe 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); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	\$0 (Tier 2) PA; LA; 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)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<b>IMMUNOLOGIC AGENTS</b>	
<b><i>AUTOIMMUNE AGENTS</i></b>	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	\$0 (Tier 2) PA; ^
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	\$0 (Tier 2) PA; ^
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; ^
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	\$0 (Tier 2) PA; ^
HUMIRA PEN-PSOR/UVEIT 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); ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) PA; LA; ^
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	\$0 (Tier 2) PA; QL (2.28 ML per 28 days); ^
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	\$0 (Tier 2) PA; QL (2.28 ML per 28 days); ^
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; LA; ^
RENFLEXIS 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 (168 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 (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	\$0 (Tier 2) PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	\$0 (Tier 2) PA; QL (2.4 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (Tier 2) PA; QL (6 ML per 365 days); ^
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	\$0 (Tier 2) PA; LA; ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0 (Tier 2) PA; LA; QL (0.5 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); ^
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	\$0 (Tier 2) PA; LA; QL (3 ML per 28 days); ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
XELJANZ ORAL SOLUTION 1 MG/ML	\$0 (Tier 2) PA; QL (480 ML per 24 days); ^
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 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 sodium 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, 5 GM/50ML	\$0 (Tier 2) PA; LA; ^
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
GAMASTAN INTRAMUSCULAR INJECTABLE	\$0 (Tier 2) B/D; LA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (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; LA; ^
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2) PA; ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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; LA; ^
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	\$0 (Tier 2) B/D; LA; ^
<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; LA; ^
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	\$0 (Tier 2) PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0 (Tier 2) PA; LA; 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
<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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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; 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
<b>VACCINES</b>	
ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 2) NM
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
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$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
DENG VAXIA 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
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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	\$0 (Tier 2) NM
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$0 (Tier 2) B/D; 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	\$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	\$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
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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ROTARIX ORAL SUSPENSION	\$0 (Tier 2) 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; A third dose may be considered in post-transplant members (PA required); QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0 (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
CHOLESTEROL POWDER (OTC)	\$0 (Tier 3) NT

