

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) | 2022

List of Covered Drugs (Formulary)

Introduction

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



Updated on 12/01/2022

HPMS Approved Formulary File Submission ID 22396

Version Number 17

For more recent information or other questions, contact us at **1-855-735-4398** (TTY: **711**), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day or visit **mmp.absolutetotalcare.com**.



Healthy Connections
PRIME 

Table of Contents

A. Disclaimers.....	2
B. Frequently Asked Questions (FAQ).....	2
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	3
B2. Does the Drug List ever change?.....	3
B3. What happens when there is a change to the Drug List?.....	4
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	5
B5. How will I know if the drug I want has limits or if there are any required actions to take to get the drug?.....	5
B6. What happens if Wellcare Prime changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?.....	5
B7. How can I find a drug on the Drug List?.....	6
B8. What if the drug I want to take is not on the Drug List?.....	6
B9. What if I am a new Wellcare Prime member and can’t find my drug on the Drug List or have a problem getting my drug?	7
B10. Can I ask for an exception to cover my drug?.....	8
B11. How can I ask for an exception?.....	8
B12. How long does it take to get an exception?.....	8
B13. What are generic drugs?.....	8
B14. What are OTC drugs?.....	8
B15. Does Wellcare Prime cover non-drug OTC products?.....	9
B16. What is my copay?.....	9
B17. What are drug tiers?.....	9
C. Overview of the <i>List of Covered Drugs</i>	10
C1. Drugs Grouped by Medical Condition	11
D. Index of Covered Drugs	INDEX-1



If you have questions, call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. For more information, visit mmp.absolutetotalcare.com.

A. Disclaimers

This is a list of drugs that members can get in Wellcare Prime.

- ❖ Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.
- ❖ ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (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 Member Services at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ If you would like to request an alternate format (large print, audio, accessible electronic formats, other formats) or another preferred language call Member Services at the contact information at the bottom of the page.
- ❖ To always get this document and other material in another language or format, now and in the future, please call Member Services. If you later want to change the language and/or format choice, please call Member Services.
- ❖ If you have questions/concerns or would like to update a preferred language and/or format request call Member Services at the contact information at the bottom of the page.

B. Frequently Asked Questions (FAQ)

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

This section is continued on the next page.



If you have questions, call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. For more information, visit mmp.absolutetotalcare.com.

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

The drugs on the *List of Covered Drugs* that starts on page 14 are the drugs covered by Wellcare Prime. 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.”

- Wellcare Prime 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 Wellcare Prime network pharmacy.
- Wellcare Prime may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs we cover on our website listed at the bottom of page or by calling Member Services at the number at the bottom of the page.

B2. Does the Drug List ever change?

Yes, and Wellcare Prime must follow Medicare and Healthy Connections Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

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

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 have more information on what happens when the Drug List changes.

- You can always check Wellcare Prime’s up to date Drug List on our website at the bottom of the page.
- You can also call Member Services to check the current Drug List at the number at the bottom of the page.



If you have questions, call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. For more information, visit mmp.absolutetotalcare.com.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Please talk to your doctor or other prescriber to help you decide if there is a similar drug on the Drug List that you can take instead.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to question B10.



If you have questions, call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. For more information, visit mmp.absolutetotalcare.com.

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Wellcare Prime before you fill your prescription. Wellcare Prime may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Wellcare Prime limits the amount of a drug you can get.
- **Step therapy:** Sometimes Wellcare Prime 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 14 through INDEX-1. You can also get more information by visiting our website listed at the bottom of the page. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

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

B6. What happens if Wellcare Prime changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

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



If you have questions, call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. For more information, visit mmp.absolutetotalcare.com.

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

There are two ways to find a drug:

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

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it beginning on page INDEX-1. 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 12. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, CARDIOVASCULAR. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the Drug List, call Member Services at the number at the bottom of the page and ask about it. If you learn that Wellcare Prime 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 Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. For more information, visit mmp.absolutetotalcare.com.

B9. What if I am a new Wellcare Prime member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We will cover a temporary 30-day supply of your Part D drug and a 90-day supply of your Healthy Connections Medicaid drug during the first 180 days you are a member of Wellcare Prime. This will give you time to talk to your doctor or other prescriber. They will determine if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Wellcare Prime, **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 180 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 Wellcare Prime member.
- This is in addition to the temporary supply during the first 180 days you are a member of Wellcare Prime.

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 Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.absolutetotalcare.com.

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

Yes. You can ask Wellcare Prime 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, Wellcare Prime may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

B11. How can I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

The supporting statement can be faxed, mailed or submitted through our secure online portal and must include information from your prescriber explaining why your drug is necessary for your condition. The fax number and mailing address can be found in Chapter 9 of the *Member Handbook* and on our website listed at the bottom of the page.

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).

Wellcare Prime covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter." Wellcare Prime covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Wellcare Prime Drug List to find which OTC drugs are covered.



If you have questions, call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. For more information, visit mmp.absolutetotalcare.com.

B15. Does Wellcare Prime cover non-drug OTC products?

Wellcare Prime covers some non-drug OTC products when they are written as prescriptions by your provider.

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

You can read the Wellcare Prime Drug List to find which non-drug OTC products are covered.

B16. What is my copay?

As a Wellcare Prime member, you have no copays for prescription and OTC drugs as long as you follow Wellcare Prime'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 non-Medicare prescription or OTC drugs.

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



If you have questions, call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. For more information, visit mmp.absolutetotalcare.com.

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Wellcare Prime. 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 Wellcare Prime.

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 Wellcare Prime 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 the contact information at the bottom of the page.
- **ST** stands for Step Therapy. Refer to question B4.
- **^** = Drug may be available for up to a 30-day supply only.

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).

This section is continued on the next page.



If you have questions, call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. For more information, visit mmp.absolutetotalcare.com.

- 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 the number at the bottom of the page. You can also read Chapter 9, of the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, CARDIOVASCULAR. That is where you will find drugs that treat heart conditions.

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



If you have questions, call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. For more information, visit mmp.absolutetotalcare.com.

Table of Contents

ANALGESICS	14
ANESTHETICS	18
ANTI-INFECTIVES	18
ANTINEOPLASTIC AGENTS	30
CARDIOVASCULAR	41
CENTRAL NERVOUS SYSTEM	49
ENDOCRINE AND METABOLIC	66
GASTROINTESTINAL	83
GENITOURINARY	90
HEMATOLOGIC	91
IMMUNOLOGIC AGENTS	94
MISCELLANEOUS	101
NUTRITIONAL/SUPPLEMENTS	101
OPHTHALMIC	108
OTIC	113
RESPIRATORY	113
TOPICAL	119

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (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)	
MISCELLANEOUS		
<i>acetaminophen childrens solution 160 mg/5ml oral 160 mg/5ml</i>	\$0 (Tier 3)	NT
<i>acetaminophen childrens suspension 160 mg/5ml oral 160 mg/5ml</i>	\$0 (Tier 3)	NT
<i>acetaminophen childrens tablet chewable 160 mg oral 160 mg</i>	\$0 (Tier 3)	NT
<i>acetaminophen er tablet extended release 650 mg oral 650 mg</i>	\$0 (Tier 3)	NT
<i>acetaminophen extra strength tablet 500 mg oral 500 mg</i>	\$0 (Tier 3)	NT
<i>acetaminophen suppository 120 mg rectal 120 mg</i>	\$0 (Tier 3)	NT
<i>acetaminophen suppository 650 mg rectal 650 mg</i>	\$0 (Tier 3)	NT
<i>acetaminophen tablet 325 mg oral 325 mg</i>	\$0 (Tier 3)	NT
<i>aspirin ec tablet delayed release 325 mg oral 325 mg</i>	\$0 (Tier 3)	NT
<i>aspirin low dose tablet delayed release 81 mg oral 81 mg</i>	\$0 (Tier 3)	NT
ASPIRIN SUPPOSITORY 300 MG RECTAL 300 MG	\$0 (Tier 3)	NT
<i>aspirin tablet 325 mg oral 325 mg</i>	\$0 (Tier 3)	NT
<i>aspirin tablet chewable 81 mg oral 81 mg</i>	\$0 (Tier 3)	NT
<i>ed-apap liquid 160 mg/5ml oral 160 mg/5ml</i>	\$0 (Tier 3)	NT
FEVERALL INFANTS SUPPOSITORY 80 MG RECTAL 80 MG	\$0 (Tier 3)	NT
FEVERALL JUNIOR STRENGTH SUPPOSITORY 325 MG RECTAL 325 MG	\$0 (Tier 3)	NT
<i>mapap acetaminophen extra str liquid 500 mg/15ml oral 500 mg/15ml</i>	\$0 (Tier 3)	NT
<i>mapap capsule 500 mg oral 500 mg</i>	\$0 (Tier 3)	NT

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>mapap childrens tablet chewable 80 mg oral 80 mg</i>	\$0 (Tier 3) NT
<i>migraine relief tablet 250-250-65 mg oral 250-250-65 mg</i>	\$0 (Tier 3) NT
<i>tri-buffered aspirin tablet 325 mg oral 325 mg</i>	\$0 (Tier 3) NT
NSAIDS	
<i>celecoxib oral capsule 100 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>celecoxib oral capsule 200 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>celecoxib oral capsule 50 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	\$0 (Tier 1)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	\$0 (Tier 1)
<i>diflunisal oral tablet 500 mg</i>	\$0 (Tier 1)
<i>ec-naproxen oral tablet delayed release 375 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>ec-naproxen oral tablet delayed release 500 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (Tier 1)
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)
<i>ibu oral tablet 600 mg, 800 mg</i>	\$0 (Tier 1)
<i>ibuprofen capsule 200 mg oral 200 mg</i>	\$0 (Tier 3) NT
<i>ibuprofen childrens suspension 100 mg/5ml oral 100 mg/5ml</i>	\$0 (Tier 3) NT
<i>ibuprofen junior strength tablet chewable 100 mg oral 100 mg</i>	\$0 (Tier 3) NT
<i>ibuprofen oral suspension 100 mg/5ml</i>	\$0 (Tier 1)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)
<i>ibuprofen tablet 200 mg oral 200 mg</i>	\$0 (Tier 3) NT

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>infants ibuprofen suspension 50 mg/1.25ml oral 50 mg/1.25ml</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 220 mg</i>	\$0 (Tier 3) NT
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier 1)
<i>naproxen sodium tablet 220 mg oral 220 mg</i>	\$0 (Tier 3) NT
<i>oxaprozin oral tablet 600 mg</i>	\$0 (Tier 1)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>sm ibuprofen jr tablet 100 mg oral 100 mg</i>	\$0 (Tier 3) NT
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)
OPIOID ANALGESICS, LONG-ACTING	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0 (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)
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	\$0 (Tier 1) QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	\$0 (Tier 1) QL (400 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	\$0 (Tier 2)
<i>endocet oral tablet 10-325 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	\$0 (Tier 1) QL (180 ML per 30 days)
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	\$0 (Tier 2) B/D
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 10 MG/ML, 2 MG/ML	\$0 (Tier 2) B/D
<i>morphine sulfate (pf) intravenous solution 4 mg/ml, 8 mg/ml</i>	\$0 (Tier 2) B/D
MORPHINE SULFATE (PF) SOLUTION 4 MG/ML INTRAVENOUS 4 MG/ML	\$0 (Tier 2) B/D
MORPHINE SULFATE (PF) SOLUTION 8 MG/ML INTRAVENOUS 8 MG/ML	\$0 (Tier 2) B/D
<i>morphine sulfate intravenous solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0 (Tier 2) B/D
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	\$0 (Tier 2)
<i>oxycodone hcl oral capsule 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	\$0 (Tier 1) QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
ANESTHETICS		
LOCAL ANESTHETICS		
<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
ANTI-INFECTIVES		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 2)	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	\$0 (Tier 2)	B/D; ^
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	\$0 (Tier 1)	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	\$0 (Tier 2)	B/D; ^
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	\$0 (Tier 1)	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	\$0 (Tier 1)	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (Tier 2)	PA; ^
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	\$0 (Tier 1)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1)	PA
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	PA
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	\$0 (Tier 2)	^

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
NOXAFIL ORAL SUSPENSION 40 MG/ML	\$0 (Tier 2) PA; QL (630 ML per 30 days); ^
<i>nystatin oral tablet 500000 unit</i>	\$0 (Tier 1)
<i>posaconazole oral tablet delayed release 100 mg</i>	\$0 (Tier 2) PA; QL (93 EA per 30 days); ^
<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)
ANTI-INFECTIVES - MISCELLANEOUS	
<i>albendazole oral tablet 200 mg</i>	\$0 (Tier 2) ^
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	\$0 (Tier 1)
<i>atovaquone oral suspension 750 mg/5ml</i>	\$0 (Tier 1)
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	\$0 (Tier 2) PA; LA; ^
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	\$0 (Tier 1)
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	\$0 (Tier 1)
CLINDAMYCIN PHOSPHATE IN NAACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	\$0 (Tier 2)
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	\$0 (Tier 1)
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	\$0 (Tier 1)
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	\$0 (Tier 2) ^
DAPTOMYCIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS 350 MG	\$0 (Tier 2) ^
EMVERM ORAL TABLET CHEWABLE 100 MG	\$0 (Tier 2) QL (12 EA per 365 days); ^
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	\$0 (Tier 1)