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

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

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

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Name of Drug	What the 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 %, 2.5-0.45 %	\$0 (Tier 2)
<i>dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	\$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-%-%, 40-5-0.9 meq/l-%-%</i>	\$0 (Tier 1)
KCL IN DEXTROSE-NACL SOLUTION 40-5-0.9 MEQ/L-%-% INTRAVENOUS	\$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	\$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	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 20 GM/500ML INTRAVENOUS	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 4 GM/100ML INTRAVENOUS	\$0 (Tier 2)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
MAGNESIUM SULFATE SOLUTION 4 GM/50ML INTRAVENOUS	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 40 GM/1000ML INTRAVENOUS	\$0 (Tier 2)
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	\$0 (Tier 1)
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	\$0 (Tier 1)
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0 (Tier 2)
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0 (Tier 2)
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	\$0 (Tier 1)
POTASSIUM CHLORIDE IN NACL SOLUTION 20-0.45 MEQ/L-% INTRAVENOUS	\$0 (Tier 2)
POTASSIUM CHLORIDE IN NACL SOLUTION 20-0.9 MEQ/L-% INTRAVENOUS	\$0 (Tier 1)
POTASSIUM CHLORIDE IN NACL SOLUTION 40-0.9 MEQ/L-% INTRAVENOUS	\$0 (Tier 2)
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/50ML, 20 MEQ/50ML	\$0 (Tier 2)
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	\$0 (Tier 1)
<i>potassium chloride solution 10 meq/100ml intravenous</i>	\$0 (Tier 1)
<i>potassium chloride solution 20 meq/100ml intravenous</i>	\$0 (Tier 1)
<i>potassium chloride solution 20 meq/50ml intravenous</i>	\$0 (Tier 1)
<i>potassium chloride solution 40 meq/100ml intravenous</i>	\$0 (Tier 1)
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	\$0 (Tier 1)
<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><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<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 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)
<b>ELECTROLYTES</b>	
ENFAMIL ENFALYTE SOLUTION ORAL	\$0 (Tier 3) NT
MEDI-LYTE TABLET ORAL	\$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>clinisol 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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>dextrose intravenous solution 50 %, 70 %</i>	\$0 (Tier 1) B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (Tier 2) B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 2) B/D
<i>plenamine intravenous solution 15 %</i>	\$0 (Tier 1) B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	\$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 CAPSULE 150 MG ORAL	\$0 (Tier 3) NT
CAL-CITRATE PLUS VITAMIN D TABLET 250-2.5 MG-MCG ORAL	\$0 (Tier 3) NT
<i>calcitrate tablet 950 (200 ca) mg oral</i>	\$0 (Tier 3) NT
CALCIUM 1000 + D TABLET 1000-20 MG-MCG ORAL	\$0 (Tier 3) NT
CALCIUM 1200 TABLET CHEWABLE 1200-1000 MG-UNIT ORAL	\$0 (Tier 3) NT
CALCIUM 600 +D HIGH POTENCY TABLET 600-10 MG-MCG ORAL	\$0 (Tier 3) NT
<i>calcium 600/vitamin d tablet chewable 600-10 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>calcium 600+d plus minerals tablet 600-400 mg-unit oral</i>	\$0 (Tier 3) NT
<i>calcium 600+d plus minerals tablet chewable 600-400 mg-unit oral</i>	\$0 (Tier 3) NT
<i>calcium 600+d tablet 600-5 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>calcium 600+d3 plus minerals tablet chewable 600-800 mg-unit oral</i>	\$0 (Tier 3) NT
<i>calcium 600+d3 tablet 600-20 mg-mcg oral</i>	\$0 (Tier 3) NT
CALCIUM CARB-CHOLECALCIFEROL CAPSULE 200-10 MG-MCG ORAL	\$0 (Tier 3) NT
<i>calcium carb-cholecalciferol tablet 600-10 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>calcium carb-cholecalciferol tablet 600-5 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>calcium carb-cholecalciferol tablet chewable 500-10 mg-mcg oral</i>	\$0 (Tier 3) NT
CALCIUM CARBONATE POWDER 800 MG/2GM ORAL	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>calcium carbonate tablet 1250 (500 ca) mg oral</i>	\$0 (Tier 3) NT
<i>calcium carbonate tablet 1500 (600 ca) mg oral</i>	\$0 (Tier 3) NT
<i>calcium carbonate tablet 600 mg oral</i>	\$0 (Tier 3) NT
CALCIUM CARBONATE TABLET CHEWABLE 1250 (500 CA) MG ORAL	\$0 (Tier 3) NT
CALCIUM CARBONATE TABLET CHEWABLE 260 MG ORAL	\$0 (Tier 3) NT
<i>calcium carbonate-vitamin d tablet 600-5 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>calcium citrate + d tablet 250-5 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>calcium citrate + d3 maximum tablet 315-6.25 mg-mcg oral</i>	\$0 (Tier 3) NT
CALCIUM CITRATE GRANULES 760 MG/3.5GM ORAL	\$0 (Tier 3) NT
CALCIUM CITRATE TABLET 1040 MG ORAL	\$0 (Tier 3) NT
CALCIUM CITRATE TABLET 250 MG ORAL	\$0 (Tier 3) NT
<i>calcium citrate+d3 petites tablet 200-6.25 mg-mcg oral</i>	\$0 (Tier 3) NT
CALCIUM CITRATE-VITAMIN D TABLET 200-3.125 MG-MCG ORAL	\$0 (Tier 3) NT
<i>calcium citrate-vitamin d tablet 315-5 mg-mcg oral</i>	\$0 (Tier 3) NT
CALCIUM CITRATE-VITAMIN D3 LIQUID 1000-0.01 MG/30ML ORAL	\$0 (Tier 3) NT
<i>calcium gummies tablet chewable 250-100-500 mg-unit oral</i>	\$0 (Tier 3) NT
<i>calcium high potency/vitamin d tablet 600-5 mg-mcg oral</i>	\$0 (Tier 3) NT
CALCIUM LACTATE TABLET 100 MG ORAL	\$0 (Tier 3) NT
CALCIUM LACTATE TABLET 648 MG ORAL	\$0 (Tier 3) NT
CALCIUM LACTATE TABLET 750 MG ORAL	\$0 (Tier 3) NT
CALCIUM PLUS D3 ABSORBABLE CAPSULE 600-62.5 MG-MCG ORAL	\$0 (Tier 3) NT
CALCIUM PLUS VITAMIN D CAPSULE 500-1.25 MG-MCG ORAL	\$0 (Tier 3) NT
<i>calcium tablet chewable 500-2.5 mg-mcg oral</i>	\$0 (Tier 3) NT
CALCIUM TABLET CHEWABLE 500-2.5 MG-MCG ORAL	\$0 (Tier 3) NT
CALCIUM-VITAMIN D3 CAPSULE 600-10 MG-MCG ORAL	\$0 (Tier 3) NT
<i>calcium-vitamin d3 tablet 250-3.125 mg-mcg oral</i>	\$0 (Tier 3) NT
CAL-QUICK LIQUID 500-10 MG-MCG/5ML ORAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CALTRATE 600+D3 SOFT TABLET CHEWABLE 600-20 MG-MCG ORAL	\$0 (Tier 3) NT
CALTRATE MINIS PLUS MINERALS TABLET 300-800 MG-UNIT ORAL	\$0 (Tier 3) NT
CITRACAL +D3 TABLET CHEWABLE 250-107-500 MG-MG-UNIT ORAL	\$0 (Tier 3) NT
CITRACAL CALCIUM GUMMIES TABLET CHEWABLE 250-115-250 MG-MG-UNIT ORAL	\$0 (Tier 3) NT
CVS TRIPLE MAGNESIUM COMPLEX CAPSULE 400 MG ORAL	\$0 (Tier 3) NT
DISNEY CALCIUM + VITAMIN D3 TABLET CHEWABLE 250-135-200 MG-MG-UNIT ORAL	\$0 (Tier 3) NT
EQL CALCIUM/VITAMIN D CAPSULE 600-2.5 MG-MCG ORAL	\$0 (Tier 3) NT
GALZIN CAPSULE 25 MG ORAL	\$0 (Tier 3) NT
GALZIN CAPSULE 50 MG ORAL	\$0 (Tier 3) NT
<i>liquid calcium with d3 capsule 600-12.5 mg-mcg oral</i>	\$0 (Tier 3) NT
LIQUID CALCIUM WITH D3 CAPSULE 600-25 MG-MCG ORAL	\$0 (Tier 3) NT
<i>liquid calcium/vitamin d capsule 600-5 mg-mcg oral</i>	\$0 (Tier 3) NT
MAGDELAY TABLET DELAYED RELEASE 70 MG ORAL	\$0 (Tier 3) NT
MAG-G TABLET 500 (27 MG) MG ORAL	\$0 (Tier 3) NT
MAGNESIUM CHLORIDE POWDER (OTC)	\$0 (Tier 3) NT
MAGNESIUM CHLORIDE TABLET 64 MG ORAL	\$0 (Tier 3) NT
<i>magnesium chloride tablet delayed release 64 mg oral</i>	\$0 (Tier 3) NT
MAGNESIUM CITRATE TABLET 100 MG ORAL	\$0 (Tier 3) NT
MAGNESIUM GLUCONATE TABLET 250 MG ORAL	\$0 (Tier 3) NT
<i>magnesium gluconate tablet 27.5 mg oral</i>	\$0 (Tier 3) NT
<i>magnesium gluconate tablet 500 (27 mg) mg oral</i>	\$0 (Tier 3) NT
MAGNESIUM GLUCONATE TABLET 500 MG ORAL	\$0 (Tier 3) NT
<i>magnesium lactate tablet extended release 84 mg (7meq) oral</i>	\$0 (Tier 3) NT
MAGNESIUM OXIDE 400 PACKET 240 MG ORAL	\$0 (Tier 3) NT
MAGNESIUM OXIDE -MG SUPPLEMENT CAPSULE 400 MG ORAL	\$0 (Tier 3) NT
<i>magnesium oxide -mg supplement capsule 500 mg oral</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>magnesium oxide -mg supplement tablet 250 mg oral</i>	\$0 (Tier 3) NT
<i>magnesium oxide -mg supplement tablet 400 (240 mg) mg oral</i>	\$0 (Tier 3) NT
MAGNESIUM OXIDE -MG SUPPLEMENT TABLET 420 (252 MG) MG ORAL	\$0 (Tier 3) NT
<i>magnesium oxide -mg supplement tablet 500 mg oral</i>	\$0 (Tier 3) NT
MAGONATE LIQUID 54 (MAG EQUIV) MG/5ML ORAL	\$0 (Tier 3) NT
<i>mag-oxide tablet 200 mg oral</i>	\$0 (Tier 3) NT
<i>os-cal extra d3 tablet 500-15 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>os-cal tablet chewable 500-15 mg-mcg oral 500-15 mcg</i>	\$0 (Tier 3) NT
OYSTER SHELL CALCIUM 500 + D TABLET 500-3.125 MG-MCG ORAL	\$0 (Tier 3) NT
<i>oyster shell calcium plus d tablet 500-3.125 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>oyster shell calcium tablet 500 mg oral</i>	\$0 (Tier 3) NT
<i>oyster shell calcium w/d tablet 500-5 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>oyster shell calcium/d tablet 500-10 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>oyster shell calcium/d tablet 500-5 mg-mcg oral</i>	\$0 (Tier 3) NT
OYSTER SHELL CALCIUM/D TABLET 500-5 MG-MCG ORAL	\$0 (Tier 3) NT
OYSTER SHELL CALCIUM/VITAMIN D PACKET 500-5 MG-MCG ORAL	\$0 (Tier 3) NT
<i>oyster shell calcium/vitamin d tablet 250-3.125 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>oyster shell calcium/vitamin d tablet 500-5 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>oystercal-d tablet 500-10 mg-mcg oral</i>	\$0 (Tier 3) NT
<i>phosphorus supplement packet 280-160-250 mg oral</i>	\$0 (Tier 3) NT
<i>ra calcium 600/vit d/minerals tablet 600-200 mg-unit oral</i>	\$0 (Tier 3) NT
RISACAL-D TABLET 105-81-120 MG-MG-UNIT ORAL	\$0 (Tier 3) NT
<i>slow magnesium/calcium tablet delayed release 70-117 mg oral</i>	\$0 (Tier 3) NT
SLOW-MAG TABLET DELAYED RELEASE 71.5-119 MG ORAL	\$0 (Tier 3) NT
<i>sm calcium/vitamin d3 tablet 600-800 mg-unit oral</i>	\$0 (Tier 3) NT
SODIUM CHLORIDE GRANULES (OTC)	\$0 (Tier 3) NT
UPCAL D PACKET 500-12.5 MG-MCG ORAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
UPCAL D POWDER 500-12.5 MG-MCG/5GM ORAL	\$0 (Tier 3) NT
VITAMIN D3/CALCIUM/PHOSPHORUS TABLET 120-100-78 UNIT-MG ORAL	\$0 (Tier 3) NT
<i>zinc sulfate capsule 220 (50 zn) mg oral (otc)</i>	\$0 (Tier 3) NT
ZINC SULFATE CAPSULE 50 MG ORAL	\$0 (Tier 3) NT
ZINC SULFATE HEPTAHYDRATE POWDER (OTC)	\$0 (Tier 3) NT
ZINC SULFATE HEPTAHYDRATE POWDER (RX)	\$0 (Tier 3) NT
ZINC SULFATE MONOHYDRATE POWDER (RX)	\$0 (Tier 3) NT
<b>MISCELLANEOUS</b>	
<i>alpha-lipoic acid capsule 100 mg oral</i>	\$0 (Tier 3) NT
<i>alpha-lipoic acid capsule 200 mg oral</i>	\$0 (Tier 3) NT
ALPHA-LIPOIC ACID CAPSULE 300 MG ORAL	\$0 (Tier 3) NT
ALPHA-LIPOIC ACID CAPSULE 50 MG ORAL	\$0 (Tier 3) NT
<i>alpha-lipoic acid capsule 600 mg oral</i>	\$0 (Tier 3) NT
ARGININE PACKET 500 MG ORAL	\$0 (Tier 3) NT
ARGININE TABLET 500 MG ORAL	\$0 (Tier 3) NT
ARGININE2000 PACKET 2000 MG ORAL	\$0 (Tier 3) NT
<i>co q-10 capsule 100 mg oral</i>	\$0 (Tier 3) NT
<i>co q-10 capsule 150 mg oral</i>	\$0 (Tier 3) NT
<i>co q-10 capsule 200 mg oral</i>	\$0 (Tier 3) NT
<i>co q10 capsule 30 mg oral</i>	\$0 (Tier 3) NT
<i>co q-10 capsule 300 mg oral</i>	\$0 (Tier 3) NT
<i>co q-10 capsule 400 mg oral</i>	\$0 (Tier 3) NT
<i>co q-10 capsule 50 mg oral</i>	\$0 (Tier 3) NT
<i>co q10 capsule 60 mg oral</i>	\$0 (Tier 3) NT
<i>co q-10 capsule 75 mg oral</i>	\$0 (Tier 3) NT
CO Q-10 CAPSULE 75 MG ORAL	\$0 (Tier 3) NT
<i>coenzyme q10 capsule 10 mg oral</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	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CYTO-Q MAX LIQUID 100 MG/ML ORAL	\$0 (Tier 3) NT
ENSURE CLEAR LIQUID ORAL	\$0 (Tier 3) NT
<i>enteric fish oil capsule delayed release 1000 mg oral</i>	\$0 (Tier 3) NT
<i>fish oil adult gummies tablet chewable 113.5 mg oral</i>	\$0 (Tier 3) NT
<i>fish oil capsule 435 mg oral</i>	\$0 (Tier 3) NT
<i>fish oil capsule 500 mg oral</i>	\$0 (Tier 3) NT
<i>fish oil maximum strength capsule delayed release 1200 mg oral</i>	\$0 (Tier 3) NT
FISH OIL PEARLS CAPSULE 150 MG ORAL	\$0 (Tier 3) NT
FISH OIL PEARLS CAPSULE 180 MG ORAL	\$0 (Tier 3) NT
FISH OIL PEARLS CAPSULE 183.33 MG ORAL	\$0 (Tier 3) NT
FISH OIL TABLET CHEWABLE 875 MG ORAL	\$0 (Tier 3) NT
FISH OIL TRIPLE STRENGTH CAPSULE 1360 MG ORAL	\$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	\$0 (Tier 3) NT
<i>l-arginine capsule 500 mg oral</i>	\$0 (Tier 3) NT
L-ARGININE POWDER (OTC)	\$0 (Tier 3) NT
<i>l-arginine tablet 1000 mg oral</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	\$0 (Tier 3) NT
LIQ-10 SYRUP 100-1 MG-UNT/5ML ORAL	\$0 (Tier 3) NT
LIQ-10 SYRUP 50-15 ORAL	\$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
MEGARED KIDS TABLET CHEWABLE 35 MG ORAL	\$0 (Tier 3) NT
NEOQ10 CAPSULE 125 MG ORAL	\$0 (Tier 3) NT
<i>omega essentials basic liquid oral</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
OMEGA-3 2100 CAPSULE 1050 MG ORAL	\$0 (Tier 3) NT
<i>omega-3 capsule 1000 mg oral</i>	\$0 (Tier 3) NT
OMEGA-3 CAPSULE 1400 MG ORAL	\$0 (Tier 3) NT
OMEGA-3 CAPSULE DELAYED RELEASE 350 MG ORAL	\$0 (Tier 3) NT
<i>omega-3 fish oil capsule 1200 mg oral</i>	\$0 (Tier 3) NT
<i>omega-3 fish oil capsule 300 mg oral</i>	\$0 (Tier 3) NT
OMEGA-3 FISH OIL EX ST CAPSULE 880 MG ORAL	\$0 (Tier 3) NT
OMEGAPURE 780 EC CAPSULE DELAYED RELEASE 1400 MG ORAL	\$0 (Tier 3) NT
OMEGAPURE 900 EC CAPSULE DELAYED RELEASE 1290 MG ORAL	\$0 (Tier 3) NT
PURE L-CITRULLINE CAPSULE 600 MG ORAL	\$0 (Tier 3) NT
Q-GEL CAPSULE 15 MG ORAL	\$0 (Tier 3) NT
<i>ra fish oil capsule delayed release 600 mg oral</i>	\$0 (Tier 3) NT
SM FISH OIL CAPSULE 554 MG ORAL	\$0 (Tier 3) NT
SUPER TWIN EPA/DHA CAPSULE 1250 MG ORAL	\$0 (Tier 3) NT
<b>VITAMINS</b>	
<i>a-25 capsule 7.5 mg (25000 ut) oral</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	\$0 (Tier 3) NT
APETIGEN-PLUS TABLET ORAL	\$0 (Tier 3) NT
AQUADEKS SOLUTION ORAL	\$0 (Tier 3) NT
AQUADEKS TABLET CHEWABLE ORAL	\$0 (Tier 3) NT
AQUA-E LIQUID 50.25 MG/ML (75 UT/ML) ORAL	\$0 (Tier 3) NT
ASCOR SOLUTION 25000 MG/50ML INTRAVENOUS	\$0 (Tier 3) NT
<i>baby vitamin d3 liquid 10 mcg /0.028ml oral</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</i>	\$0 (Tier 3) NT
BIO-D-MULSION FORTE LIQUID 50 MCG/0.04ML ORAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
BIO-D-MULSION LIQUID 10 MCG/0.04ML ORAL	\$0 (Tier 3) NT
BIOTIN CAPSULE 1 MG ORAL	\$0 (Tier 3) NT
<i>biotin capsule 10 mg oral</i>	\$0 (Tier 3) NT
<i>biotin capsule 2500 mcg oral</i>	\$0 (Tier 3) NT
<i>biotin capsule 5 mg oral</i>	\$0 (Tier 3) NT
BIOVOL SYRUP ORAL	\$0 (Tier 3) NT
BP VIT 3 CAPSULE 1 MG ORAL	\$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>cvs e oil oil 45 mg/0.25ml oral</i>	\$0 (Tier 3) NT
<i>cvs vitamin e capsule 268 mg (400 unit) oral</i>	\$0 (Tier 3) NT
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	\$0 (Tier 3) NT
<i>d3 maximum strength liquid 125 mcg/ml oral</i>	\$0 (Tier 3) NT
<i>daily vitamin formula+iron tablet oral</i>	\$0 (Tier 3) NT
DDROPS LIQUID 50 MCG /0.028ML ORAL	\$0 (Tier 3) NT
DECARA CAPSULE 625 MCG (25000 UT) ORAL	\$0 (Tier 3) NT
DECARA K CAPSULE 1250-200 MCG ORAL	\$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	\$0 (Tier 3) NT
DIALYVITE 5000 TABLET 5 MG ORAL	\$0 (Tier 3) NT
DIALYVITE 800 WAFER 0.8 MG ORAL	\$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</i>	\$0 (Tier 3) NT
DIALYVITE/ZINC TABLET ORAL	\$0 (Tier 3) NT
DINO-LIFE W/IRON-ZINC TABLET CHEWABLE 30-200-3 ORAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>e-400-clear capsule 268 mg (400 unit) oral</i>	\$0 (Tier 3) NT
<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>eqi child multivit/minerals tablet chewable 18 mg oral</i>	\$0 (Tier 3) NT
<i>eqi vitamin e capsule 1000 unit oral</i>	\$0 (Tier 3) NT
<i>ergocalciferol solution 200 mcg/ml oral</i>	\$0 (Tier 3) NT
FLINTSTONES COMPLETE TABLET CHEWABLE 10 MG ORAL	\$0 (Tier 3) NT
FLORIVA PLUS SOLUTION 0.25 MG/ML ORAL	\$0 (Tier 3) NT
FOLDITAM TABLET 1-10000 MG-UNIT ORAL	\$0 (Tier 3) NT
<i>folic acid capsule 0.8 mg oral</i>	\$0 (Tier 3) NT
FOLIC ACID CAPSULE 20 MG ORAL	\$0 (Tier 3) NT
FOLIC ACID CAPSULE 5 MG ORAL	\$0 (Tier 3) NT
FOLIC ACID POWDER (RX)	\$0 (Tier 3) NT
<i>folic acid solution 5 mg/ml injection</i>	\$0 (Tier 3) NT
<i>folic acid tablet 1 mg oral (rx)</i>	\$0 (Tier 3) NT
<i>folic acid tablet 400 mcg oral</i>	\$0 (Tier 3) NT
<i>folic acid tablet 800 mcg oral</i>	\$0 (Tier 3) NT
FOLITE TABLET ORAL	\$0 (Tier 3) NT
FOLIXAPURE TABLET 1-5000 MG-UNIT ORAL	\$0 (Tier 3) NT
FOLTRATE TABLET 500-1 MCG-MG ORAL	\$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>hm vitamin d3 capsule 100 mcg (4000 ut) oral</i>	\$0 (Tier 3) NT
<i>hydroxocobalamin acetate solution 1000 mcg/ml intramuscular</i>	\$0 (Tier 3) NT
<i>icaps capsule oral</i>	\$0 (Tier 3) NT
INFUVITE PEDIATRIC SOLUTION INTRAVENOUS	\$0 (Tier 3) NT
MAXIMUM D3 CAPSULE 325 MCG (13000 UT) ORAL	\$0 (Tier 3) NT
<i>multi adult gummies tablet chewable oral</i>	\$0 (Tier 3) NT
MULTI-DELYN/IRON LIQUID ORAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>multiple vitamins-iron tablet chewable 15 mg oral</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
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 ORAL	\$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	\$0 (Tier 3) NT
<i>natural vitamin e capsule 268 mg (400 unit) oral</i>	\$0 (Tier 3) NT