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
SULFADIAZINE ORAL TABLET 500 MG	\$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)
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	\$0 (Tier 2) ^
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	\$0 (Tier 2) PA; ^
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	\$0 (Tier 1)
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)
VANCOMYCIN HCL IN NACL 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)
ANTIMALARIALS	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (Tier 1)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 2)
<i>mefloquine hcl oral tablet 250 mg</i>	\$0 (Tier 1)
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	\$0 (Tier 2)
<i>primaquine phosphate oral tablet 26.3 mg</i>	\$0 (Tier 1)
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1) PA
ANTIRETROVIRAL AGENTS	
<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) ^

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<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)
INVIRASE ORAL TABLET 500 MG	\$0 (Tier 2) ^
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 2) ^
ISENTRESS ORAL PACKET 100 MG	\$0 (Tier 2)
ISENTRESS ORAL TABLET 400 MG	\$0 (Tier 2) ^
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0 (Tier 2) ^
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0 (Tier 2)
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0 (Tier 2) ^
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	\$0 (Tier 1)
<i>nevirapine oral suspension 50 mg/5ml</i>	\$0 (Tier 1)
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)
NORVIR ORAL PACKET 100 MG	\$0 (Tier 2)
NORVIR ORAL SOLUTION 80 MG/ML	\$0 (Tier 2)
PIFELTRO ORAL TABLET 100 MG	\$0 (Tier 2) ^
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (Tier 2) QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	\$0 (Tier 2) QL (240 EA per 30 days); ^
PREZISTA ORAL TABLET 600 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
PREZISTA ORAL TABLET 75 MG	\$0 (Tier 2) QL (480 EA per 30 days)

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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 150 MG, 300 MG, 75 MG	\$0 (Tier 2) ^
SELZENTRY ORAL TABLET 25 MG	\$0 (Tier 2)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)
TIVICAY ORAL TABLET 10 MG	\$0 (Tier 2)
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (Tier 2) ^
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	\$0 (Tier 2)
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	\$0 (Tier 2) LA; ^
TYBOST ORAL TABLET 150 MG	\$0 (Tier 2)
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (Tier 2) ^
VIREAD ORAL POWDER 40 MG/GM	\$0 (Tier 2) ^
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 2) ^
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)
<i>zidovudine oral syrup 50 mg/5ml</i>	\$0 (Tier 1)
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)
ANTIRETROVIRAL COMBINATION AGENTS	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	\$0 (Tier 2) ^
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (Tier 2) ^
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 2) ^
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 2) ^
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 2) ^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (Tier 2) ^
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 2) ^
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	\$0 (Tier 2) ^

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ery-tab oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	\$0 (Tier 1)	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0 (Tier 2) ^	
<i>erythrocin stearate oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	\$0 (Tier 1)	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	\$0 (Tier 1)	
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	\$0 (Tier 2) ^	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg</i>	\$0 (Tier 1)	
FLUOROQUINOLONES		
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)	
PENICILLINS		
<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)	

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (Tier 2) PA-NS; LA; ^
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG	\$0 (Tier 2) PA-NS; ^
<i>bortezomib injection solution reconstituted 3.5 mg</i>	\$0 (Tier 2) PA-NS; ^
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	\$0 (Tier 2) PA-NS; ^
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	\$0 (Tier 2) PA-NS; ^
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (Tier 2) PA-NS; LA; ^
BRUKINSA ORAL CAPSULE 80 MG	\$0 (Tier 2) PA-NS; LA; ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
CALQUENCE ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
CALQUENCE ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; ^
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	\$0 (Tier 2) PA-NS; LA; ^
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	\$0 (Tier 2) PA-NS; LA; ^
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	\$0 (Tier 2) PA-NS; LA; ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; ^
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 2) PA-NS; LA; ^
DAURISMO ORAL TABLET 100 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; ^
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; LA; ^
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
<i>erlotinib hcl oral tablet 25 mg</i>	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
<i>everolimus oral tablet soluble 2 mg</i>	\$0 (Tier 2) PA-NS; QL (150 EA per 30 days); ^
<i>everolimus oral tablet soluble 3 mg</i>	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>everolimus oral tablet soluble 5 mg</i>	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
EXKIVITY ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; LA; ^
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
GAVRETO ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; ^

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 2) PA-NS; LA; ^
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	\$0 (Tier 2) PA-NS; ^
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	\$0 (Tier 2) PA-NS; ^
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; ^
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
ICLUSIG ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>imatinib mesylate oral tablet 100 mg</i>	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>imatinib mesylate oral tablet 400 mg</i>	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (216 ML per 27 days); ^
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
INREBIC ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; ^
IRESSA ORAL TABLET 250 MG	\$0 (Tier 2) PA-NS; LA; ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	\$0 (Tier 2) B/D; ^
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; ^
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (Tier 2) PA-NS; ^
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2) PA-NS; QL (21 EA per 28 days); ^
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2) PA-NS; QL (42 EA per 28 days); ^

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

12/01/2022

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

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

12/01/2022

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

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	\$0 (Tier 2) PA-NS; ^
TAZVERIK ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	\$0 (Tier 2) PA-NS; LA; ^
TEPMETKO ORAL TABLET 225 MG	\$0 (Tier 2) PA-NS; LA; ^
TIBSOVO ORAL TABLET 250 MG	\$0 (Tier 2) PA-NS; LA; ^
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; ^
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	\$0 (Tier 2) PA-NS; LA; ^
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	\$0 (Tier 2) PA-NS; LA; ^
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (Tier 2) PA-NS; LA; ^
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (Tier 2) PA-NS; LA; ^
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0 (Tier 2) PA-NS; ^
TUKYSA ORAL TABLET 150 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; ^
TURALIO ORAL CAPSULE 200 MG	\$0 (Tier 2) PA-NS; LA; ^
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	\$0 (Tier 2) PA-NS; ^
VENCLEXTA ORAL TABLET 10 MG	\$0 (Tier 2) PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
VENCLEXTA ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; LA; QL (112 EA per 28 days); ^
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	\$0 (Tier 2) PA-NS; LA; QL (42 EA per 28 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (56 EA per 28 days); ^
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; ^
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (Tier 2) PA-NS; LA; ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (Tier 2) PA-NS; LA; ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
VONJO ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
VOTRIENT ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (Tier 2) PA-NS; LA; ^
XOSPATA ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2) PA-NS; LA; ^
ZEJULA ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 2) PA-NS; LA; ^
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0 (Tier 2) PA-NS; ^
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2) PA-NS; LA; ^
ZYKADIA ORAL TABLET 150 MG	\$0 (Tier 2) PA-NS; LA; ^
PROTECTIVE AGENTS	
<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) ^

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (Tier 1)	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
ACE INHIBITORS		
<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)	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<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)	
ALPHA BLOCKERS		
<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)	

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

12/01/2022

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

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
ANTIARRHYTHMICS	
<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)
ANTILIPEMICS, FIBRATES	
<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)
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	\$0 (Tier 2) ST; QL (60 EA per 30 days); ^
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG	\$0 (Tier 2) ST; QL (30 EA per 30 days); ^
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	\$0 (Tier 2) ST; QL (30 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 (Tier 2) ST; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	\$0 (Tier 2) ST; QL (30 EA per 30 days)
ANTILIPEMICS, MISCELLANEOUS	
<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)

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>bosentan oral tablet 125 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
<i>bosentan oral tablet 62.5 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>sildenafil citrate oral tablet 20 mg</i>	\$0 (Tier 1) PA-NS; generic for Revatio; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	\$0 (Tier 1) PA-NS; generic for Adcirca; QL (60 EA per 30 days); ^
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	\$0 (Tier 2) PA-NS; LA; ^
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	\$0 (Tier 2) PA-NS; ^
CENTRAL NERVOUS SYSTEM	
ANTIANXIETY	
<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)
ANTICONVULSANTS	
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	\$0 (Tier 2) PA-NS
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2) PA-NS; QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral suspension 100 mg/5ml</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (600 ML per 30 days); ^
<i>epitol oral tablet 200 mg</i>	\$0 (Tier 1)
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (Tier 2)
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)
<i>ethosuximide oral solution 250 mg/5ml</i>	\$0 (Tier 1)
<i>felbamate oral suspension 600 mg/5ml</i>	\$0 (Tier 2) ^
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (Tier 1)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 2) PA-NS; QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
<i>gabapentin oral capsule 100 mg</i>	\$0 (Tier 1) QL (1080 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	\$0 (Tier 1) QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	\$0 (Tier 1) QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>lacosamide intravenous solution 200 mg/20ml</i>	\$0 (Tier 2) ^
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (Tier 1) QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	\$0 (Tier 1)

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	\$0 (Tier 2) QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 2)
PAXIL ORAL SUSPENSION 10 MG/5ML	\$0 (Tier 2) QL (900 ML per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	\$0 (Tier 1)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	\$0 (Tier 1)
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	\$0 (Tier 1)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)
<i>trimipramine maleate oral capsule 100 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg</i>	\$0 (Tier 2) QL (240 EA per 30 days)
<i>trimipramine maleate oral capsule 50 mg</i>	\$0 (Tier 2) QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG	\$0 (Tier 2) QL (60 EA per 30 days)
TRINTELLIX ORAL TABLET 20 MG	\$0 (Tier 2) QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET 5 MG	\$0 (Tier 2) QL (120 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (Tier 2) QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	\$0 (Tier 2)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
ANTIPARKINSONIAN AGENTS	
<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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>clozapine oral tablet dispersible 200 mg</i>	\$0 (Tier 2) PA-NS; QL (135 EA per 30 days); ^
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	\$0 (Tier 2) PA-NS
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (Tier 1)
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0 (Tier 2) QL (0.75 ML per 28 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0 (Tier 2) QL (1 ML per 28 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0 (Tier 2) QL (1.5 ML per 28 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (Tier 2) QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0 (Tier 2) QL (0.5 ML per 28 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	\$0 (Tier 2) QL (0.88 ML per 90 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	\$0 (Tier 2) QL (1.32 ML per 90 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	\$0 (Tier 2) QL (1.75 ML per 90 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	\$0 (Tier 2) QL (2.63 ML per 90 days); ^
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier 2) QL (30 EA per 30 days)

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
LATUDA ORAL TABLET 80 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)
NUPLAZID ORAL CAPSULE 34 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
NUPLAZID ORAL TABLET 10 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	\$0 (Tier 1) QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	\$0 (Tier 2) QL (1 EA per 30 days); ^
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	\$0 (Tier 1) PA-NS; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0 (Tier 2) QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	\$0 (Tier 2) QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	\$0 (Tier 2) QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	\$0 (Tier 2) QL (2 EA per 28 days); ^
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1) QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	\$0 (Tier 1) PA; QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1) PA; QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) PA; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) PA; QL (180 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days)
HYPNOTICS	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
<i>temazepam oral capsule 15 mg</i>	\$0 (Tier 1) PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg</i>	\$0 (Tier 1) PA; PA if 65 years and older; QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	\$0 (Tier 1) PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
MIGRAINE	
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); ^

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc) 7 mg/24hr</i>	\$0 (Tier 3)	NT
<i>nicotine polacrilex gum 2 mg mouth/throat 2 mg</i>	\$0 (Tier 3)	NT
<i>nicotine polacrilex gum 4 mg mouth/throat 4 mg</i>	\$0 (Tier 3)	NT
<i>nicotine polacrilex lozenge 2 mg mouth/throat 2 mg</i>	\$0 (Tier 3)	NT
NICOTROL INHALATION INHALER 10 MG	\$0 (Tier 2)	
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0 (Tier 2)	
<i>night time sleep aid tablet 25 mg oral 25 mg</i>	\$0 (Tier 3)	NT
<i>pain reliever pm ex st tablet 500-25 mg oral 500-25 mg</i>	\$0 (Tier 3)	NT
<i>sleep aid capsule 25 mg oral 25 mg</i>	\$0 (Tier 3)	NT
<i>sleep aid liquid 50 mg/30ml oral 50 mg/30ml</i>	\$0 (Tier 3)	NT
<i>sleep-aid capsule 50 mg oral 50 mg</i>	\$0 (Tier 3)	NT
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG	\$0 (Tier 1)	QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	\$0 (Tier 1)	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (Tier 2)	^
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0 (Tier 1)	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	\$0 (Tier 1)	
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	\$0 (Tier 1)	PA; QL (300 GM per 30 days)
ANTIDIABETICS, INSULINS		
ALCOHOL SWABS PAD 70 %	\$0 (Tier 2)	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)
FIASP INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)
GAUZE PADS 2" X 2" PAD 2"X2"	\$0 (Tier 2)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 2) B/D; ^
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	\$0 (Tier 2) ^
INSULIN PEN NEEDLE 29G X 12MM	\$0 (Tier 2)
INSULIN SYRINGE (DISP) U-100 0.3 ML 29G 0.3 ML	\$0 (Tier 2)
INSULIN SYRINGE (DISP) U-100 1 ML 29G X 1/2" 1 ML	\$0 (Tier 2)
INSULIN SYRINGE (DISP) U-100 1/2 ML 28G X 1/2" 0.5 ML	\$0 (Tier 2)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)
NEEDLES, INSULIN DISP., SAFETY 29G X 1/2" 1 ML	\$0 (Tier 2)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
OMNIPOD 5 G6 INTRO (GEN 5) KIT	\$0 (Tier 2) PA; QL (1 EA per 365 days)
OMNIPOD 5 G6 POD (GEN 5)	\$0 (Tier 2) PA; QL (3 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	\$0 (Tier 2) PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	\$0 (Tier 2) PA; QL (3 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	\$0 (Tier 2) PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	\$0 (Tier 2) PA; QL (3 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0 (Tier 2) QL (30 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	\$0 (Tier 2)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)
V-GO 20 KIT	\$0 (Tier 2) PA; QL (30 EA per 30 days)
V-GO 30 KIT	\$0 (Tier 2) PA; QL (30 EA per 30 days)
V-GO 40 KIT	\$0 (Tier 2) PA; QL (30 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	\$0 (Tier 2) QL (15 ML per 30 days)
ANTIDIABETICS	
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	\$0 (Tier 2) QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	\$0 (Tier 2) QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	\$0 (Tier 2) QL (1.2 ML per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glipizide er oral tablet extended release 24 hour 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)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	\$0 (Tier 1)	(generic of GLUCOPHAGE XR); QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	\$0 (Tier 1)	(generic of GLUCOPHAGE XR); QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	\$0 (Tier 2)	QL (1.5 ML per 28 days)