<i>natural vitamin e capsule 670 mg (1000 ut) oral</i>	\$0 (Tier 3) NT
NATURAL VITAMIN E TABLET 200 UNIT ORAL	\$0 (Tier 3) NT
NEPHRONEX LIQUID 0.9 MG/5ML ORAL	\$0 (Tier 3) NT
<i>niacin er capsule extended release 250 mg oral</i>	\$0 (Tier 3) NT
<i>niacin er capsule extended release 500 mg oral</i>	\$0 (Tier 3) NT
NIACIN ER TABLET EXTENDED RELEASE 1000 MG ORAL	\$0 (Tier 3) NT
<i>niacin er tablet extended release 250 mg oral</i>	\$0 (Tier 3) NT
<i>niacin er tablet extended release 500 mg oral</i>	\$0 (Tier 3) NT
<i>niacin er tablet extended release 750 mg oral</i>	\$0 (Tier 3) NT
<i>niacin tablet 100 mg oral</i>	\$0 (Tier 3) NT
<i>niacin tablet 250 mg oral</i>	\$0 (Tier 3) NT
<i>niacin tablet 50 mg oral</i>	\$0 (Tier 3) NT
<i>niacin tablet 500 mg oral</i>	\$0 (Tier 3) NT
<i>nicotinamide tablet 750-27-2-0.5 mg oral</i>	\$0 (Tier 3) NT
<i>novaferrum ped multi vit-iron solution 10 mg/ml oral</i>	\$0 (Tier 3) NT
ONE-A-DAY ADULT VITACRAVES+DHA TABLET CHEWABLE ORAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ONE-DAILY MULTI-VITAMIN PACKET ORAL	\$0 (Tier 3) NT
<i>one-daily multi-vitamin tablet oral</i>	\$0 (Tier 3) NT
OPTIMAL D3 M CAPSULE 350 MCG (14000 UT) ORAL	\$0 (Tier 3) NT
<i>pc pediatric tri-vitamin drops solution 750-400-35 unit-mg/ml oral</i>	\$0 (Tier 3) NT
PEDIAVIT LIQUID ORAL	\$0 (Tier 3) NT
<i>phytonadione tablet 5 mg oral</i>	\$0 (Tier 3) PA; NT
POLY-VI-SOL SOLUTION ORAL	\$0 (Tier 3) NT
POLY-VI-SOL/IRON SOLUTION 11 MG/ML ORAL	\$0 (Tier 3) NT
POLY-VITA/IRON SOLUTION 10 MG/ML ORAL	\$0 (Tier 3) NT
PRESERVISION AREDS CAPSULE ORAL	\$0 (Tier 3) NT
PROTECT IRON LIQUID 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</i>	\$0 (Tier 3) NT
RA B-COMPLEX/VITAMIN C CR TABLET EXTENDED RELEASE ORAL	\$0 (Tier 3) NT
<i>ra vitamin e capsule 268 mg (400 unit) oral</i>	\$0 (Tier 3) NT
<i>renal-vite tablet 0.8 mg oral</i>	\$0 (Tier 3) NT
<i>reno caps capsule 1 mg oral (otc)</i>	\$0 (Tier 3) NT
REPLESTA NX WAFER 350 MCG (14000 UT) ORAL	\$0 (Tier 3) NT
REPLESTA WAFER 1.25 MG (50000 UT) ORAL	\$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
SM VITAMIN D3 CAPSULE 100 MCG (4000 UT) ORAL	\$0 (Tier 3) NT
<i>sm vitamin e capsule 1000 unit oral</i>	\$0 (Tier 3) NT
<i>sm vitamin e capsule 200 unit oral</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	\$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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
THERA-D 4000 TABLET 100 MCG (4000 UT) ORAL	\$0 (Tier 3) NT
<i>thiamine hcl solution 100 mg/ml injection</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	\$0 (Tier 3) NT
TRI-VITAMIN INFANT & TODDLER SOLUTION 500-10-50 MCG-MG/ML ORAL	\$0 (Tier 3) NT
UPSPRING BABY VIT D LIQUID 10 MCG /0.025ML ORAL	\$0 (Tier 3) NT
<i>vitafol tablet oral</i>	\$0 (Tier 3) NT
VITAL-D RX TABLET 1 MG ORAL	\$0 (Tier 3) NT
<i>vitamin a capsule 2400 mcg (8000 ut) oral</i>	\$0 (Tier 3) NT
<i>vitamin a capsule 3 mg (10000 ut) oral</i>	\$0 (Tier 3) NT
<i>vitamin a palmitate tablet 3 mg (10000 ut) oral</i>	\$0 (Tier 3) NT
VITAMIN A PALMITATE TABLET 4.5 MG (15000 UT) ORAL	\$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</i>	\$0 (Tier 3) NT
<i>vitamin b-6 tablet 50 mg oral</i>	\$0 (Tier 3) NT
VITAMIN C TABLET 100 MG ORAL	\$0 (Tier 3) NT
<i>vitamin c tablet 1000 mg oral</i>	\$0 (Tier 3) NT
<i>vitamin c tablet 250 mg oral</i>	\$0 (Tier 3) NT
<i>vitamin c tablet 500 mg oral</i>	\$0 (Tier 3) NT
<i>vitamin d (cholecalciferol) capsule 25 mcg (1000 ut) oral</i>	\$0 (Tier 3) NT
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i>	\$0 (Tier 3) NT
VITAMIN D (ERGOCALCIFEROL) CAPSULE 50 MCG (2000 UT) ORAL	\$0 (Tier 3) NT
<i>vitamin d capsule 50 mcg (2000 ut) oral</i>	\$0 (Tier 3) NT
<i>vitamin d liquid 10 mcg/ml oral</i>	\$0 (Tier 3) NT
VITAMIN D2 TABLET 10 MCG (400 UNIT) ORAL	\$0 (Tier 3) NT
VITAMIN D2 TABLET 50 MCG (2000 UT) ORAL	\$0 (Tier 3) NT
<i>vitamin d3 capsule 1.25 mg (50000 ut) oral</i>	\$0 (Tier 3) NT
<i>vitamin d3 capsule 10 mcg (400 unit) oral</i>	\$0 (Tier 3) NT
<i>vitamin d3 capsule 125 mcg (5000 ut) oral</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>vitamin d3 capsule 250 mcg (10000 ut) oral</i>	\$0 (Tier 3) NT
VITAMIN D3 IMMUNE HEALTH LIQUID 25 MCG/10ML ORAL	\$0 (Tier 3) NT
VITAMIN D3 LIQUID 125 MCG/0.5ML ORAL	\$0 (Tier 3) NT
VITAMIN D3 LIQUID 125 MCG/ML ORAL	\$0 (Tier 3) NT
VITAMIN D3 LIQUID 25 MCG/SPRAY ORAL	\$0 (Tier 3) NT
VITAMIN D3 LIQUID 30 MCG/15ML ORAL	\$0 (Tier 3) NT
<i>vitamin d3 tablet 10 mcg (400 unit) oral</i>	\$0 (Tier 3) NT
<i>vitamin d3 tablet 125 mcg (5000 ut) oral</i>	\$0 (Tier 3) NT
<i>vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0 (Tier 3) NT
VITAMIN D3 TABLET 250 MCG (10000 UT) ORAL	\$0 (Tier 3) NT
<i>vitamin d3 tablet 50 mcg (2000 ut) oral</i>	\$0 (Tier 3) NT
VITAMIN D3 TABLET 75 MCG (3000 UT) ORAL	\$0 (Tier 3) NT
<i>vitamin d3 tablet chewable 10 mcg (400 unit) oral</i>	\$0 (Tier 3) NT
<i>vitamin d3 tablet chewable 25 mcg (1000 ut) oral</i>	\$0 (Tier 3) NT
<i>vitamin d3 tablet chewable 50 mcg (2000 ut) oral</i>	\$0 (Tier 3) NT
VITAMIN D3 TABLET DISPERSIBLE 125 MCG (5000 UT) ORAL	\$0 (Tier 3) NT
<i>vitamin e capsule 100 unit oral</i>	\$0 (Tier 3) NT
<i>vitamin e capsule 1000 unit oral</i>	\$0 (Tier 3) NT
<i>vitamin e capsule 134 mg (200 unit) oral</i>	\$0 (Tier 3) NT
<i>vitamin e capsule 180 mg (400 unit) oral</i>	\$0 (Tier 3) NT
<i>vitamin e capsule 200 unit oral</i>	\$0 (Tier 3) NT
<i>vitamin e capsule 268 mg (400 unit) oral</i>	\$0 (Tier 3) NT
<i>vitamin e capsule 400 unit oral</i>	\$0 (Tier 3) NT
<i>vitamin e capsule 45 mg (100 unit) oral</i>	\$0 (Tier 3) NT
<i>vitamin e capsule 450 mg (1000 ut) oral</i>	\$0 (Tier 3) NT
<i>vitamin e capsule 670 mg (1000 ut) oral</i>	\$0 (Tier 3) NT
<i>vitamin e oil 45 mg/0.25ml oral</i>	\$0 (Tier 3) NT
<i>vitamin e oil 67 mg/0.25ml oral</i>	\$0 (Tier 3) NT
<i>vitamin e solution 15 mg/0.67ml oral</i>	\$0 (Tier 3) NT
<i>vitamin e solution 15 unit/0.3ml oral</i>	\$0 (Tier 3) NT
VITAMIN E TABLET 100 UNIT ORAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
VITAMIN E TABLET 134 MG (200 UNIT) ORAL	\$0 (Tier 3) NT
VITAMIN E TABLET 200 UNIT ORAL	\$0 (Tier 3) NT
VITAMIN E TABLET 268 MG (400 UNIT) ORAL	\$0 (Tier 3) NT
VITAMIN E TABLET 400 UNIT ORAL	\$0 (Tier 3) NT
VITAMIN E TABLET 67 MG (100 UNIT) ORAL	\$0 (Tier 3) NT
VITAMIN E TABLET CHEWABLE 400 UNIT ORAL	\$0 (Tier 3) NT
<i>vitamin e/d-alpha capsule 134 mg (200 unit) oral</i>	\$0 (Tier 3) NT
<i>vitamin e/d-alpha natural capsule 268 mg (400 unit) oral</i>	\$0 (Tier 3) NT
<i>vitamin e-200 capsule 90 mg (200 unit) oral</i>	\$0 (Tier 3) NT
<i>vitamin k1 solution 10 mg/ml injection</i>	\$0 (Tier 3) NT
<i>westab mini tablet 2.2-25-1 mg oral</i>	\$0 (Tier 3) NT
<i>westab one tablet 2.5-25-1 mg oral</i>	\$0 (Tier 3) NT
WEST-VITE W/FOLIC ACID TABLET 0.8 MG ORAL	\$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)
<i>cromolyn sodium ophthalmic solution 4 %</i>	\$0 (Tier 1)
<i>ketotifen fumarate solution 0.035 % ophthalmic</i>	\$0 (Tier 3) NT
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	\$0 (Tier 1)
ZERVIAE OPTHALMIC SOLUTION 0.24 %	\$0 (Tier 2)
<b>ANTIGLAUCOMA</b>	
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	\$0 (Tier 2)
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)
BETOPTIC-S OPTHALMIC SUSPENSION 0.25 %	\$0 (Tier 2)
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	\$0 (Tier 1)
<i>brinzolamide ophthalmic suspension 1 %</i>	\$0 (Tier 1)
<i>carteolol hcl ophthalmic solution 1 %</i>	\$0 (Tier 1)
COMBIGAN OPTHALMIC 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 2-0.5 %</i>	\$0 (Tier 1)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<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 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)
<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>neo-polycin hc ophthalmic ointment 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)
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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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>neo-polycin ophthalmic ointment 3.5-400-10000</i>	\$0 (Tier 1)
<i>ofloxacin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)
<i>polycin ophthalmic ointment 500-10000 unit/gm</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)
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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</i>	\$0 (Tier 3) NT
<i>artificial tears solution 0.5-0.6 % ophthalmic</i>	\$0 (Tier 3) NT
<i>artificial tears solution 1.4 % ophthalmic</i>	\$0 (Tier 3) NT
<i>atropine sulfate ophthalmic solution 1 %</i>	\$0 (Tier 1)
ATROPINE SULFATE SOLUTION 1 % OPHTHALMIC	\$0 (Tier 2)
<i>carboxymethylcellulose sodium solution 0.5 % ophthalmic</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</i>	\$0 (Tier 3) NT
FRESHKOTE PF SOLUTION 2.7-2 % OPHTHALMIC	\$0 (Tier 3) NT
FRESHKOTE SOLUTION 2.7-2 % OPHTHALMIC	\$0 (Tier 3) NT
GENTEAL SEVERE GEL 0.3 % OPHTHALMIC	\$0 (Tier 3) NT
GENTEAL TEARS MODERATE PF SOLUTION 0.1-0.3 % OPHTHALMIC	\$0 (Tier 3) NT
GENTEAL TEARS PF SOLUTION 0.1-0.3 % OPHTHALMIC	\$0 (Tier 3) NT
<i>genteal tears solution 0.1-0.2-0.3 % ophthalmic</i>	\$0 (Tier 3) NT
<i>genteal tears solution 0.1-0.3 % ophthalmic</i>	\$0 (Tier 3) NT
ISOPTO TEARS SOLUTION 0.5 % OPHTHALMIC	\$0 (Tier 3) NT
<i>lubricant eye drops (pf) solution 0.4-0.3 % ophthalmic</i>	\$0 (Tier 3) NT
<i>lubricant eye drops solution 0.6 % ophthalmic</i>	\$0 (Tier 3) NT
<i>lubricating eye drops solution 0.4-0.3 % ophthalmic</i>	\$0 (Tier 3) NT
<i>lubricating plus eye drops solution 0.5 % ophthalmic</i>	\$0 (Tier 3) NT
MURO 128 SOLUTION 2 % OPHTHALMIC	\$0 (Tier 3) NT
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>refresh celluvisc gel 1 % ophthalmic</i>	\$0 (Tier 3) NT
REFRESH LIQUIGEL GEL 1 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH OPTIVE ADVANCED SOLUTION 0.5-1-0.5 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH OPTIVE GEL 1-0.9 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH OPTIVE MEGA-3 SOLUTION 0.5-1-0.5 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH OPTIVE PF SOLUTION 0.5-0.9 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH OPTIVE SOLUTION 0.5-0.9 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH RELIEVA PF SOLUTION 0.5-1 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH SOLUTION 1.4-0.6 % OPHTHALMIC	\$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</i>	\$0 (Tier 3) NT
<i>sodium chloride (hypertonic) solution 5 % ophthalmic</i>	\$0 (Tier 3) NT
SYSTANE GEL 0.4-0.3 % OPHTHALMIC	\$0 (Tier 3) NT
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	\$0 (Tier 2)
<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)
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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	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	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	\$0 (Tier 3) NT
<i>allergy relief (cetirizine) capsule 10 mg oral</i>	\$0 (Tier 3) NT
<i>allergy relief tablet 5 mg oral</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)</i>	\$0 (Tier 3) NT
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$0 (Tier 1)
<i>cetirizine hcl tablet 10 mg oral</i>	\$0 (Tier 3) NT
<i>cetirizine hcl tablet 5 mg oral</i>	\$0 (Tier 3) NT
<i>cetirizine hcl tablet chewable 10 mg oral</i>	\$0 (Tier 3) NT
<i>cetirizine hcl tablet chewable 5 mg oral</i>	\$0 (Tier 3) NT
<i>chlorpheniramine maleate er tablet extended release 12 mg oral</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>chlorpheniramine maleate tablet 4 mg oral</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)</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl capsule 50 mg oral (otc)</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</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl tablet 25 mg oral</i>	\$0 (Tier 3) NT
<i>ed chlorped jr syrup 2 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl tablet 180 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl tablet 60 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>gnp allergy relief tablet chewable 12.5 mg oral</i>	\$0 (Tier 3) NT
HISTEX SYRUP 2.5 MG/5ML ORAL	\$0 (Tier 3) NT
<i>hm allergy relief tablet dispersible 10 mg oral</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 solution 5 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>loratadine childrens tablet chewable 5 mg oral</i>	\$0 (Tier 3) NT
<i>loratadine tablet 10 mg oral</i>	\$0 (Tier 3) NT
MICLARA LQ LIQUID 1.25 MG/5ML ORAL	\$0 (Tier 3) NT
<i>olopatadine hcl nasal solution 0.6 %</i>	\$0 (Tier 1)
PEDIACLEAR PD CHILDRENS LIQUID 0.625 MG/ML ORAL	\$0 (Tier 3) NT
PEDIAVENT SYRUP 2 MG/5ML ORAL	\$0 (Tier 3) NT
<i>triprolidine hcl liquid 0.938 mg/ml oral (otc)</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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
<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) ST; QL (30 GM per 30 days)
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	\$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	\$0 (Tier 3) NT
ALAHIST D TABLET 17.5-10 MG ORAL	\$0 (Tier 3) NT
ALAHIST DM LIQUID 7.5-2-15 MG/5ML ORAL	\$0 (Tier 3) NT
ALAHIST PE TABLET 2-7.5 MG ORAL	\$0 (Tier 3) NT
<i>allergy multi-symptom tablet 2-5-325 mg oral</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>aprodine tablet 2.5-60 mg oral</i>	\$0 (Tier 3) NT
AQUANAZ PSE TABLET 60-20-375 MG ORAL	\$0 (Tier 3) NT
AQUANAZ TABLET 10-15-400 MG ORAL	\$0 (Tier 3) NT
BENZEDREX INHALER NASAL	\$0 (Tier 3) NT
<i>benzonatate capsule 100 mg oral</i>	\$0 (Tier 3) NT
<i>benzonatate capsule 150 mg oral</i>	\$0 (Tier 3) NT
<i>benzonatate capsule 200 mg oral</i>	\$0 (Tier 3) NT
BROTAPP DM LIQUID 15-1-5 MG/5ML ORAL	\$0 (Tier 3) NT
CAPCOF SYRUP 5-2-10 MG/5ML ORAL	\$0 (Tier 3) NT
CAPMIST DM TABLET 60-15-400 MG ORAL	\$0 (Tier 3) NT
CAPRON DM LIQUID 7.5-7.5 MG/5ML ORAL	\$0 (Tier 3) NT
CAPRON DMT TABLET 30-30 MG ORAL	\$0 (Tier 3) NT
<i>cetirizine-pseudoephedrine er tablet extended release 12 hour 5-120 mg oral</i>	\$0 (Tier 3) NT
<i>chest congestion relief liquid 100 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>childrens silfedrine liquid 15 mg/5ml oral</i>	\$0 (Tier 3) NT
CHLO HIST SOLUTION 12.5-1 MG/5ML ORAL	\$0 (Tier 3) NT
CHLO TUSS LIQUID 30-1-12.5 MG/5ML ORAL	\$0 (Tier 3) NT
COLD & ALLERGY CHILDRENS LIQUID 2-5 MG/10ML ORAL	\$0 (Tier 3) NT
<i>cold &amp; flu relief daytime capsule 10-5-325 mg oral</i>	\$0 (Tier 3) NT
<i>cold &amp; flu relief nightttime capsule 15-6.25-325 mg oral</i>	\$0 (Tier 3) NT
<i>cold relief plus tablet effervescent 2-7.8-325 mg oral</i>	\$0 (Tier 3) NT
CONEX COLD/ALLERGY SOLUTION 1-30 MG/5ML ORAL	\$0 (Tier 3) NT
CONEX COLD/ALLERGY TABLET 2-60 MG ORAL	\$0 (Tier 3) NT
<i>cough &amp; cold hbp tablet 4-30 mg oral</i>	\$0 (Tier 3) NT
<i>cough/chest congestion dm syrup 10-100 mg/5ml oral</i>	\$0 (Tier 3) NT
DAY CLEAR ALLERGY/COUGH TABLET CHEWABLE 12.5-12.5 MG ORAL	\$0 (Tier 3) NT
DAYCLEAR ALLERGY RELIEF TABLET 25-50 MG ORAL	\$0 (Tier 3) NT
<i>daytime cold &amp; flu relief liquid 10-5-325 mg/15ml oral</i>	\$0 (Tier 3) NT
<i>daytime severe cold &amp; flu liquid 5-10-200-325 mg/15ml oral</i>	\$0 (Tier 3) NT
DECONEX DMX TABLET 10-17.5-400 MG ORAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
DECONEX IR TABLET 10-385 MG ORAL	\$0 (Tier 3) NT
DELSYM CHILD COUGH+SORE THROAT LIQUID 325-10 MG/10ML ORAL	\$0 (Tier 3) NT
DELSYM COUGH + SORE THROAT LIQUID 650-20 MG/20ML ORAL	\$0 (Tier 3) NT
DELSYM DAY NIGHT ORAL	\$0 (Tier 3) NT
<i>dexbrompheniramine-phenyleph tablet 2-10 mg oral</i>	\$0 (Tier 3) NT
<i>dextromethorphan hbr capsule 15 mg oral</i>	\$0 (Tier 3) NT
<i>dextromethorphan polistirex er suspension extended release 30 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>dimaphen dm cold/cough liquid 2.5-1-5 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>doxylamine-phenylephrine tablet 7.5-10 mg oral</i>	\$0 (Tier 3) NT
DURAFLU TABLET 60-20-200-325 MG ORAL	\$0 (Tier 3) NT
ED A-HIST DM TABLET 10-4-10 MG ORAL	\$0 (Tier 3) NT
<i>ed a-hist tablet 4-10 mg oral</i>	\$0 (Tier 3) NT
ED BRON GP LIQUID 5-100 MG/5ML ORAL	\$0 (Tier 3) NT
<i>fexofenadine-pseudoephed er tablet extended release 12 hour 60-120 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>fexofenadine-pseudoephed er tablet extended release 24 hour 180-240 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>flu hbp tablet 10-325-2 mg oral</i>	\$0 (Tier 3) NT
<i>flu/severe cold &amp; cough day packet 20-10-650 mg oral</i>	\$0 (Tier 3) NT
<i>gnp cough gels capsule 15 mg oral</i>	\$0 (Tier 3) NT
<i>gnp tussin cf cough &amp; cold syrup 5-10-100 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>guaifenesin liquid 100 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>guaifenesin tablet 200 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>guaifenesin tablet 400 mg oral</i>	\$0 (Tier 3) NT
<i>guaifenesin-codeine solution 100-10 mg/5ml oral (otc)</i>	\$0 (Tier 3) NT
HISTEX-AC SYRUP 10-2.5-10 MG/5ML ORAL	\$0 (Tier 3) NT
HISTEX-DM SYRUP 10-2.5-20 MG/5ML ORAL	\$0 (Tier 3) NT
<i>hm cold &amp; sinus relief tablet 30-200 mg oral</i>	\$0 (Tier 3) NT