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	\$0 (Tier 2)	QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	\$0 (Tier 2)	QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	\$0 (Tier 2)	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	\$0 (Tier 2)	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
CALCIUM REGULATORS		
<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)	

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
CONTRACEPTIVES	
<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 & 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 & 0.01 mg</i>	\$0 (Tier 1)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (Tier 1)
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)
<i>balziva oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (Tier 1)
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>camila oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	\$0 (Tier 1)
<i>camrese oral tablet 0.15-0.03 & 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)

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>orsythia oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>philith oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)	
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<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 & 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)	

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	\$0 (Tier 1)
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	\$0 (Tier 1)
<i>vestura oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>wera oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (Tier 1)
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (Tier 1)
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>zumandimine oral tablet 3-0.03 mg</i>	\$0 (Tier 1)
ENDOMETRIOSIS	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)
SYNAREL NASAL SOLUTION 2 MG/ML	\$0 (Tier 2) ^
ESTROGENS	
<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)

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
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)	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 2) ^	
GLUCOSE TABLET CHEWABLE 4 GM ORAL 4 GM	\$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)	
GLUCOSE TABLET CHEWABLE 4-6 GM-MG ORAL 4-6 GM-MG	\$0 (Tier 3) NT	
MISCELLANEOUS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	\$0 (Tier 2) PA; LA; ^	

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	\$0 (Tier 2) PA; ^
<i>miglustat oral capsule 100 mg</i>	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	\$0 (Tier 2) PA; LA; ^
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 2) PA; ^
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0 (Tier 1) PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 2) PA; ^
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	\$0 (Tier 1) PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	\$0 (Tier 2) PA; ^
<i>raloxifene hcl oral tablet 60 mg</i>	\$0 (Tier 1)
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	\$0 (Tier 2) PA; ^
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	\$0 (Tier 2) PA; ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0 (Tier 2) PA; LA; ^
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	\$0 (Tier 2) PA; ^
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (Tier 2) PA; ^
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	\$0 (Tier 2) PA-NS; ^
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	\$0 (Tier 2) PA; ^
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 2) PA; LA; ^
PHOSPHATE BINDER AGENTS	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>calcium acetate oral tablet 667 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>sevelamer carbonate oral packet 0.8 gm</i>	\$0 (Tier 2) QL (540 EA per 30 days); ^
<i>sevelamer carbonate oral packet 2.4 gm</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0 (Tier 1) QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	\$0 (Tier 2) ^

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROGESTINS		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>megestrol acetate oral suspension 40 mg/ml</i>	\$0 (Tier 2)	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	\$0 (Tier 2)	PA
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)	
THYROID AGENTS		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (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)	
VITAMIN D ANALOGS		
<i>calcitriol intravenous solution 1 mcg/ml</i>	\$0 (Tier 1)	B/D
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)	B/D
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1)	B/D
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (Tier 1)	B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (Tier 1)	B/D

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	\$0 (Tier 2) ^
GASTROINTESTINAL	
ANTACIDS	
<i>acid gone suspension 95-358 mg/15ml oral 95-358 mg/15ml</i>	\$0 (Tier 3) NT
<i>alum & mag hydroxide-simeth suspension 400-400-40 mg/5ml oral 400-400-40 mg/5ml</i>	\$0 (Tier 3) NT
<i>alumina-magnesia-simethicone suspension 200-200-20 mg/5ml oral 200-200-20 mg/5ml</i>	\$0 (Tier 3) NT
<i>antacid calcium tablet chewable 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>antacid extra strength tablet chewable 160-105 mg oral 160-105 mg</i>	\$0 (Tier 3) NT
<i>antacid ultra strength tablet chewable 1000 mg oral 1000 mg</i>	\$0 (Tier 3) NT
<i>calcium antacid extra strength tablet chewable 750 mg oral 750 mg</i>	\$0 (Tier 3) NT
CALCIUM CARBONATE ANTACID TABLET 648 MG ORAL 648 MG	\$0 (Tier 3) NT
<i>heartburn relief ex st suspension 254-237.5 mg/5ml oral 254-237.5 mg/5ml</i>	\$0 (Tier 3) NT
<i>magnesium oxide tablet 400 mg oral 400 mg</i>	\$0 (Tier 3) NT
<i>mintox plus tablet chewable 200-200-25 mg oral 200-200-25 mg</i>	\$0 (Tier 3) NT
<i>sodium bicarbonate tablet 325 mg oral 325 mg</i>	\$0 (Tier 3) NT
<i>sodium bicarbonate tablet 650 mg oral 650 mg</i>	\$0 (Tier 3) NT
ANTI-DIARRHEAL	
<i>acidophilus/pectin capsule oral</i>	\$0 (Tier 3) NT
<i>anti-diarrheal capsule 2 mg oral 2 mg</i>	\$0 (Tier 3) NT
<i>anti-diarrheal tablet 2 mg oral 2 mg</i>	\$0 (Tier 3) NT
<i>gnp pink bismuth tablet 262 mg oral 262 mg</i>	\$0 (Tier 3) NT
<i>lactobacillus packet oral</i>	\$0 (Tier 3) NT
<i>lactobacillus tablet oral</i>	\$0 (Tier 3) NT
<i>loperamide hcl liquid 1 mg/7.5ml oral 1 mg/7.5ml</i>	\$0 (Tier 3) NT

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LOPERAMIDE HCL SOLUTION 2 MG/15ML ORAL 2 MG/15ML	\$0 (Tier 3)	NT
<i>peptic relief tablet chewable 262 mg oral 262 mg</i>	\$0 (Tier 3)	NT
<i>probiotic formula capsule 1-250 billion-mg oral 1-250 billion-mg</i>	\$0 (Tier 3)	NT
QUAD-PROBIOTIC CAPSULE ORAL	\$0 (Tier 3)	NT
RISA-BID PROBIOTIC TABLET ORAL	\$0 (Tier 3)	NT
<i>stomach relief extra strength suspension 525 mg/15ml oral 525 mg/15ml</i>	\$0 (Tier 3)	NT
<i>stomach relief suspension 525 mg/30ml oral 525 mg/30ml</i>	\$0 (Tier 3)	NT
ANTIEMETICS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 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 50 mg</i>	\$0 (Tier 3)	NT
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	B/D; QL (60 EA per 30 days)
<i>gnp motion sickness relief tablet 25 mg oral 25 mg</i>	\$0 (Tier 3)	NT
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	\$0 (Tier 1)	
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	B/D
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 2)	
<i>meclizine hcl tablet 12.5 mg oral (otc) 12.5 mg</i>	\$0 (Tier 3)	NT
<i>meclizine hcl tablet chewable 25 mg oral (otc) 25 mg</i>	\$0 (Tier 3)	NT
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)	

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	PA; PA if 70 years and older
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	\$0 (Tier 2)	PA; PA if 70 years and older; QL (10 EA per 30 days)
ANTISPASMODICS		
<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)	
H2-RECEPTOR ANTAGONISTS		
<i>acid reducer tablet 10 mg oral 10 mg</i>	\$0 (Tier 3)	NT
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	\$0 (Tier 1)	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	\$0 (Tier 1)	
<i>famotidine maximum strength tablet 20 mg oral 20 mg</i>	\$0 (Tier 3)	NT
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	\$0 (Tier 1)	QL (300 ML per 30 days)
<i>famotidine oral tablet 20 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>famotidine oral tablet 40 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	\$0 (Tier 1)	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium oral capsule 750 mg</i>	\$0 (Tier 1)	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	\$0 (Tier 2)	PA; ^
<i>budesonide oral capsule delayed release particles 3 mg</i>	\$0 (Tier 1)	PA
<i>hydrocortisone rectal enema 100 mg/60ml</i>	\$0 (Tier 1)	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>mesalamine oral capsule delayed release 400 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	\$0 (Tier 1)	
<i>mesalamine rectal enema 4 gm</i>	\$0 (Tier 1)	
<i>mesalamine rectal suppository 1000 mg</i>	\$0 (Tier 1)	

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
LAXATIVES		
<i>bisacodyl ec tablet delayed release 5 mg oral (otc) 5 mg</i>	\$0 (Tier 3)	NT
<i>bisacodyl suppository 10 mg rectal 10 mg</i>	\$0 (Tier 3)	NT
<i>castor oil oil 100 % oral 100 %</i>	\$0 (Tier 3)	NT
<i>chocolated laxative tablet chewable 15 mg oral 15 mg</i>	\$0 (Tier 3)	NT
COLACE CLEAR CAPSULE 50 MG ORAL 50 MG	\$0 (Tier 3)	NT
<i>constulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>docusate calcium capsule 240 mg oral 240 mg</i>	\$0 (Tier 3)	NT
<i>docusate sodium capsule 250 mg oral (otc) 250 mg</i>	\$0 (Tier 3)	NT
<i>docusate sodium liquid 50 mg/5ml oral 50 mg/5ml</i>	\$0 (Tier 3)	NT
DOCUSOL KIDS ENEMA 100 MG/5ML RECTAL 100 MG/5ML	\$0 (Tier 3)	NT
DOCUSOL PLUS MINI-ENEMA ENEMA 20-283 MG RECTAL 20-283 MG	\$0 (Tier 3)	NT
<i>dok tablet 100 mg oral 100 mg</i>	\$0 (Tier 3)	NT
<i>enema enema 7-19 gm/118ml rectal 7-19 gm/118ml</i>	\$0 (Tier 3)	NT
<i>enema mineral oil enema rectal</i>	\$0 (Tier 3)	NT
<i>enemeez mini enema 283 mg/5ml rectal 283 mg/5ml</i>	\$0 (Tier 3)	NT
<i>enulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>fiber tablet 625 mg oral 625 mg</i>	\$0 (Tier 3)	NT
FLEET BISACODYL ENEMA 10 MG/30ML RECTAL 10 MG/30ML	\$0 (Tier 3)	NT
FLEET LIQUID GLYCERIN SUPP ENEMA 5.4 GM/DOSE RECTAL 5.4 GM/DOSE	\$0 (Tier 3)	NT
FLEET PEDIATRIC ENEMA 3.5-9.5 GM/59ML RECTAL 3.5-9.5 GM/59ML	\$0 (Tier 3)	NT
<i>gavilyte-c oral solution reconstituted 240 gm</i>	\$0 (Tier 1)	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	\$0 (Tier 1)	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	\$0 (Tier 1)	

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>generlac oral solution 10 gm/15ml</i>	\$0 (Tier 1)
<i>glycerin adult suppository 2 gm rectal 2 gm</i>	\$0 (Tier 3) NT
<i>glycerin (infants & children) suppository 1 gm rectal 1 gm</i>	\$0 (Tier 3) NT
<i>gnp fiber therapy tablet 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>gnp natural fiber capsule 0.52 gm oral 0.52 gm</i>	\$0 (Tier 3) NT
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	\$0 (Tier 2)
KONSYL DAILY FIBER PACKET 100 % ORAL 100 %	\$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 25 mg</i>	\$0 (Tier 3) NT
<i>laxative regular strength tablet 15 mg oral 15 mg</i>	\$0 (Tier 3) NT
<i>magnesium citrate solution 1.745 gm/30ml oral 1.745 gm/30ml</i>	\$0 (Tier 3) NT
<i>milk of magnesia concentrate suspension 2400 mg/10ml oral 2400 mg/10ml</i>	\$0 (Tier 3) NT
<i>milk of magnesia suspension 7.75 % oral 7.75 %</i>	\$0 (Tier 3) NT
<i>mineral oil oil oral</i>	\$0 (Tier 3) NT
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	\$0 (Tier 1)
<i>natural psyllium seed powder 100 % oral 100 %</i>	\$0 (Tier 3) NT
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	\$0 (Tier 2)
PEDIA-LAX LIQUID 50 MG/15ML ORAL 50 MG/15ML	\$0 (Tier 3) NT
PEDIA-LAX SUPPOSITORY 2.8 GM RECTAL 2.8 GM	\$0 (Tier 3) NT
PEDIA-LAX TABLET CHEWABLE 400 MG ORAL 400 MG	\$0 (Tier 3) NT
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0 (Tier 1)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0 (Tier 1)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	\$0 (Tier 2)
<i>polyethylene glycol 3350 packet 17 gm oral (otc) 17 gm</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powder 17 gm/scoop oral (otc) 17 gm/scoop</i>	\$0 (Tier 3) NT
<i>reguloid capsule 400 mg oral 400 mg</i>	\$0 (Tier 3) NT