HM DIBROMM COLD/ALLERGY LIQUID 2-5 MG/10ML ORAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>hydrocodone bit-homatrop mbr tablet 5-1.5 mg oral</i>	\$0 (Tier 3) NT
LOHIST-D LIQUID 2-30 MG/5ML ORAL	\$0 (Tier 3) NT
LOHIST-DM SYRUP 5-2-10 MG/5ML ORAL	\$0 (Tier 3) NT
<i>loratadine-d 12hr tablet extended release 12 hour 5-120 mg oral</i>	\$0 (Tier 3) NT
<i>loratadine-d 24hr tablet extended release 24 hour 10-240 mg oral</i>	\$0 (Tier 3) NT
LORTUSS LQ LIQUID 6.25-30 MG/5ML ORAL	\$0 (Tier 3) NT
<i>mapap cold formula multi-sympt tablet 10-5-325 mg oral</i>	\$0 (Tier 3) NT
MAR-COF BP LIQUID 30-2-7.5 MG/5ML ORAL	\$0 (Tier 3) NT
MAR-COF CG EXPECTORANT LIQUID 225-7.5 MG/5ML ORAL	\$0 (Tier 3) NT
MAXICHLOR PEH DM TABLET 10-4-18 MG ORAL	\$0 (Tier 3) NT
MAXIFED TABLET 60-360 MG ORAL	\$0 (Tier 3) NT
MAXIFED TR TABLET 1.25-30 MG ORAL	\$0 (Tier 3) NT
MAXI-TUSS CD LIQUID 10-4-10 MG/5ML ORAL	\$0 (Tier 3) NT
<i>maxi-tuss gmx liquid 10-200 mg/5ml oral</i>	\$0 (Tier 3) NT
MAXI-TUSS JR LIQUID 2.5-5 MG/5ML ORAL	\$0 (Tier 3) NT
MAXI-TUSS PE JR LIQUID 2.5-50 MG/5ML ORAL	\$0 (Tier 3) NT
MAXI-TUSS PE LIQUID 2-5 MG/5ML ORAL	\$0 (Tier 3) NT
MAXI-TUSS TR LIQUID 1.25-30 MG/5ML ORAL	\$0 (Tier 3) NT
M-CLEAR WC SOLUTION 100-6.33 MG/5ML ORAL	\$0 (Tier 3) NT
M-END DMX LIQUID 20-0.667-10 MG/5ML ORAL	\$0 (Tier 3) NT
M-END PE LIQUID 3.33-1.33-6.33 MG/5ML ORAL	\$0 (Tier 3) NT
MICLARA DM LIQUID 10-2.5-20 MG/5ML ORAL	\$0 (Tier 3) NT
MUCINEX CHILD MS DAY-NIGHT CLD ORAL	\$0 (Tier 3) NT
MUCINEX COUGH FOR KIDS PACKET 5-100 MG ORAL	\$0 (Tier 3) NT
MUCINEX FAST-MAX CAPSULE 5-10-200-325 MG ORAL	\$0 (Tier 3) NT
<i>muclnex fast-max cld/flu dy/nt tablet therapy pack oral</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>mucinex fast-max cold flu nght liquid 12.5-5-325 mg/10ml oral</i>	\$0 (Tier 3) NT
MUCINEX FAST-MAX CONGEST COUGH TABLET 5-10-200 MG ORAL	\$0 (Tier 3) NT
MUCINEX FAST-MAX DAY/NIGHT ORAL	\$0 (Tier 3) NT
MUCINEX FAST-MAX DAY/NIGHT TABLET ORAL	\$0 (Tier 3) NT
<i>mucinex fast-max dm max liquid 20-400 mg/20ml oral</i>	\$0 (Tier 3) NT
MUCINEX FOR KIDS PACKET 100 MG ORAL	\$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	\$0 (Tier 3) NT
MUCINEX JUNIOR COUGH/CONGEST TABLET 2.5-5-100 MG ORAL	\$0 (Tier 3) NT
MUCINEX NIGHTSHIFT COLD/FLU SOLUTION 650-20-2.5 MG/20ML ORAL	\$0 (Tier 3) NT
MUCINEX NIGHTSHIFT SINUS SOLUTION 10-2.5-20-650 MG/20ML ORAL	\$0 (Tier 3) NT
<i>mucinex sinus-max congestion liquid 10-650-400 mg/20ml oral</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	\$0 (Tier 3) NT
<i>mucus relief childrens liquid 2.5-5-100 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>mucus relief dm cough tablet 20-400 mg oral</i>	\$0 (Tier 3) NT
<i>mucus relief dm max tablet extended release 12 hour 60-1200 mg oral</i>	\$0 (Tier 3) NT
<i>mucus relief dm tablet extended release 12 hour 30-600 mg oral</i>	\$0 (Tier 3) NT
<i>mucus relief max st tablet extended release 12 hour 1200 mg oral</i>	\$0 (Tier 3) NT
<i>mucus relief tablet extended release 12 hour 600 mg oral</i>	\$0 (Tier 3) NT
<i>mucusrelief sinus tablet 10-400 mg oral</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>multi symptom flu/severe cold packet 20-10-500 mg oral</i>	\$0 (Tier 3) NT
<i>multi-symptom cold childrens suspension 2.5-1-5-160 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>nasal decongestant spray solution 0.05 % nasal</i>	\$0 (Tier 3) NT
<i>nasal mist aerosol solution 0.9 % inhalation</i>	\$0 (Tier 3) NT
NASOPEN PE LIQUID 50-10 MG/15ML ORAL	\$0 (Tier 3) NT
<i>nighttime cold/flu relief liquid 15-6.25-325 mg/15ml oral</i>	\$0 (Tier 3) NT
<i>nighttime cough liquid 12.5-30 mg/30ml oral</i>	\$0 (Tier 3) NT
<i>nighttime severe cold &amp; flu liquid 5-6.25-10-325 mg/15ml oral</i>	\$0 (Tier 3) NT
NINJACOF LIQUID 12.5-12.5 MG/5ML ORAL	\$0 (Tier 3) NT
NINJACOF-A LIQUID 12.5-12.5-160 MG/5ML ORAL	\$0 (Tier 3) NT
NINJACOF-XG LIQUID 200-8 MG/5ML ORAL	\$0 (Tier 3) NT
NIVANEX DMX TABLET 10-15-380 MG ORAL	\$0 (Tier 3) NT
<i>nohist-dm liquid 10-4-15 mg/5ml oral (otc)</i>	\$0 (Tier 3) NT
<i>nohist-lq liquid 4-10 mg/5ml oral</i>	\$0 (Tier 3) NT
NOREL AD TABLET 4-10-325 MG ORAL	\$0 (Tier 3) NT
PEDIATRIC COUGH/COLD LIQUID 15-1-5 MG/5ML ORAL	\$0 (Tier 3) NT
<i>phenylephrine hcl tablet 10 mg oral</i>	\$0 (Tier 3) NT
<i>phenylephrine-dm-gg liquid 10-18-200 mg/15ml oral</i>	\$0 (Tier 3) NT
<i>phenylephrine-dm-gg tablet 10-17.5-385 mg oral</i>	\$0 (Tier 3) NT
POLY HIST FORTE TABLET 10.5-10 MG ORAL	\$0 (Tier 3) NT
POLY-HIST DM LIQUID 5-25-10 MG/5ML ORAL	\$0 (Tier 3) NT
POLY-TUSSIN AC LIQUID 10-4-10 MG/5ML ORAL	\$0 (Tier 3) NT
POLYTUSSIN DM SYRUP 5-10-1 MG/5ML ORAL	\$0 (Tier 3) NT
POLY-VENT DM TABLET 60-20-380 MG ORAL	\$0 (Tier 3) NT
POLY-VENT IR TABLET 60-380 MG ORAL	\$0 (Tier 3) NT
<i>promethazine-codeine syrup 6.25-10 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>promethazine-dm syrup 6.25-15 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>promethazine-phenyleph-codeine syrup 6.25-5-10 mg/5ml oral</i>	\$0 (Tier 3) NT
PRO-RED AC SYRUP 5-1-9 MG/5ML ORAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)</i>	\$0 (Tier 3) NT
<i>pseudoephedrine hcl er tablet extended release 12 hour 120 mg oral</i>	\$0 (Tier 3) NT
<i>pseudoephedrine hcl tablet 30 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>pseudoephedrine hcl tablet 60 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>pseudoephedrine-guaifenesin er tablet extended release 12 hour 120-1200 mg oral</i>	\$0 (Tier 3) NT
<i>pseudoephedrine-guaifenesin er tablet extended release 12 hour 60-600 mg oral</i>	\$0 (Tier 3) NT
<i>pseudoephedrine-guaifenesin tablet 60-375 mg oral</i>	\$0 (Tier 3) NT
RESCON TABLET 2-60 MG ORAL	\$0 (Tier 3) NT
RU-HIST D TABLET 4-10 MG ORAL	\$0 (Tier 3) NT
RYDEX LIQUID 10-1.33-6.33 MG/5ML ORAL	\$0 (Tier 3) NT
RYMED TABLET 2-10 MG ORAL	\$0 (Tier 3) NT
<i>rynex pe elixir 1-2.5 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>rynex pse liquid 1-15 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>severe cold &amp; flu tablet 5-10-200-325 mg oral</i>	\$0 (Tier 3) NT
<i>severe cold/cough packet 25-10-650 mg oral</i>	\$0 (Tier 3) NT
<i>sinus congestion/pain daytime tablet 5-325-200 mg oral</i>	\$0 (Tier 3) NT
<i>sinus congestion/pain tablet 5-325 mg oral</i>	\$0 (Tier 3) NT
<i>sinus relief extra strength solution 1 % nasal</i>	\$0 (Tier 3) NT
STAHIST AD TABLET 25-60 MG ORAL	\$0 (Tier 3) NT
<i>sudogest sinus/allergy tablet 4-60 mg oral</i>	\$0 (Tier 3) NT
<i>theraflu expressmax sev cld/cg tablet 12.5-5-325 mg oral</i>	\$0 (Tier 3) NT
THERAFLU FLU & SORE THROAT PACKET 20-10-650 MG ORAL	\$0 (Tier 3) NT
TRIAMINIC COLD/COUGH DAY TIME SYRUP 2.5-5 MG/5ML ORAL	\$0 (Tier 3) NT
TRIAMINIC NIGHT TIME COLD/CGH SYRUP 6.25-2.5 MG/5ML ORAL	\$0 (Tier 3) NT
TUSNEL C SYRUP 30-10-100 MG/5ML ORAL	\$0 (Tier 3) NT
TUSNEL LIQUID 30-15-200 MG/5ML ORAL	\$0 (Tier 3) NT
TUSNEL PEDIATRIC LIQUID 15-5-50 MG/5ML ORAL	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
TUSNEL PEDIATRIC LIQUID 7.5-50 MG/ML ORAL	\$0 (Tier 3) NT
TUSNEL TABLET 60-30-400 MG ORAL	\$0 (Tier 3) NT
TUSNEL-DM PEDIATRIC LIQUID 7.5-2.5-25 MG/ML ORAL	\$0 (Tier 3) NT
<i>tussin cf multi-symptom cold liquid 5-10-100 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>tussin cf severe multi-symptom liquid 5-10-200-325 mg/10ml oral</i>	\$0 (Tier 3) NT
<i>tussin cough syrup 15 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>tussin dm liquid 100-10 mg/5ml oral</i>	\$0 (Tier 3) NT
VANACOF DMX LIQUID 10-18-396 MG/15ML ORAL	\$0 (Tier 3) NT
VANACOF LIQUID 30-1-12.5 MG/5ML ORAL	\$0 (Tier 3) NT
VANATAB DM TABLET 5-9-198 MG ORAL	\$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	\$0 (Tier 3) NT
AYR SALINE NASAL DROPS SOLUTION 0.65 % NASAL	\$0 (Tier 3) NT
<i>cromolyn sodium aerosol solution 5.2 mg/act nasal</i>	\$0 (Tier 3) NT
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	\$0 (Tier 1) B/D
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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 13.4 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2) PA; LA; QL (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 (Tier 3) NT
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 2) PA; LA; QL (112 EA per 28 days); ^
<i>pirfenidone oral capsule 267 mg</i>	\$0 (Tier 2) PA; QL (270 EA per 30 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; ^
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	\$0 (Tier 2) PA; LA; ^
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	\$0 (Tier 2) PA; ^
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0 (Tier 1)
<i>saline gel nasal</i>	\$0 (Tier 3) NT