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>senna capsule 8.6 mg oral 8.6 mg</i>	\$0 (Tier 3) NT
<i>senna liquid 8.8 mg/5ml oral 8.8 mg/5ml</i>	\$0 (Tier 3) NT
SENNA PLUS CAPSULE 50-8.6 MG ORAL 50-8.6 MG	\$0 (Tier 3) NT
<i>senna-lax tablet 8.6 mg oral 8.6 mg</i>	\$0 (Tier 3) NT
<i>senokot extra strength tablet 17.2 mg oral 17.2 mg</i>	\$0 (Tier 3) NT
<i>silace syrup 60 mg/15ml oral 60 mg/15ml</i>	\$0 (Tier 3) NT
<i>soluble fiber therapy powder oral</i>	\$0 (Tier 3) NT
<i>stool softener capsule 100 mg oral 100 mg</i>	\$0 (Tier 3) NT
<i>stool softener plus laxative tablet 8.6-50 mg oral 8.6-50 mg</i>	\$0 (Tier 3) NT
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	\$0 (Tier 2)
MISCELLANEOUS	
<i>alosetron hcl oral tablet 0.5 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
CARAFATE ORAL SUSPENSION 1 GM/10ML	\$0 (Tier 2) PA
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	\$0 (Tier 1)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	\$0 (Tier 2)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 2)
GAS RELIEF CAPSULE 250 MG ORAL 250 MG	\$0 (Tier 3) NT
<i>gas relief extra strength capsule 125 mg oral 125 mg</i>	\$0 (Tier 3) NT
<i>gas relief extra strength tablet chewable 125 mg oral 125 mg</i>	\$0 (Tier 3) NT
<i>gas relief tablet chewable 80 mg oral 80 mg</i>	\$0 (Tier 3) NT
<i>gas relief ultra strength capsule 180 mg oral 180 mg</i>	\$0 (Tier 3) NT
GATTEX SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2) PA; LA; ^
<i>gnp nausea relief solution 1.87-1.87-21.5 oral 1.87-1.87-21.5</i>	\$0 (Tier 3) NT
<i>infants gas relief suspension 20 mg/0.3ml oral 20 mg/0.3ml</i>	\$0 (Tier 3) NT
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	\$0 (Tier 1)
<i>lubiprostone oral capsule 24 mcg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lubiprostone oral capsule 8 mcg</i>	\$0 (Tier 1) QL (180 EA per 30 days)

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)	
MOVANTIK ORAL TABLET 12.5 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	\$0 (Tier 2)	PA; ^
<i>simethicone drops infants suspension 20 mg/0.3ml oral 20 mg/0.3ml</i>	\$0 (Tier 3)	NT
<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; ^
PANCREATIC ENZYMES		
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)	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	\$0 (Tier 1)	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	\$0 (Tier 1)	ST
<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 oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>omeprazole tablet delayed release 20 mg oral 20 mg</i>	\$0 (Tier 3)	NT
<i>omeprazole tablet delayed release dispersible 20 mg oral 20 mg</i>	\$0 (Tier 3)	NT

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	\$0 (Tier 1)	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<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)	
MISCELLANEOUS		
<i>acetic acid irrigation solution 0.25 %</i>	\$0 (Tier 1)	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	\$0 (Tier 1)	
<i>sm urinary pain relief max st tablet 97.5 mg oral 97.5 mg</i>	\$0 (Tier 3)	NT
<i>summers eve disp medicated solution 0.3 % vaginal 0.3 %</i>	\$0 (Tier 3)	NT
<i>urinary pain relief tablet 95 mg oral 95 mg</i>	\$0 (Tier 3)	NT
<i>urinary pain relief tablet 99.5 mg oral 99.5 mg</i>	\$0 (Tier 3)	NT
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	\$0 (Tier 1)	ST; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	\$0 (Tier 2)	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<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)	ST; QL (60 EA per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)	
<i>clotrimazole 3 cream 2 % vaginal 2 %</i>	\$0 (Tier 3)	NT
<i>clotrimazole cream 1 % vaginal 1 %</i>	\$0 (Tier 3)	NT
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)	
<i>miconazole 1 kit 1200 & 2 mg & % vaginal 1200 & 2 mg & %</i>	\$0 (Tier 3)	NT
<i>miconazole 3 applicator kit 200 & 2 mg-% (9gm) vaginal 200 & 2 mg-% (9gm)</i>	\$0 (Tier 3)	NT
<i>miconazole 3 combo-supp kit 200 & 2 mg-% (9gm) vaginal 200 & 2 mg-% (9gm)</i>	\$0 (Tier 3)	NT
<i>miconazole 3 cream 4 % vaginal 4 %</i>	\$0 (Tier 3)	NT
<i>miconazole 7 suppository 100 mg vaginal 100 mg</i>	\$0 (Tier 3)	NT
<i>miconazole nitrate cream 2 % vaginal 2 %</i>	\$0 (Tier 3)	NT
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	
<i>vandazole vaginal gel 0.75 %</i>	\$0 (Tier 1)	
HEMATOLOGIC		
ANTICOAGULANTS		
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)

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	\$0 (Tier 2)	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	\$0 (Tier 1)	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	\$0 (Tier 1) B/D	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	\$0 (Tier 2)	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0 (Tier 2)	QL (51 EA per 30 days)
HEMATOPOIETIC GROWTH FACTORS		
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; ^
IRON		
<i>eqi carbonyl iron tablet 45 mg oral 45 mg</i>	\$0 (Tier 3)	NT
<i>iron tablet 240 (27 fe) mg oral 240 (27 fe) mg</i>	\$0 (Tier 3)	NT
FERRIMIN 150 TABLET 150 MG ORAL 150 MG	\$0 (Tier 3)	NT

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ferrous fumarate tablet 324 (106 fe) mg oral 324 (106 fe) mg</i>	\$0 (Tier 3) NT
<i>ferrous gluconate tablet 324 (37.5 fe) mg oral 324 (37.5 fe) mg</i>	\$0 (Tier 3) NT
FERROUS GLUCONATE TABLET 324 (38 FE) MG ORAL 324 (38 FE) MG	\$0 (Tier 3) NT
<i>ferrous sulfate elixir 220 (44 fe) mg/5ml oral 220 (44 fe) mg/5ml</i>	\$0 (Tier 3) NT
FERROUS SULFATE LIQUID 220 (44 FE) MG/5ML ORAL 220 (44 FE) MG/5ML	\$0 (Tier 3) NT
<i>ferrous sulfate solution 75 (15 fe) mg/ml oral 75 (15 fe) mg/ml</i>	\$0 (Tier 3) NT
<i>ferrous sulfate syrup 300 (60 fe) mg/5ml oral 300 (60 fe) mg/5ml</i>	\$0 (Tier 3) NT
<i>ferrous sulfate tablet 325 (65 fe) mg oral 325 (65 fe) mg</i>	\$0 (Tier 3) NT
FERROUS SULFATE TABLET DELAYED RELEASE 324 (65 FE) MG ORAL 324 (65 FE) MG	\$0 (Tier 3) NT
<i>ferrous sulfate tablet delayed release 325 (65 fe) mg oral 325 (65 fe) mg</i>	\$0 (Tier 3) NT
<i>gnp iron tablet 200 (65 fe) mg oral 200 (65 fe) mg</i>	\$0 (Tier 3) NT
HEMATEX IRON COMPLEX TABLET 150 MG ORAL 150 MG	\$0 (Tier 3) NT
HEMATEX LIQUID 100 MG/5ML ORAL 100 MG/5ML	\$0 (Tier 3) NT
IRON CHEWS PEDIATRIC TABLET CHEWABLE 15 MG ORAL 15 MG	\$0 (Tier 3) NT
<i>polysaccharide iron complex capsule 150 mg oral 150 mg</i>	\$0 (Tier 3) NT
SM SLOW RELEASE IRON TABLET EXTENDED RELEASE 143 (45 FE) MG ORAL 143 (45 FE) MG	\$0 (Tier 3) NT
VIRT-FEFA PLUS CAPSULE ORAL	\$0 (Tier 3) NT
MISCELLANEOUS	
<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; ^

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (Tier 2)
ENDARI ORAL PACKET 5 GM	\$0 (Tier 2) PA; LA; ^
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	\$0 (Tier 2) PA; LA; QL (20 EA per 30 days); ^
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	\$0 (Tier 2) PA; QL (27 ML per 30 days); ^
<i>pentoxifylline er oral tablet extended release 400 mg</i>	\$0 (Tier 1)
PROMACTA ORAL PACKET 12.5 MG	\$0 (Tier 2) PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL PACKET 25 MG	\$0 (Tier 2) PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
<i>sajazir subcutaneous solution 30 mg/3ml</i>	\$0 (Tier 2) PA; QL (27 ML per 30 days); ^
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	\$0 (Tier 1)
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)
PLATELET AGGREGATION INHIBITORS	
<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)
IMMUNOLOGIC AGENTS	
AUTOIMMUNE AGENTS	
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); ^

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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); ^
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) PA; LA; ^
OTEZLA ORAL TABLET 30 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	\$0 (Tier 2) PA; QL (110 EA per 365 days); ^
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) PA; ^
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 (112 EA per 365 days); ^
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	\$0 (Tier 2) PA; QL (7 EA per 365 days); ^
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	\$0 (Tier 2) PA; QL (60 ML per 365 days); ^
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2) PA; QL (7 ML per 365 days); ^

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	\$0 (Tier 2) PA; QL (16.8 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (Tier 2) PA; QL (7 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0 (Tier 2) PA; LA; QL (1 ML per 28 days); ^
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0 (Tier 2) PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0 (Tier 2) PA; QL (1 ML per 28 days); ^
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	\$0 (Tier 2) PA; LA; QL (3 ML per 28 days); ^
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	\$0 (Tier 2) PA; LA; QL (3 ML per 28 days); ^
XELJANZ ORAL SOLUTION 1 MG/ML	\$0 (Tier 2) PA; QL (240 ML per 24 days); ^
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	\$0 (Tier 1)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>methotrexate oral tablet 2.5 mg</i>	\$0 (Tier 1)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 2)
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 2)
IMMUNOGLOBULINS	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	\$0 (Tier 2) PA; LA; ^
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	\$0 (Tier 2) PA; ^
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
GAMASTAN INTRAMUSCULAR INJECTABLE	\$0 (Tier 2) B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (Tier 2) PA; ^

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	\$0 (Tier 2) PA; ^
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
IMMUNOMODULATORS	
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	\$0 (Tier 2) PA-NS; LA; ^
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	\$0 (Tier 2) PA; ^
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	\$0 (Tier 2) B/D; ^
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	\$0 (Tier 2) B/D
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	\$0 (Tier 2) B/D; ^
IMMUNOSUPPRESSANTS	
azathioprine oral tablet 50 mg	\$0 (Tier 1) B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	\$0 (Tier 2) PA; ^
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
<i>cyclosporine intravenous solution 50 mg/ml</i>	\$0 (Tier 1) B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1) B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1) B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1) B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (Tier 2) B/D; ^
<i>engraft oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1) B/D
<i>engraft oral solution 100 mg/ml</i>	\$0 (Tier 1) B/D
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	\$0 (Tier 2) B/D; ^
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	\$0 (Tier 1) B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0 (Tier 2) B/D; ^
PROGRAF ORAL PACKET 0.2 MG, 1 MG	\$0 (Tier 2) B/D
REZUROCK ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (Tier 2) B/D
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (Tier 2) B/D; ^
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1) B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1) B/D
ZORTRESS ORAL TABLET 1 MG	\$0 (Tier 2) B/D; ^
VACCINES	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2) NM
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	\$0 (Tier 2) NM
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	\$0 (Tier 2) NM
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2) NM

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0 (Tier 2) NM
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0 (Tier 2) NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0 (Tier 2) NM
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 2) NM
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	\$0 (Tier 2) B/D; NM
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	\$0 (Tier 2) B/D; NM
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	\$0 (Tier 2) B/D; NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (Tier 2) NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2) NM
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	\$0 (Tier 2) NM
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0 (Tier 2) NM
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	\$0 (Tier 2) B/D; NM
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0 (Tier 2) NM
IPOLE INJECTION INJECTABLE	\$0 (Tier 2) NM
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (Tier 2) NM
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 2) NM
MENACTRA INTRAMUSCULAR SOLUTION	\$0 (Tier 2) NM
MENQUADFI INTRAMUSCULAR SOLUTION	\$0 (Tier 2) NM
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2) NM
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (Tier 2) NM
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2) NM
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0 (Tier 2) NM
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS)	\$0 (Tier 2) NM

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier 2) NM
ROTATEQ ORAL SOLUTION	\$0 (Tier 2) NM
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0 (Tier 2) NM; QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0 (Tier 2) B/D; NM
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	\$0 (Tier 2) B/D; NM
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	\$0 (Tier 2) NM
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2) NM
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0 (Tier 2) NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	\$0 (Tier 2) NM
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$0 (Tier 2) NM
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	\$0 (Tier 2) NM
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	\$0 (Tier 2) NM
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	\$0 (Tier 2) NM