<i>saline nasal spray solution 0.65 % nasal</i>	\$0 (Tier 3) NT
SIMPLY SALINE AEROSOL SOLUTION 0.9 % NASAL	\$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 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (Tier 1)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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); ^
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	\$0 (Tier 2) PA; LA; QL (56 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)</i>	\$0 (Tier 3) NT
<i>mometasone furoate nasal suspension 50 mcg/act</i>	\$0 (Tier 1) ST; QL (34 GM per 30 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	\$0 (Tier 2) ST; QL (12.5 GM per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	\$0 (Tier 2) PA; QL (32 ML per 30 days)
<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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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, 50-25 MCG/INH	\$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 (30.6 GM per 30 days)
<b>TOPICAL</b>	
<b>DERMATOLOGY, ACNE</b>	
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1) PA
ACNE MEDICATION 10 LOTION 10 % EXTERNAL	\$0 (Tier 3) NT
ACNE MEDICATION 5 LOTION 5 % EXTERNAL	\$0 (Tier 3) NT
<i>adapalene gel 0.1 % external (otc)</i>	\$0 (Tier 3) NT
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) PA
<i>benzefoam foam 5.3 % external (otc)</i>	\$0 (Tier 3) NT
BENZOYL PEROXIDE CLEANSER LIQUID 6 % EXTERNAL	\$0 (Tier 3) NT
<i>benzoyl peroxide gel 10 % external (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide gel 2.5 % external (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide gel 5 % external (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide wash liquid 10 % external (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide wash liquid 5 % external (otc)</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)</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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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>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</i>	\$0 (Tier 3) NT
<i>bacitracin zinc ointment 500 unit/gm external</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</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</i>	\$0 (Tier 3) NT
<i>ssd external cream 1 %</i>	\$0 (Tier 1)
SULFAMYLON EXTERNAL CREAM 85 MG/GM	\$0 (Tier 2) QL (453.6 GM per 30 days)
<i>triple antibiotic ointment 3.5-400-5000 external</i>	\$0 (Tier 3) NT
<i>triple antibiotic plus ointment 1 % external</i>	\$0 (Tier 3) NT
<b>DERMATOLOGY, ANTIFUNGALS</b>	
ALEVAZOL OINTMENT 1 % EXTERNAL	\$0 (Tier 3) NT
<i>antifungal powder 2 % external</i>	\$0 (Tier 3) NT
<i>athletes foot powder spray aerosol powder 1 % external</i>	\$0 (Tier 3) NT
<i>athletes foot powder spray aerosol powder 2 % external</i>	\$0 (Tier 3) NT
<i>athletes foot spray aerosol 1 % external</i>	\$0 (Tier 3) NT
<i>benzoin compound tincture external (otc)</i>	\$0 (Tier 3) NT
<i>butenafine hcl cream 1 % external</i>	\$0 (Tier 3) NT
<i>ciclopirox olamine external cream 0.77 %</i>	\$0 (Tier 1) QL (90 GM per 30 days)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)</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)</i>	\$0 (Tier 3) NT
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>critic-aid clear af ointment 2 % external</i>	\$0 (Tier 3) NT
FUNGOID TINCTURE SOLUTION 2 % EXTERNAL	\$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)</i>	\$0 (Tier 3) NT
<i>micotrin al solution 1 % external</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)
<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</i>	\$0 (Tier 3) NT
<i>tolnaftate antifungal cream 1 % external</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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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 propionate e external cream 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<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</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<i>hydrocortisone acetate cream 1 % external</i>	\$0 (Tier 3) NT
<i>hydrocortisone acetate ointment 1 % external</i>	\$0 (Tier 3) NT
HYDROCORTISONE CREAM 0.5 % EXTERNAL	\$0 (Tier 3) NT
<i>hydrocortisone cream 1 % external (otc)</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)</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)
<i>scalpicin maximum strength solution 1 % external</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)
<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-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)</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)</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>anti-dandruff shampoo 1 % external</i>	\$0 (Tier 3) NT
AQUAPHOR OINTMENT EXTERNAL	\$0 (Tier 3) NT
<i>arthritis pain relieving cream 0.075 % external</i>	\$0 (Tier 3) NT
<i>atrix medicated formula cream 2 % external</i>	\$0 (Tier 3) NT
ATRIX SYSTEM 1 KIT 2 % EXTERNAL	\$0 (Tier 3) NT
<i>azelaic acid external gel 15 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
BENZOIN TINCTURE EXTERNAL (OTC)	\$0 (Tier 3) NT
BETADINE ANTISEPTIC CREAM 5 % EXTERNAL	\$0 (Tier 3) NT
BETADINE SOLUTION 5 % EXTERNAL	\$0 (Tier 3) NT
BETADINE SURGICAL SCRUB SOLUTION 7.5 % EXTERNAL	\$0 (Tier 3) NT
BETADINE SWABSTICKS SWAB 10 % EXTERNAL	\$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</i>	\$0 (Tier 3) NT
<i>capsaicin cream 0.1 % external</i>	\$0 (Tier 3) NT
<i>capsaicin heat patch patch 0.025 % external</i>	\$0 (Tier 3) NT
COLEMAN INSECT REPEL HIGH&DRY AEROSOL 25 % EXTERNAL	\$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</i>	\$0 (Tier 3) NT
<i>dandruff shampoo shampoo 1 % external</i>	\$0 (Tier 3) NT
<i>dermacerin cream external</i>	\$0 (Tier 3) NT
<i>dermacinrx atrix antibac wash liquid 2 % external</i>	\$0 (Tier 3) NT
<i>dermacinrx atrix clarify toner liquid 2 % external</i>	\$0 (Tier 3) NT
DERMACINRX SKIN REPAIR CREAM 5 % EXTERNAL	\$0 (Tier 3) NT
<i>dermamed ointment external</i>	\$0 (Tier 3) NT
DHS ZINC SHAMPOO 2 % EXTERNAL	\$0 (Tier 3) NT
<i>diclofenac sodium external gel 1 %</i>	\$0 (Tier 1) QL (1000 GM per 30 days)
<i>diphenhydramine-zinc acetate cream 2-0.1 % external</i>	\$0 (Tier 3) NT
FINACEA EXTERNAL FOAM 15 %	\$0 (Tier 2) QL (50 GM per 30 days)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FIRST AID ANTISEPTIC OINTMENT 10 % EXTERNAL	\$0 (Tier 3) NT
<i>flanders buttocks ointment external</i>	\$0 (Tier 3) NT
<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 (Tier 3) NT
<i>gnp scalp relief liquid 3 % external</i>	\$0 (Tier 3) NT
<i>goodsense hemorrhoidal ointment 0.25-14-74.9 % rectal</i>	\$0 (Tier 3) NT
<i>hydrocortisone (perianal) external cream 1 %, 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)
<i>itch relief extra strength liquid 2-0.1 % external</i>	\$0 (Tier 3) NT
LANOLOR CREAM EXTERNAL	\$0 (Tier 3) NT
<i>lidocaine cream 4 % external</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</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
NATRAPEL 12-HOUR TICK/INSECT AEROSOL 20 % EXTERNAL	\$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 solution 10 % external</i>	\$0 (Tier 3) NT
<i>procto-med hc external cream 2.5 %</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	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
RECTIV RECTAL OINTMENT 0.4 %	\$0 (Tier 2) QL (30 GM per 30 days)
REMEDY SKIN REPAIR CREAM 1.5 % EXTERNAL	\$0 (Tier 3) NT
REPEL MOSQUITO WIPES SHEET 30 % EXTERNAL	\$0 (Tier 3) NT
SAWYER INSECT REPELLENT LIQUID 20 % EXTERNAL	\$0 (Tier 3) NT
SAWYER INSECT REPELLENT LOTION 20 % EXTERNAL	\$0 (Tier 3) NT
SEBEX SHAMPOO 2-2 % EXTERNAL	\$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)
THERAPEUTIC DANDRUFF SHAMPOO 3 % EXTERNAL	\$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</i>	\$0 (Tier 3) NT
XERAC AC SOLUTION 6.25 % EXTERNAL	\$0 (Tier 3) NT
ZIKS ARTHRITIS PAIN RELIEF CREAM 0.025-1-12 % EXTERNAL	\$0 (Tier 3) NT
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	\$0 (Tier 2) QL (7.5 GM per 28 days); ^
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>	
<i>gnp lice treatment liquid 1 % external</i>	\$0 (Tier 3) NT
<i>lice killing shampoo 0.33-4 % external</i>	\$0 (Tier 3) NT
<i>lice treatment lotion 1 % external</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)
VANALICE GEL 0.3-3.5 % EXTERNAL	\$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)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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</i>	\$0 (Tier 3) NT