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS		
MISCELLANEOUS		
HM CASTOR OIL OIL	\$0 (Tier 3)	NT
PETROLATUM OINTMENT 42 % EXTERNAL 42 %	\$0 (Tier 3)	NT
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	\$0 (Tier 2)	
<i>dextrose in lactated ringers intravenous solution 5 %</i>	\$0 (Tier 1)	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %	\$0 (Tier 2)	
<i>dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	\$0 (Tier 1)	
DEXTROSE-NACL INTRAVENOUS SOLUTION 2.5-0.45 %	\$0 (Tier 1)	
<i>dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.225 %, 5-0.3 %</i>	\$0 (Tier 1)	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (Tier 2)	
ISOLYTE-S INTRAVENOUS SOLUTION	\$0 (Tier 2)	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	\$0 (Tier 2)	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%</i>	\$0 (Tier 1)	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 40-5-0.9 MEQ/L-%	\$0 (Tier 2)	
<i>lactated ringers intravenous solution</i>	\$0 (Tier 1)	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	\$0 (Tier 2)	
MAGNESIUM SULFATE IN D5W SOLUTION 1-5 GM/100ML-% INTRAVENOUS 1-5 GM/100ML-%	\$0 (Tier 2)	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	\$0 (Tier 2)	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	\$0 (Tier 2)	
MAGNESIUM SULFATE SOLUTION 2 GM/50ML INTRAVENOUS 2 GM/50ML	\$0 (Tier 2)	

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
MAGNESIUM SULFATE SOLUTION 20 GM/500ML INTRAVENOUS 20 GM/500ML	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 4 GM/100ML INTRAVENOUS 4 GM/100ML	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 4 GM/50ML INTRAVENOUS 4 GM/50ML	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 40 GM/1000ML INTRAVENOUS 40 GM/1000ML	\$0 (Tier 2)
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0 (Tier 2)
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0 (Tier 2)
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	\$0 (Tier 1)
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%	\$0 (Tier 2)
<i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%</i>	\$0 (Tier 1)
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous 20-0.45 meq/l-%</i>	\$0 (Tier 1)
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	\$0 (Tier 1)
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/50ML, 20 MEQ/50ML	\$0 (Tier 2)
<i>sodium chloride injection solution 2.5 meq/ml</i>	\$0 (Tier 1)
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	\$0 (Tier 1)
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	\$0 (Tier 2) B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>	
<i>klor-con 10 oral tablet extended release 10 meq</i>	\$0 (Tier 1)
<i>klor-con m10 oral tablet extended release 10 meq</i>	\$0 (Tier 1)
<i>klor-con m15 oral tablet extended release 15 meq</i>	\$0 (Tier 1)
<i>klor-con m20 oral tablet extended release 20 meq</i>	\$0 (Tier 1)
<i>klor-con oral packet 20 meq</i>	\$0 (Tier 1)
<i>klor-con oral tablet extended release 8 meq</i>	\$0 (Tier 1)
M-NATAL PLUS ORAL TABLET 27-1 MG	\$0 (Tier 2)

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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 PLUS LOW IRON ORAL TABLET 27-1 MG	\$0 (Tier 2)
PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET ORAL TABLET 27-1 MG	\$0 (Tier 2)
<i>sodium fluoride chew, tab, 1.1 (0.5 f) mg/ml soln oral tablet 2.2 (1 f) mg</i>	\$0 (Tier 1)
TRICARE ORAL TABLET	\$0 (Tier 2)
IV NUTRITION	
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)
<i>dextrose intravenous solution 50 %, 70 %</i>	\$0 (Tier 1) B/D
FREAMINE III INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) B/D
<i>hepatamine intravenous solution 8 %</i>	\$0 (Tier 2) B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (Tier 2) B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 2) B/D

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>plenamine intravenous solution 15 %</i>	\$0 (Tier 1) B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) B/D
PROCALAMINE INTRAVENOUS SOLUTION 3 %	\$0 (Tier 2) B/D
PROSOL INTRAVENOUS SOLUTION 20 %	\$0 (Tier 2) B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) B/D
MINERALS	
<i>calcitrate tablet 950 (200 ca) mg oral 950 (200 ca) mg</i>	\$0 (Tier 3) NT
<i>calcium 500/d tablet chewable 500-400 mg-unit oral 500-400 mg-unit</i>	\$0 (Tier 3) NT
<i>calcium 600+d3 tablet 600-20 mg-mcg oral 600-20 mg-mcg</i>	\$0 (Tier 3) NT
<i>calcium carb-cholecalciferol tablet 600-10 mg-mcg oral 600-10 mg-mcg</i>	\$0 (Tier 3) NT
<i>calcium carb-cholecalciferol tablet 600-5 mg-mcg oral 600-5 mg-mcg</i>	\$0 (Tier 3) NT
<i>calcium carbonate antacid suspension 1250 mg/5ml oral 1250 mg/5ml</i>	\$0 (Tier 3) NT
<i>calcium carbonate tablet 1500 (600 ca) mg oral 1500 (600 ca) mg</i>	\$0 (Tier 3) NT
CALCIUM CARBONATE TABLET CHEWABLE 1250 (500 CA) MG ORAL 1250 (500 CA) MG	\$0 (Tier 3) NT
<i>calcium citrate + d3 maximum tablet 315-6.25 mg-mcg oral 315-6.25 mg-mcg</i>	\$0 (Tier 3) NT
<i>calcium-vitamin d3 tablet 250-3.125 mg-mcg oral 250-3.125 mg-mcg</i>	\$0 (Tier 3) NT
<i>magnesium oxide tablet 400 (240 mg) mg oral 400 (240 mg) mg</i>	\$0 (Tier 3) NT
<i>magnesium oxide tablet 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>os-cal extra d3 tablet 500-15 mg-mcg oral 500-15 mg-mcg</i>	\$0 (Tier 3) NT
<i>oyster shell calcium tablet 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>oyster shell calcium w/d tablet 500-5 mg-mcg oral 500-5 mg-mcg</i>	\$0 (Tier 3) NT
<i>oyster shell calcium/vitamin d tablet 500-5 mg-mcg oral 500-5 mg-mcg</i>	\$0 (Tier 3) NT

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>phosphorus supplement packet 280-160-250 mg oral 280-160-250 mg</i>	\$0 (Tier 3)	NT
SLOW-MAG TABLET DELAYED RELEASE 71.5-119 MG ORAL 71.5-119 MG	\$0 (Tier 3)	NT
<i>sm oyster shell calcium/vit d3 tablet 500-10 mg-mcg oral 500-10 mg-mcg</i>	\$0 (Tier 3)	NT
<i>sodium chloride tablet 1 gm oral 1 gm</i>	\$0 (Tier 3)	NT
<i>zinc gluconate tablet 50 mg oral 50 mg</i>	\$0 (Tier 3)	NT
<i>zinc sulfate tablet 220 (50 zn) mg oral 220 (50 zn) mg</i>	\$0 (Tier 3)	NT
MISCELLANEOUS		
BOOST BREEZE LIQUID ORAL	\$0 (Tier 3)	NT
<i>co q-10 capsule 100 mg oral 100 mg</i>	\$0 (Tier 3)	NT
<i>co q-10 capsule 200 mg oral 200 mg</i>	\$0 (Tier 3)	NT
<i>co q10 capsule 30 mg oral 30 mg</i>	\$0 (Tier 3)	NT
<i>co q-10 capsule 50 mg oral 50 mg</i>	\$0 (Tier 3)	NT
<i>co q10 capsule 60 mg oral 60 mg</i>	\$0 (Tier 3)	NT
ENSURE CLEAR LIQUID ORAL	\$0 (Tier 3)	NT
<i>enteric fish oil capsule delayed release 1000 mg oral 1000 mg</i>	\$0 (Tier 3)	NT
<i>fish oil capsule 500 mg oral 500 mg</i>	\$0 (Tier 3)	NT
<i>glucosamine sulfate capsule 500 mg oral 500 mg</i>	\$0 (Tier 3)	NT
GLUCOSE NURSETTE SOLUTION 5 % ORAL 5 %	\$0 (Tier 3)	NT
LUTEIN-ZEAXANTHIN CAPSULE 20-1 MG ORAL 20-1 MG	\$0 (Tier 3)	NT
<i>melatonin maximum strength tablet 5 mg oral 5 mg</i>	\$0 (Tier 3)	NT
<i>melatonin tablet 3 mg oral 3 mg</i>	\$0 (Tier 3)	NT
<i>ocuvite lutein 25 capsule 25-5 mg oral 25-5 mg</i>	\$0 (Tier 3)	NT
<i>omega 3 capsule 1000 mg oral 1000 mg</i>	\$0 (Tier 3)	NT
OMEGA-3 CAPSULE 1400 MG ORAL 1400 MG	\$0 (Tier 3)	NT
<i>sm omega-3 fish oil capsule 1200 mg oral 1200 mg</i>	\$0 (Tier 3)	NT
TYR COOLER LIQUID ORAL	\$0 (Tier 3)	NT
VITAMINS		
<i>dialyvite tablet oral</i>	\$0 (Tier 3)	NT

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>animal shapes tablet chewable oral</i>	\$0 (Tier 3) NT
ANIMAL SHAPES/IRON TABLET CHEWABLE 18 MG ORAL 18 MG	\$0 (Tier 3) NT
<i>b-complex/b-12 tablet oral</i>	\$0 (Tier 3) NT
<i>b-complex/vitamin c (w/ ca) tablet oral</i>	\$0 (Tier 3) NT
BP VIT 3 CAPSULE 1 MG ORAL 1 MG	\$0 (Tier 3) NT
<i>vitamin c tablet chewable 500 mg oral 500 mg</i>	\$0 (Tier 3) NT
<i>certavite/antioxidants tablet oral</i>	\$0 (Tier 3) NT
<i>cyanocobalamin solution 1000 mcg/ml injection 1000 mcg/ml</i>	\$0 (Tier 3) NT
DECARA CAPSULE 625 MCG (25000 UT) ORAL 625 MCG (25000 UT)	\$0 (Tier 3) NT
DIALYVITE 800 WAFER 0.8 MG ORAL 0.8 MG	\$0 (Tier 3) NT
DIALYVITE 800-ZINC 15 TABLET 0.8 MG ORAL 0.8 MG	\$0 (Tier 3) NT
<i>dialyvite vitamin d3 max tablet 1.25 mg (50000 ut) oral 1.25 mg (50000 ut)</i>	\$0 (Tier 3) NT
<i>e-200 capsule 90 mg (200 unit) oral 90 mg (200 unit)</i>	\$0 (Tier 3) NT
<i>eldertonic liquid oral</i>	\$0 (Tier 3) NT
<i>ergocalciferol solution 200 mcg/ml oral 200 mcg/ml</i>	\$0 (Tier 3) NT
<i>folic acid solution 5 mg/ml injection 5 mg/ml</i>	\$0 (Tier 3) NT
<i>folic acid tablet 1 mg oral (rx) 1 mg</i>	\$0 (Tier 3) NT
<i>folic acid tablet 400 mcg oral 400 mcg</i>	\$0 (Tier 3) NT
<i>folic acid tablet 800 mcg oral 800 mcg</i>	\$0 (Tier 3) NT
<i>foltabs 800 tablet 800-10-115 mcg-mg-mcg oral 800-10-115 mcg-mg-mcg</i>	\$0 (Tier 3) NT
GERITOL TONIC LIQUID ORAL	\$0 (Tier 3) NT
<i>gnp one daily womens health tablet oral</i>	\$0 (Tier 3) NT
<i>icaps capsule oral</i>	\$0 (Tier 3) NT
ICAPS LUTEIN & ZEAXANTHIN TABLET DELAYED RELEASE ORAL	\$0 (Tier 3) NT
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL 500 MCG/0.1ML	\$0 (Tier 3) NT
<i>niacin er capsule extended release 250 mg oral 250 mg</i>	\$0 (Tier 3) NT