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

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## Multi-Language Insert

### Multi-Language Interpreter Services

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al **1-866-549-8289** (TTY: **711**), de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y días feriados, es posible que se le solicite dejar un mensaje. Se le devolverá la llamada el siguiente día hábil. La llamada es gratuita.

注意：如果您說中文，您可以免費獲得語言協助服務。請致電 **1-866-549-8289** (TTY: **711**)，服務時間為週一至週五，早上 8 點到晚上 8 點。非服務時間、週末和假日，您可能需要留言。我們將在下一個工作日內回電給您。此為免付費專線。

PAALALA: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa **1-866-549-8289** (TTY: **711**), 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Pagkalipas ng oras ng trabaho, tuwing Sabado at Linggo, at sa mga holiday, posibleng hilingin sa iyo na mag-iwan ng mensahe. Tatawagan ka sa susunod na araw ng negosyo. Libre ang tawag.

ATTENTION : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le **1-866-549-8289** (TTY: **711**) du lundi au vendredi, de 8 h à 20 h. En dehors des heures d'ouverture et durant le week-end et les jours fériés, il vous sera peut-être demandé de laisser un message. Vous serez rappelé le jour ouvrable suivant. L'appel est gratuit.

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi **1-866-549-8289** (TTY: **711**), từ 8 a.m. đến 8 p.m., Thứ Hai đến Thứ Sáu. Sau giờ làm việc, vào cuối tuần và ngày lễ, quý vị có thể được yêu cầu để lại tin nhắn. Cuộc gọi của quý vị sẽ được trả lời vào ngày làm việc tiếp theo. Cuộc gọi này được miễn phí.

HINWEIS: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Übersetzungsdienst zur Verfügung. Wählen Sie dafür **1-866-549-8289** (TTY: **711**) von Montag bis Freitag zwischen 8 und 20 Uhr. Außerhalb dieser Zeiten, an Wochenenden und Feiertagen werden Sie möglicherweise gebeten, eine Nachricht zu hinterlassen. Ihr Anruf wird innerhalb des nächsten Arbeitstages beantwortet. Der Anruf ist kostenlos.

주의: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 해당 서비스는 **1-866-549-8289**(TTY: **711**)번으로, 월요일~금요일, 오전 8시부터 오후 8시까지 문의해 주십시오. 근무시간 이후나 주말 및 공휴일에는 메시지를 남겨 주시면 됩니다. 그러면 다음 근무일에 전화드리겠습니다. 통화는 무료입니다.

ВНИМАНИЕ: если вы говорите на русском языке, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-866-549-8289** (TTY: **711**), с 8 a.m. до 8 p.m. с понедельника по пятницу. В нерабочее время, в выходные и праздничные дни вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Звонки бесплатные.

انتباه: في حال كنت تتحدث اللغة العربية، تتوفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم **1-866-549-8289** (TTY: **711**)، من الساعة 8 صباحًا ولغاية الساعة 8 مساءً من الاثنين إلى الجمعة. وقد يُطلب منك ترك رسالة بعد انتهاء ساعات العمل وفي عطلات نهاية الأسبوع والإجازات. وستتم معاودة الاتصال بك خلال يوم العمل التالي. والاتصال مجاني.

ATTENZIONE: se parla italiano, sono disponibili gratuitamente servizi di assistenza linguistica. Chiama il numero **1-866-549-8289** (TTY: **711**), dalle 8:00 alle 20:00, dal lunedì al venerdì. Al di fuori di questa fascia oraria, nei fine settimana e nei giorni festivi è possibile che le venga chiesto di lasciare un messaggio. La sua chiamata sarà gestita entro il giorno lavorativo successivo. La chiamata è gratuita.

ATENÇÃO: se falar português, estão disponíveis serviços de assistência gratuitos no seu idioma. Ligue para o número **1-866-549-8289** (TTY: **711**) de segunda-feira a sexta-feira, das 8:00 às 20:00. Se ligar fora deste horário, num fim de semana ou num feriado, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. A chamada é gratuita.

ATANSYON: Si ou pale Kreyòl-Franse, sèvis asistans lang disponib gratis pou ou. Rele **1-866-549-8289** (TTY: **711**), soti lendi pou rive vandredi, 8è a.m. pou rive 8è p.m. Nan wikenn ak jou konje federal eta a, yo ka mande w pou kite yon mesaj. Y ap retounen w apèl la nan pwochen jou ouvrab la. Apèl la gratis.

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-866-549-8289** (TTY: **711**), od poniedziałku do piątku, od 8 do 20. Poza godzinami pracy, w weekendy i święta państwowe może być konieczne zostawienie wiadomości. Nasz agent oddzwoni w kolejnym dniu roboczym. Połączenie jest bezpłatne.

ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए मुफ्त में भाषा संबंधी सहायता सेवाएं उपलब्ध होंगी. सोमवार से लेकर शुक्रवार तक सुबह 8 बजे से लेकर रात 8 बजे तक **1-866-549-8289** (TTY: **711**) पर कॉल करें. उपरोक्त समय के अलावा, वीकेंड या छुट्टी के दिनों में आपको मैसेज छोड़ने के लिए कहा जा सकता है. आपके कॉल का जवाब अगले कामकाज के दिन के भीतर दे दिया जाएगा. यह कॉल मुफ्त है.

注目：日本語を話す場合、言語支援サービスを無料でご利用いただけます。月曜日から金曜日の午前8時から午後8時の間に**1-866-549-8289** (TTY: **711**)までお電話ください。対応時間外や週末、祝日に電話をかけると、メッセージを残すか尋ねられる場合があります。次の営業日に折り返しお電話いたします。通話は無料です。

ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क उपलब्ध छन्। सोमबारदेखि शुक्रबारसम्म, बिहान 8 बजेदेखि बेलुका 8 बजेसम्म **1-866-549-8289** (TTY: **711**) मा कल गर्नुहोस्। कामको नियमित समयबाहेक, साताको अन्तमा र बिदाका दिनहरूमा तपाईंलाई सन्देश छोड्न भन्न सकिन्छ। तपाईंको कलको जवाफ त्यसपछिको कार्यालय खुल्ने दिन भित्रमा दिइने छ। यो कलको शुल्क लाग्दैन।

FIIRO GAAR AH: Haddii aad ku hadasho af Soomaali, adeegyada caawimaada luuqada, oo bilaash ah, ayaad heli kartaa. Wac **1-866-549-8289** (TTY: **711**), 8 subaxnimo ilaa 8 habbeenimo, Isniinta ilaa Jimcaha. Saacadaha shaqada kadib, maalmaha fasaxa ee asbuuca iyo maalmaha guud ee fasaxa ah, waxaad codsan kartaa inaad reebto fariin. Waxaa dib lagu soo wici doonaa dhowrka maalmood ee xigga ee ah maalmaha shaqada. Wicitaankaan waa bilaash.

KUMBUKA: Ikiwa unazungumza Kiswahili, huduma za usaidizi wa lugha, za bila malipo, zinapatikana kwako. Piga simu kwa **1-866-549-8289** (TTY: **711**), 8 asubuhi hadi 8 usiku, Jumatatu hadi Ijumaa. Baada ya saa za kazi, katika wikendi au likizo, unaweza kuombwa uache ujumbe. Simu yako itajibiwa ndani ya siku inayofuata ya kazi. Simu hii ni ya bila malipo.

УВАГА: Якщо ви володієте українською мовою, вам безкоштовно доступні послуги мовної підтримки. Телефонуйте за номером **1-866-549-8289** (TTY: **711**) з 8:00 до 20:00 з понеділка по п'ятницю. У неробочий час, у вихідні та святкові дні вас можуть попросити залишити повідомлення. Ваш дзвінок буде оброблено протягом наступного робочого дня. Дзвінок безкоштовний.

INTANGAMARARA: Nimba uyaga Ikirundi, ubufasha mu vy'indimi, ku buntu, woburonga. Hamagara **1-866-549-8289** (TTY: **711**), Kuwa Mbere gushika kuwa Gatanu, 8 zo mu gatondo gushika 8 z'umuhingamo. Muri wikendi canke ku biruhuko, twogusaba kudasigira ubutumwa. Tuzokwishura ku guhamagara kwawe umunsi ukurikira w'akazi. Guhamagara ni ubuntu.

注意：如果您说中文普通话，则可以获得免费的语言协助服务。请在周一至周五上午 8 点至晚上 8 点致电 **1-866-549-8289** (TTY: **711**)。工作时间之外、周末以及节假日期间，会要求您留言。工作人员会在下一个工作日给您回电。此号码为免费电话。

توجه: اگر به زبان دری صحبت می کنید، خدمات کمک زبان به صورت رایگان در دسترس شما است. از دوشنبه تا جمعه، از 8 صبح تا 8 بعد از ظهر، با شماره **1-866-549-8289** (TTY: **711**) تماس بگیرید. در رخصتی های آخر هفته و در رخصتی های فدرال ایالتی، ممکن است از شما خواسته شود که پیام بگذارید. تماس شما ظرف یک روز کاری آینده برگردانده خواهد شد. تماس رایگان است.

ትኩረት: ኦሞርኛ የሚናገሩ ከሆነ፣ የቋንቋ እርዳታ አገልግሎቶች፣ በነጻ፣ ለእርስዎ ይገኛሉ። **1-866-549-8289** (TTY: **711**)፣ ከሰዓት እስከ አርብ፣ ከ 8 a.m. እስከ 8 p.m. ይደውሉ። በሰዎች መጨረሻ እና በክልል የፌዴራል በዓላት ላይ መልእክት እንዲተው ሊጠየቁ ይችላሉ። ጥሪዎ የሚቀጥለው የሰራ ቀን ውስጥ ይመለሳል። ጥሪው ነፃ ነው።

ध्यान आपो: જો તમે ગુજરાતી બોલતા હો, તો તમારા માટે ભાષા સંબંધી સહાયતાની સેવાઓ વગર કોઈ શુલ્કે ઉપલબ્ધ છે. સોમવારથી શુક્રવાર દરમિયાન સવારે 8 વાગ્યાથી રાત્રે 8 વાગ્યા સુધી **1-866-549-8289** (TTY: **711**) પર કોલ કરો. કામકાજના સમયની બહારના સમયે, શનિ-રવિએ અને રજાઓમાં, તમને મેસેજ છોડી દેવા માટે કહેવામાં આવી શકે છે. તમારા કોલ માટે કામકાજના આગલા દિવસની અંદર વળતો કોલ કરવામાં આવશે. એ કોલ મફત હોય છે.



**Updated on 12/01/2023.**

**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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