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>niacin er capsule extended release 500 mg oral 500 mg</i>	\$0 (Tier 3)	NT
<i>niacin er tablet extended release 500 mg oral 500 mg</i>	\$0 (Tier 3)	NT
<i>niacin tablet 100 mg oral 100 mg</i>	\$0 (Tier 3)	NT
<i>niacin tablet 500 mg oral 500 mg</i>	\$0 (Tier 3)	NT
<i>phytonadione tablet 5 mg oral 5 mg</i>	\$0 (Tier 3)	NT
PRESERVISION AREDS CAPSULE ORAL	\$0 (Tier 3)	NT
PRESERVISION AREDS TABLET ORAL	\$0 (Tier 3)	NT
<i>renal-vite tablet 0.8 mg oral 0.8 mg</i>	\$0 (Tier 3)	NT
<i>reno caps capsule 1 mg oral 1 mg</i>	\$0 (Tier 3)	NT
<i>soluvita e solution 15.8 mg/0.7ml oral 15.8 mg/0.7ml</i>	\$0 (Tier 3)	NT
<i>stress formula/zinc (b-compl) tablet oral</i>	\$0 (Tier 3)	NT
<i>vitamin b + c complex tablet oral</i>	\$0 (Tier 3)	NT
<i>one-daily multi-vitamin tablet oral</i>	\$0 (Tier 3)	NT
<i>daily vitamin formula+iron tablet oral</i>	\$0 (Tier 3)	NT
MULTIVITAMIN TABLET ORAL	\$0 (Tier 3)	NT
<i>thiamine hcl solution 100 mg/ml injection 100 mg/ml</i>	\$0 (Tier 3)	NT
<i>vitamin a capsule 3 mg (10000 ut) oral 3 mg (10000 ut)</i>	\$0 (Tier 3)	NT
<i>vitamin b12 tablet 100 mcg oral 100 mcg</i>	\$0 (Tier 3)	NT
<i>vitamin b-12 tablet 1000 mcg oral 1000 mcg</i>	\$0 (Tier 3)	NT
<i>vitamin b-12 tablet 250 mcg oral 250 mcg</i>	\$0 (Tier 3)	NT
<i>vitamin b-12 tablet 500 mcg oral 500 mcg</i>	\$0 (Tier 3)	NT
<i>vitamin c tablet 1000 mg oral 1000 mg</i>	\$0 (Tier 3)	NT
<i>vitamin c tablet 250 mg oral 250 mg</i>	\$0 (Tier 3)	NT
<i>vitamin c tablet 500 mg oral 500 mg</i>	\$0 (Tier 3)	NT
<i>vitamin d (cholecalciferol) capsule 25 mcg (1000 ut) oral 25 mcg (1000 ut)</i>	\$0 (Tier 3)	NT
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral 1.25 mg (50000 ut)</i>	\$0 (Tier 3)	NT
<i>vitamin d capsule 50 mcg (2000 ut) oral 50 mcg (2000 ut)</i>	\$0 (Tier 3)	NT
<i>vitamin d liquid 10 mcg/ml oral 10 mcg/ml</i>	\$0 (Tier 3)	NT
<i>vitamin d3 capsule 1.25 mg (50000 ut) oral 1.25 mg (50000 ut)</i>	\$0 (Tier 3)	NT

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vitamin d3 capsule 250 mcg (10000 ut) oral 250 mcg (10000 ut)</i>	\$0 (Tier 3)	NT
<i>vitamin d3 tablet 10 mcg (400 unit) oral 10 mcg (400 unit)</i>	\$0 (Tier 3)	NT
<i>vitamin d3 tablet 125 mcg (5000 ut) oral 125 mcg (5000 ut)</i>	\$0 (Tier 3)	NT
<i>vitamin d3 tablet 25 mcg (1000 ut) oral 25 mcg (1000 ut)</i>	\$0 (Tier 3)	NT
<i>vitamin d3 tablet 50 mcg (2000 ut) oral 50 mcg (2000 ut)</i>	\$0 (Tier 3)	NT
<i>vitamin d3 capsule 125 mcg (5000 ut) oral 125 mcg (5000 ut)</i>	\$0 (Tier 3)	NT
<i>vitamin e capsule 45 mg oral 45 mg</i>	\$0 (Tier 3)	NT
<i>vitamin e capsule 400 unit oral 400 unit</i>	\$0 (Tier 3)	NT
<i>vitamin e capsule 450 mg (1000 ut) oral 450 mg (1000 ut)</i>	\$0 (Tier 3)	NT
<i>vitamin k1 solution 1 mg/0.5ml injection 1 mg/0.5ml</i>	\$0 (Tier 3)	NT
<i>vitamin k1 solution 10 mg/ml injection 10 mg/ml</i>	\$0 (Tier 3)	NT
<i>westab max tablet 2.5-25-2 mg oral 2.5-25-2 mg</i>	\$0 (Tier 3)	NT
<i>westab mini tablet 2.2-25-1 mg oral 2.2-25-1 mg</i>	\$0 (Tier 3)	NT
<i>westab one tablet 2.5-25-1 mg oral 2.5-25-1 mg</i>	\$0 (Tier 3)	NT
WEST-VITE W/FOLIC ACID TABLET 0.8 MG ORAL 0.8 MG	\$0 (Tier 3)	NT
OPHTHALMIC		
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	\$0 (Tier 1)	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	\$0 (Tier 2)	
<i>cromolyn sodium ophthalmic solution 4 %</i>	\$0 (Tier 1)	
<i>ketotifen fumarate solution 0.025 % ophthalmic (otc) 0.025 %</i>	\$0 (Tier 3)	NT
LASTACFT OPHTHALMIC SOLUTION 0.25 %	\$0 (Tier 2)	
NAPHCON-A SOLUTION 0.025-0.3 % OPHTHALMIC 0.025-0.3 %	\$0 (Tier 3)	NT
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	\$0 (Tier 1)	
<i>olopatadine hcl solution 0.1 % ophthalmic (otc) 0.1 %</i>	\$0 (Tier 3)	NT
<i>olopatadine hcl solution 0.2 % ophthalmic (otc) 0.2 %</i>	\$0 (Tier 3)	NT
PATADAY SOLUTION 0.7 % OPHTHALMIC 0.7 %	\$0 (Tier 3)	NT
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	\$0 (Tier 2)	

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

12/01/2022

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

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ANTI-INFLAMMATORIES	
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)
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)
MISCELLANEOUS	
<i>artificial tears ointment 83-15 % ophthalmic 83-15 %</i>	\$0 (Tier 3) NT
<i>artificial tears pf solution 0.1-0.3 % ophthalmic 0.1-0.3 %</i>	\$0 (Tier 3) NT
<i>artificial tears solution 0.5-0.6 % ophthalmic 0.5-0.6 %</i>	\$0 (Tier 3) NT
<i>artificial tears solution 1.4 % ophthalmic 1.4 %</i>	\$0 (Tier 3) NT
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	\$0 (Tier 1)
<i>atropine sulfate solution 1 % ophthalmic 1 %</i>	\$0 (Tier 2)
<i>carboxymethylcellulose sodium solution 0.5 % ophthalmic 0.5 %</i>	\$0 (Tier 3) NT
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	\$0 (Tier 2) PA; LA; ^
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	\$0 (Tier 2) PA; LA; ^
<i>dry eye relief drops solution 0.2-0.2-1 % ophthalmic 0.2-0.2-1 %</i>	\$0 (Tier 3) NT
FRESHKOTE PF SOLUTION 2.7-2 % OPHTHALMIC 2.7-2 %	\$0 (Tier 3) NT

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
GENTEAL SEVERE GEL 0.3 % OPHTHALMIC 0.3 %	\$0 (Tier 3) NT
<i>genteal tears solution 0.1-0.2-0.3 % ophthalmic 0.1-0.2-0.3 %</i>	\$0 (Tier 3) NT
<i>genteal tears solution 0.1-0.3 % ophthalmic 0.1-0.3 %</i>	\$0 (Tier 3) NT
GONAK SOLUTION 2.5 % OPHTHALMIC 2.5 %	\$0 (Tier 3) NT
<i>goodsense lubricant eye drops solution 0.4-0.3 % ophthalmic 0.4-0.3 %</i>	\$0 (Tier 3) NT
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	\$0 (Tier 2)
ISOPTO TEARS SOLUTION 0.5 % OPHTHALMIC 0.5 %	\$0 (Tier 3) NT
<i>lubricating eye drops solution 0.4-0.3 % ophthalmic 0.4-0.3 %</i>	\$0 (Tier 3) NT
<i>lubricating eye drops solution 0.5-0.9 % ophthalmic 0.5-0.9 %</i>	\$0 (Tier 3) NT
<i>lubricating plus eye drops solution 0.5 % ophthalmic 0.5 %</i>	\$0 (Tier 3) NT
MURO 128 SOLUTION 2 % OPHTHALMIC 2 %	\$0 (Tier 3) NT
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)
<i>refresh celluvisc gel 1 % ophthalmic 1 %</i>	\$0 (Tier 3) NT
REFRESH CONTACTS DROPS SOLUTION	\$0 (Tier 3) NT
REFRESH LIQUIGEL GEL 1 % OPHTHALMIC 1 %	\$0 (Tier 3) NT
REFRESH OPTIVE ADVANCED SOLUTION 0.5-1-0.5 % OPHTHALMIC 0.5-1-0.5 %	\$0 (Tier 3) NT
REFRESH OPTIVE GEL 1-0.9 % OPHTHALMIC 1-0.9 %	\$0 (Tier 3) NT
REFRESH OPTIVE MEGA-3 SOLUTION 0.5-1-0.5 % OPHTHALMIC 0.5-1-0.5 %	\$0 (Tier 3) NT
REFRESH OPTIVE PF SOLUTION 0.5-0.9 % OPHTHALMIC 0.5-0.9 %	\$0 (Tier 3) NT
REFRESH RELIEVA PF SOLUTION 0.5-1 % OPHTHALMIC 0.5-1 %	\$0 (Tier 3) NT
REFRESH SOLUTION 1.4-0.6 % OPHTHALMIC 1.4-0.6 %	\$0 (Tier 3) NT
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	\$0 (Tier 2)
RESTASIS OPHTHALMIC EMULSION 0.05 %	\$0 (Tier 2)
<i>sodium chloride (hypertonic) ointment 5 % ophthalmic 5 %</i>	\$0 (Tier 3) NT
<i>sodium chloride (hypertonic) solution 5 % ophthalmic 5 %</i>	\$0 (Tier 3) NT

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYSTANE COMPLETE SOLUTION 0.6 % OPHTHALMIC 0.6 %	\$0 (Tier 3)	NT
SYSTANE GEL 0.4-0.3 % OPHTHALMIC 0.4-0.3 %	\$0 (Tier 3)	NT
OTIC		
OTIC AGENTS		
<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)	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	\$0 (Tier 2)	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	\$0 (Tier 2)	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT	\$0 (Tier 2)	Institutional Pack (5.9g inhaler containing 28 inhalations); QL (23.6 GM per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	\$0 (Tier 2)	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	\$0 (Tier 2)	QL (8 GM per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	\$0 (Tier 1)	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	\$0 (Tier 2)	QL (60 EA per 30 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	\$0 (Tier 2)	QL (25.8 GM per 30 days)

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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)
ANTI-HISTAMINES	
<i>chlorpheniramine maleate tablet 4 mg oral 4 mg</i>	\$0 (Tier 3) NT
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	\$0 (Tier 1)
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$0 (Tier 1)
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>cyproheptadine hcl oral tablet 4 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>desloratadine oral tablet 5 mg</i>	\$0 (Tier 1)
<i>diphenhydramine hcl capsule 25 mg oral (otc) 25 mg</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl capsule 50 mg oral (otc) 50 mg</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0 (Tier 1)
<i>diphenhydramine hcl liquid 12.5 mg/5ml oral 12.5 mg/5ml</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl liquid 6.25 mg/ml oral 6.25 mg/ml</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl tablet 25 mg oral 25 mg</i>	\$0 (Tier 3) NT
<i>ed chlorped jr syrup 2 mg/5ml oral 2 mg/5ml</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl tablet 180 mg oral (otc) 180 mg</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl tablet 60 mg oral (otc) 60 mg</i>	\$0 (Tier 3) NT
<i>gnp allergy relief tablet chewable 12.5 mg oral 12.5 mg</i>	\$0 (Tier 3) NT
<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>olopatadine hcl nasal solution 0.6 %</i>	\$0 (Tier 1)
BETA AGONISTS	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0 (Tier 1) (generic of Proair HFA); QL (17 GM per 30 days)

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	\$0 (Tier 1)	(generic of Proventil HFA); QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	\$0 (Tier 1)	(generic of Ventolin HFA); QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	\$0 (Tier 1)	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	\$0 (Tier 1)	B/D; ^
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	\$0 (Tier 2)	B/D; ^
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	\$0 (Tier 2)	B/D; ^
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	\$0 (Tier 1)	B/D
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	\$0 (Tier 2)	QL (48 GM per 30 days)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	\$0 (Tier 2)	QL (36 GM per 30 days)
COUGH AND COLD		
ALAHIST PE TABLET 2-7.5 MG ORAL 2-7.5 MG	\$0 (Tier 3)	NT
<i>benzonatate capsule 100 mg oral 100 mg</i>	\$0 (Tier 3)	NT
<i>benzonatate capsule 150 mg oral 150 mg</i>	\$0 (Tier 3)	NT
<i>benzonatate capsule 200 mg oral 200 mg</i>	\$0 (Tier 3)	NT
<i>chest rub ointment external</i>	\$0 (Tier 3)	NT
<i>dexbrompheniramine-phenyleph tablet 2-10 mg oral 2-10 mg</i>	\$0 (Tier 3)	NT

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>nasal decongestant spray solution 0.05 % nasal 0.05 %</i>	\$0 (Tier 3) NT
SM MEDICATED CHEST RUB OINTMENT 4.73-1.2-2.6 % EXTERNAL 4.73-1.2-2.6 %	\$0 (Tier 3) NT
LEUKOTRIENE MODULATORS	
<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)
MISCELLANEOUS	
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	\$0 (Tier 1) B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	\$0 (Tier 2) PA; LA; ^
AYR NASAL MIST ALLERGY/SINUS SOLUTION 2.65 % NASAL 2.65 %	\$0 (Tier 3) NT
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	\$0 (Tier 1) B/D
DALIRESP ORAL TABLET 250 MCG, 500 MCG	\$0 (Tier 2)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	\$0 (Tier 1) (generic of Adrenaclick)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	\$0 (Tier 1) (generic of Adrenaclick)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	\$0 (Tier 1) (generic of EpiPen)
ESBRIET ORAL CAPSULE 267 MG	\$0 (Tier 2) PA; QL (270 EA per 30 days); ^
ESBRIET ORAL TABLET 267 MG	\$0 (Tier 2) PA; QL (270 EA per 30 days); ^
ESBRIET ORAL TABLET 801 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	\$0 (Tier 2) PA; LA; ^
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	\$0 (Tier 2) PA; LA; ^
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	\$0 (Tier 2) PA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	\$0 (Tier 2) PA; LA; ^

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	\$0 (Tier 2) PA; LA; ^
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) PA; LA; ^
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	\$0 (Tier 2) PA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 2) PA; QL (112 EA per 28 days); ^
<i>pirfenidone oral tablet 267 mg</i>	\$0 (Tier 2) PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
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>saline nasal spray solution 0.65 % nasal 0.65 %</i>	\$0 (Tier 3) NT
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (Tier 2)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	\$0 (Tier 1)
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	\$0 (Tier 1)
<i>theophylline oral elixir 80 mg/15ml</i>	\$0 (Tier 1)
<i>theophylline oral solution 80 mg/15ml</i>	\$0 (Tier 1)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	\$0 (Tier 2) PA; LA; QL (84 EA per 28 days); ^
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; ^
NASAL STEROIDS	
<i>budesonide suspension 32 mcg/act nasal (otc) 32 mcg/act</i>	\$0 (Tier 3) NT

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$0 (Tier 1)	QL (75 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	\$0 (Tier 1)	QL (16 GM per 30 days)
<i>fluticasone propionate suspension 50 mcg/act nasal (otc) 50 mcg/act</i>	\$0 (Tier 3)	NT
<i>mometasone furoate nasal suspension 50 mcg/act</i>	\$0 (Tier 1)	QL (34 GM per 30 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	\$0 (Tier 2)	QL (12.5 GM per 30 days)
<i>triamcinolone acetonide aerosol 55 mcg/act nasal (otc) 55 mcg/act</i>	\$0 (Tier 3)	NT
STEROID INHALANTS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	\$0 (Tier 1)	B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT	\$0 (Tier 2)	QL (240 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (Tier 2)	QL (180 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	\$0 (Tier 2)	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	\$0 (Tier 2)	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	\$0 (Tier 2)	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	\$0 (Tier 2)	QL (3 EA per 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	\$0 (Tier 2)	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	\$0 (Tier 2)	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	\$0 (Tier 2)	QL (60 EA per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	\$0 (Tier 2)	QL (10.2 GM per 30 days)

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

12/01/2022

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	PA
ACNE MEDICATION 10 LOTION 10 % EXTERNAL 10 %	\$0 (Tier 3)	NT
ACNE MEDICATION 5 LOTION 5 % EXTERNAL 5 %	\$0 (Tier 3)	NT
<i>adapalene gel 0.1 % external (otc) 0.1 %</i>	\$0 (Tier 3)	NT
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	PA
<i>avita external cream 0.025 %</i>	\$0 (Tier 1)	PA; QL (45 GM per 30 days)
<i>avita external gel 0.025 %</i>	\$0 (Tier 1)	PA; QL (45 GM per 30 days)
<i>benzefoam foam 5.3 % external (otc) 5.3 %</i>	\$0 (Tier 3)	NT
BENZOYL PEROXIDE CLEANSER LIQUID 6 % EXTERNAL 6 %	\$0 (Tier 3)	NT
<i>benzoyl peroxide gel 10 % external (otc) 10 %</i>	\$0 (Tier 3)	NT
<i>benzoyl peroxide gel 2.5 % external (otc) 2.5 %</i>	\$0 (Tier 3)	NT
<i>benzoyl peroxide gel 5 % external (otc) 5 %</i>	\$0 (Tier 3)	NT
<i>benzoyl peroxide wash liquid 10 % external (otc) 10 %</i>	\$0 (Tier 3)	NT
<i>benzoyl peroxide wash liquid 5 % external (otc) 5 %</i>	\$0 (Tier 3)	NT
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	\$0 (Tier 1)	QL (46.6 GM per 30 days)
<i>bpo foaming cloths 6 % external (otc) 6 %</i>	\$0 (Tier 3)	NT
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	PA
<i>clindamycin phosphate external gel 1 %</i>	\$0 (Tier 1)	QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion 1 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>ery external pad 2 %</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>erythromycin external solution 2 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	PA
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	\$0 (Tier 1)	QL (118 ML per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1)	PA; QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$0 (Tier 1)	PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	PA

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
DERMATOLOGY, ANTIBIOTICS	
<i>bacitracin ointment 500 unit/gm external 500 unit/gm</i>	\$0 (Tier 3) NT
<i>bacitracin zinc ointment 500 unit/gm external 500 unit/gm</i>	\$0 (Tier 3) NT
<i>gentamicin sulfate external cream 0.1 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>mupirocin external ointment 2 %</i>	\$0 (Tier 1) QL (220 GM per 30 days)
<i>poly bacitracin ointment 500-10000 unit/gm external 500-10000 unit/gm</i>	\$0 (Tier 3) NT
<i>silver sulfadiazine external cream 1 %</i>	\$0 (Tier 1)
<i>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 3.5-400-5000</i>	\$0 (Tier 3) NT
<i>triple antibiotic plus ointment 1 % external 1 %</i>	\$0 (Tier 3) NT
DERMATOLOGY, ANTIFUNGALS	
ALEVAZOL OINTMENT 1 % EXTERNAL 1 %	\$0 (Tier 3) NT
<i>antifungal powder 2 % external 2 %</i>	\$0 (Tier 3) NT
<i>athletes foot powder spray aerosol powder 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>athletes foot powder spray aerosol powder 2 % external 2 %</i>	\$0 (Tier 3) NT
<i>athletes foot spray aerosol 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>butenafine hcl cream 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>castellani paint modified liquid 1.5 % external 1.5 %</i>	\$0 (Tier 3) NT
<i>ciclopirox olamine external cream 0.77 %</i>	\$0 (Tier 1) QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>clotrimazole anti-fungal cream 1 % external (otc) 1 %</i>	\$0 (Tier 3) NT
<i>clotrimazole external cream 1 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	\$0 (Tier 1) QL (30 ML per 30 days)
<i>clotrimazole solution 1 % external (otc) 1 %</i>	\$0 (Tier 3) NT
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>diphenhydramine-zinc acetate cream 2-0.1 % external 2-0.1 %</i>	\$0 (Tier 3) NT
FUNGOID TINCTURE SOLUTION 2 % EXTERNAL 2 %	\$0 (Tier 3) NT

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12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>itch relief extra strength liquid 2-0.1 % external 2-0.1 %</i>	\$0 (Tier 3) NT
<i>ketoconazole external cream 2 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>miconazole nitrate cream 2 % external (otc) 2 %</i>	\$0 (Tier 3) NT
<i>nyamyc external powder 100000 unit/gm</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>nystop external powder 100000 unit/gm</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>terbinafine hcl cream 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>tolnaftate antifungal cream 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>tolnaftate powder 1 % external 1 %</i>	\$0 (Tier 3) NT
DERMATOLOGY, ANTIPSORIATICS	
<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)
DERMATOLOGY, ANTISEBORRHEICS	
<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)
DERMATOLOGY, CORTICOSTEROIDS	
<i>ala-cort external cream 1 %, 2.5 %</i>	\$0 (Tier 1)
<i>alclometasone dipropionate external cream 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)

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

12/01/2022

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

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>hydrocortisone external lotion 2.5 %</i>	\$0 (Tier 1)
<i>hydrocortisone external ointment 2.5 %</i>	\$0 (Tier 1)
<i>hydrocortisone ointment 1 % external (otc) 1 %</i>	\$0 (Tier 3) NT
<i>mometasone furoate external cream 0.1 %</i>	\$0 (Tier 1)
<i>mometasone furoate external ointment 0.1 %</i>	\$0 (Tier 1)
<i>mometasone furoate external solution 0.1 %</i>	\$0 (Tier 1)
<i>scalpicin maximum strength solution 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide external cream 0.1 %</i>	\$0 (Tier 1) QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)
<i>triderm external cream 0.5 %</i>	\$0 (Tier 1)
DERMATOLOGY, LOCAL ANESTHETICS	
<i>glydo external prefilled syringe 2 %</i>	\$0 (Tier 1) PA; QL (60 ML per 30 days)
<i>lidocaine external ointment 5 %</i>	\$0 (Tier 1) PA; QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	\$0 (Tier 1) PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	\$0 (Tier 1) PA; QL (50 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	\$0 (Tier 1) PA; QL (30 ML per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	\$0 (Tier 1) PA; QL (30 GM per 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>alum sulfate-ca acetate packet external</i>	\$0 (Tier 3) NT
<i>ammonium lactate cream 12 % external (otc) 12 %</i>	\$0 (Tier 3) NT
<i>ammonium lactate external cream 12 %</i>	\$0 (Tier 1)
<i>ammonium lactate external lotion 12 %</i>	\$0 (Tier 1)
<i>ammonium lactate lotion 12 % external (otc) 12 %</i>	\$0 (Tier 3) NT
<i>anti-dandruff shampoo 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>anti-itch lotion 0.5-0.5 % external 0.5-0.5 %</i>	\$0 (Tier 3) NT
<i>antiseptic skin cleanser solution 4 % external 4 %</i>	\$0 (Tier 3) NT
ARTHRITIS PAIN RELIEVING CREAM 0.075 % EXTERNAL 0.075 %	\$0 (Tier 3) NT

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>azelaic acid external gel 15 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
BETADINE SOLUTION 5 % EXTERNAL 5 %	\$0 (Tier 3) NT
BETADINE SURGICAL SCRUB SOLUTION 7.5 % EXTERNAL 7.5 %	\$0 (Tier 3) NT
<i>betasept surgical scrub liquid 4 % external 4 %</i>	\$0 (Tier 3) NT
<i>bexarotene external gel 1 %</i>	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
CALAMINE LOTION 8-8 % EXTERNAL 8-8 %	\$0 (Tier 3) NT
CAMPHOTREX GEL 10-4 % EXTERNAL 10-4 %	\$0 (Tier 3) NT
<i>capsaicin cream 0.025 % external 0.025 %</i>	\$0 (Tier 3) NT
<i>capsaicin cream 0.1 % external 0.1 %</i>	\$0 (Tier 3) NT
CETAPHIL GENTLE CLEANSER LIQUID EXTERNAL	\$0 (Tier 3) NT
CETAPHIL MOISTURIZING LOTION EXTERNAL	\$0 (Tier 3) NT
<i>corn & callus remover liquid 17 % external 17 %</i>	\$0 (Tier 3) NT
COZIMA CREAM 24 % EXTERNAL 24 %	\$0 (Tier 3) NT
<i>diaper rash ointment 40 % external 40 %</i>	\$0 (Tier 3) NT
<i>diclofenac sodium external gel 1 %</i>	\$0 (Tier 1) QL (1000 GM per 30 days)
DR SMITHS DIAPER OINTMENT 10 % EXTERNAL 10 %	\$0 (Tier 3) NT
DR SMITHS DIAPER RASH AEROSOL 10 % EXTERNAL 10 %	\$0 (Tier 3) NT
EYE-SCRUB PAD EXTERNAL	\$0 (Tier 3) NT
FINACEA EXTERNAL FOAM 15 %	\$0 (Tier 2) QL (50 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	\$0 (Tier 1) QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	\$0 (Tier 1) QL (10 ML per 30 days)
GNP CAPSAICIN LIQUID 0.15 % EXTERNAL 0.15 %	\$0 (Tier 3) NT
<i>gnp cold & hot extra strength ointment 7.6-29 % external 7.6-29 %</i>	\$0 (Tier 3) NT
<i>gnp scalp relief liquid 3 % external 3 %</i>	\$0 (Tier 3) NT
<i>hemorrhoidal ointment 0.25-14-74.9 % rectal 0.25-14-74.9 %</i>	\$0 (Tier 3) NT
<i>hemorrhoidal relief cream 5 % external 5 %</i>	\$0 (Tier 3) NT
<i>hemorrhoidal suppository 0.25-88.44 % rectal 0.25-88.44 %</i>	\$0 (Tier 3) NT
<i>hydrocortisone (perianal) external cream 2.5 %</i>	\$0 (Tier 1)
<i>hydrogen peroxide solution 3 % external 3 %</i>	\$0 (Tier 3) NT

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>hysept solution 0.25 % external 0.25 %</i>	\$0 (Tier 3) NT
<i>hysept solution 0.5 % external 0.5 %</i>	\$0 (Tier 3) NT
<i>imiquimod external cream 5 %</i>	\$0 (Tier 1) QL (24 EA per 30 days)
IONIL-T SHAMPOO 1 % EXTERNAL 1 %	\$0 (Tier 3) NT
LIDOCAINE CREAM 3 % EXTERNAL 3 %	\$0 (Tier 3) NT
<i>lidocaine cream 4 % external 4 %</i>	\$0 (Tier 3) NT
<i>lidocaine pain relief patch 4 % external 4 %</i>	\$0 (Tier 3) NT
MEDERMA SPF 30 CREAM EXTERNAL	\$0 (Tier 3) NT
<i>medicated callus removers pad 40 % external 40 %</i>	\$0 (Tier 3) NT
<i>metronidazole external cream 0.75 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	\$0 (Tier 1) QL (59 ML per 30 days)
<i>moisturizing cream cream external</i>	\$0 (Tier 3) NT
NORITATE EXTERNAL CREAM 1 %	\$0 (Tier 2) QL (60 GM per 30 days); ^
<i>pain relieving cream 10 % external 10 %</i>	\$0 (Tier 3) NT
<i>pain relieving cream external</i>	\$0 (Tier 3) NT
PANRETIN EXTERNAL GEL 0.1 %	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
<i>podofilox external solution 0.5 %</i>	\$0 (Tier 1) QL (7 ML per 28 days)
POISON IVY WASH LOTION 1 % EXTERNAL 1 %	\$0 (Tier 3) NT
<i>povidone-iodine ointment 10 % external 10 %</i>	\$0 (Tier 3) NT
<i>povidone-iodine solution 10 % external (otc) 10 %</i>	\$0 (Tier 3) NT
<i>povidone-iodine swab 10 % external 10 %</i>	\$0 (Tier 3) NT
<i>pramoxine hcl (perianal) foam 1 % external 1 %</i>	\$0 (Tier 3) NT
<i>procto-med hc external cream 2.5 %</i>	\$0 (Tier 1)
<i>procto-pak external cream 1 %</i>	\$0 (Tier 1)
<i>proctosol hc external cream 2.5 %</i>	\$0 (Tier 1)
<i>proctozone-hc external cream 2.5 %</i>	\$0 (Tier 1)
QC CALAMINE LOTION EXTERNAL	\$0 (Tier 3) NT
RECTIV RECTAL OINTMENT 0.4 %	\$0 (Tier 2) QL (30 GM per 30 days)
RISAMINE OINTMENT 0.44-20.625 % EXTERNAL 0.44-20.625 %	\$0 (Tier 3) NT

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>rosadan external cream 0.75 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>sal-plant gel 17 % external 17 %</i>	\$0 (Tier 3) NT
SEBEX SHAMPOO 2-2 % EXTERNAL 2-2 %	\$0 (Tier 3) NT
<i>sm anti-dandruff coal tar shampoo 0.5 % external 0.5 %</i>	\$0 (Tier 3) NT
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
TARGRETIN EXTERNAL GEL 1 %	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
THERAPEUTIC DANDRUFF SHAMPOO 3 % EXTERNAL 3 %	\$0 (Tier 3) NT
<i>urea 20 intensive hydrating cream 20 % external 20 %</i>	\$0 (Tier 3) NT
VALCHLOR EXTERNAL GEL 0.016 %	\$0 (Tier 2) PA-NS; LA; QL (60 GM per 30 days); ^
<i>vitamins a & d ointment external</i>	\$0 (Tier 3) NT
<i>wart remover maximum strength strip 40 % external 40 %</i>	\$0 (Tier 3) NT
Z-BUM CREAM 22 % EXTERNAL 22 %	\$0 (Tier 3) NT
<i>zinc oxide ointment 20 % external 20 %</i>	\$0 (Tier 3) NT
ZINC OXIDE OINTMENT 25 % EXTERNAL 25 %	\$0 (Tier 3) NT
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	\$0 (Tier 2) QL (15 GM per 30 days); ^
DERMATOLOGY, SCABICIDES AND PEDICULIDES	
<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)
DERMATOLOGY, WOUND CARE AGENTS	
REGRANEX 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)
MOUTH/THROAT/DENTAL AGENTS	
<i>cevimeline hcl oral capsule 30 mg</i>	\$0 (Tier 1)
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	\$0 (Tier 1)
<i>clotrimazole mouth/throat troche 10 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	\$0 (Tier 1)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	\$0 (Tier 1)
<i>periogard mouth/throat solution 0.12 %</i>	\$0 (Tier 1)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)

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

12/01/2022

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sore throat spray liquid 1.4 % mouth/throat 1.4 %</i>	\$0 (Tier 3) NT
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	\$0 (Tier 1)
OTIC	
<i>ear drops solution 6.5 % otic 6.5 %</i>	\$0 (Tier 3) NT

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

12/01/2022

D. Index of Covered Drugs

<i>abacavir sulfate</i>	21	<i>albendazole</i>	19	<i>amoxapine</i>	54
<i>abacavir sulfate-lamivudine</i>	23	<i>albuterol sulfate</i>	115	<i>amoxicillin</i>	28
<i>abacavir-lamivudine-zidovudine</i>	23	<i>albuterol sulfate hfa inhalation</i>		<i>amoxicillin-pot clavulanate</i>	29
ABELCET.....	18	<i>aerosol solution 108 (90 base)</i>		<i>amoxicillin-pot clavulanate er</i>	28
ABILIFY MAINTENA.....	58	<i>mcg/act</i>	114, 115	<i>amphetamine-dextroamphet er</i>	61
<i>abiraterone acetate</i>	32	<i>alclometasone dipropionate</i>	121	<i>amphetamine-</i>	
ABRAXANE.....	33	ALCOHOL SWABS.....	66	<i>dextroamphetamine</i>	61
<i>acamprosate calcium</i>	65	ALDURAZYME.....	79	<i>amphotericin b</i>	18
<i>acarbose</i>	68	ALECENSA.....	34	<i>amphotericin b liposome</i>	18
<i>accutane</i>	119	<i>alendronate sodium</i>	70	<i>ampicillin</i>	29
<i>acebutolol hcl</i>	45	ALEVAZOL.....	120	<i>ampicillin sodium</i>	29
<i>acetaminophen</i>	14	<i>alfuzosin hcl er</i>	90	<i>ampicillin-sulbactam sodium</i>	29
<i>acetaminophen childrens</i>	14	ALIMTA.....	31	<i>anagrelide hcl</i>	93
<i>acetaminophen er</i>	14	<i>aliskiren fumarate</i>	47	<i>anastrozole</i>	32
<i>acetaminophen extra strength</i> ...	14	<i>allergy</i>	114	ANDRODERM.....	66
<i>acetaminophen-codeine</i>	16	<i>allopurinol</i>	14	<i>animal shapes</i>	106
<i>acetaminophen-codeine #3</i>	16	<i>alosetron hcl</i>	88	ANIMAL SHAPES/IRON.....	106
<i>acetazolamide</i>	47	ALPHAGAN P.....	109	ANORO ELLIPTA.....	113
<i>acetazolamide er</i>	47	<i>alprazolam</i>	49	<i>antacid calcium</i>	83
<i>acetic acid</i>	90, 113	ALREX.....	111	<i>antacid extra strength</i>	83
<i>acetylcysteine</i>	116	<i>altavera</i>	72	<i>antacid ultra strength</i>	83
<i>acid gone</i>	83	ALTOPREV.....	43	<i>anti-dandruff</i>	123
<i>acid reducer</i>	85	<i>alum & mag hydroxide-simeth</i> ...	83	<i>anti-diarrheal</i>	83
<i>acidophilus/pectin</i>	83	<i>alum sulfate-ca acetate</i>	123	<i>antifungal</i>	120
<i>acitretin</i>	121	<i>alumina-magnesia-simethicone</i>	83	<i>anti-itch</i>	123
ACNE MEDICATION 10.....	119	ALUNBRIG.....	34	<i>antiseptic skin cleanser</i>	123
ACNE MEDICATION 5.....	119	<i>alyacen 1/35</i>	72	APOKYN.....	56
ACTHIB.....	98	<i>alyacen 7/7/7</i>	72	<i>apomorphine hcl</i>	56
ACTIMMUNE.....	97	<i>alyq</i>	48	<i>aprepitant</i>	84
<i>activite</i>	105	<i>amabelz</i>	77	<i>apri</i>	72
<i>acyclovir</i>	25	<i>amantadine hcl</i>	56	APTOM.....	49
<i>acyclovir sodium</i>	25	AMBISOME.....	18	APTIVUS.....	21
ADACEL.....	98	<i>ambrisentan</i>	49	ARALAST NP.....	116
<i>adapalene</i>	119	<i>amethia</i>	72	<i>aranelle</i>	72
ADCIRCA.....	48	<i>amikacin sulfate</i>	19	ARCALYST.....	97
<i>adefovir dipivoxil</i>	25	<i>amiloride hcl</i>	47	<i>arformoterol tartrate</i>	115
ADEMPAS.....	48	<i>amiloride-hydrochlorothiazide</i> ...	47	<i>aripiprazole</i>	58
ADRENALIN.....	47	<i>amiodarone hcl</i>	43	ARISTADA.....	58
<i>adriamycin</i>	31	<i>amitriptyline hcl</i>	54	ARISTADA INITIO.....	58
ADVAIR DISKUS.....	118	<i>amlodipine besy-benazepril hcl</i> ..	41	<i>armodafinil</i>	65
ADVAIR HFA.....	118	<i>amlodipine besylate</i>	45	ARNUITY ELLIPTA.....	118
AFINITOR.....	34	<i>amlodipine besylate-valsartan</i> ...	42	ARTHRITIS PAIN RELIEVING.....	123
AFINITOR DISPERZ.....	34	<i>amlodipine atorvastatin</i>	47	<i>artificial tears</i>	111
<i>afirmelle</i>	72	<i>amlodipine-olmesartan</i>	42	<i>artificial tears pf</i>	111
AIMOVIG.....	62	<i>amlodipine-valsartan-hctz</i>	42	<i>asenapine maleate</i>	58
<i>ala-cort</i>	121	<i>ammonium lactate</i>	123	<i>ashlyna</i>	72
ALAHIST PE.....	115	<i>amnestem</i>	119	ASPIRIN.....	14

12/01/2022

<i>aspirin</i>	14	<i>b-complex/b-12</i>	106	<i>bortezomib</i>	35
<i>aspirin ec</i>	14	<i>b-complex/vitamin c (w/ ca)</i>	106	<i>bosentan</i>	49
<i>aspirin low dose</i>	14	BELSOMRA	62	BOSULIF	35
<i>aspirin-dipyridamole er</i>	94	<i>benazepril hcl</i>	41	BP VIT 3	106
<i>atazanavir sulfate</i>	22	<i>benazepril-hydrochlorothiazide</i> ..	41	<i>bpo foaming cloths</i>	119
<i>atenolol</i>	45	BENDEKA	30	BRAFTOVI	35
<i>atenolol-chlorthalidone</i>	45	BENLYSTA	97, 98	BREO ELLIPTA	118
<i>athletes foot powder spray</i>	120	<i>benze foam</i>	119	BREZTRI AEROSPHERE	113
<i>athletes foot spray</i>	120	<i>benzonatate</i>	115	<i>briellyn</i>	72
<i>atomoxetine hcl</i>	61	<i>benzoyl peroxide</i>	119	BRILINTA	94
<i>atorvastatin calcium</i>	43	BENZOYL PEROXIDE CLEANSER ..	119	<i>brimonidine tartrate</i>	109
<i>atovaquone</i>	19	<i>benzoyl peroxide wash</i>	119	BRIVIACT	49
<i>atovaquone-proguanil hcl</i>	21	<i>benzoyl peroxide-erythromycin</i> ..	119	<i>bromfenac sodium (once-daily)</i> ..	111
ATROPINE SULFATE	111	<i>benztropine mesylate</i>	56	<i>bromocriptine mesylate</i>	57
<i>atropine sulfate</i>	111	BEPREVE	108	BROMSITE	111
ATROVENT HFA	113	BERINERT	93	BROVANA	115
<i>aubra eq</i>	72	BESIVANCE	110	BRUKINSA	35
<i>aurovela 1/20</i>	72	BESREMI	33	<i>budesonide</i>	85, 117, 118
<i>aurovela 24 fe</i>	72	BETADINE	124	<i>budesonide er</i>	85
<i>aurovela fe 1.5/30</i>	72	BETADINE SURGICAL SCRUB	124	<i>bumetanide</i>	47
<i>aurovela fe 1/20</i>	72	<i>betaine</i>	80	<i>buprenorphine hcl</i>	65
AUSTEDO	63	<i>betamethasone dipropionate</i>	121, 122	<i>buprenorphine hcl-naloxone hcl</i> ..	65
AVASTIN	34	<i>betamethasone dipropionate</i>	121	<i>bupropion hcl</i>	54
<i>aviane</i>	72	<i>aug</i>	121	<i>bupropion hcl er (smoking det)</i> ..	65
<i>avita</i>	119	<i>betamethasone valerate</i>	122	<i>bupropion hcl er (sr)</i>	54
AYR NASAL MIST		<i>betasept surgical scrub</i>	124	<i>bupropion hcl er (xl)</i>	54
ALLERGY/SINUS	116	BETASERON	64	<i>buspirone hcl</i>	49
<i>ayuna</i>	72	<i>betaxolol hcl</i>	109	<i>butenafine hcl</i>	120
AYVAKIT	35	<i>bethanechol chloride</i>	90	<i>butorphanol tartrate</i>	16
<i>azacitidine</i>	31	BETOPTIC-S	109	BYDUREON BCISE	68
<i>azathioprine</i>	97	BEVESPI AEROSPHERE	113	BYETTA 10 MCG PEN	68
<i>azelaic acid</i>	124	<i>bexarotene</i>	33, 124	BYETTA 5 MCG PEN	68
<i>azelastine hcl</i>	108, 114	BEXSERO	98	BYSTOLIC	45
<i>azithromycin</i>	27	<i>bicalutamide</i>	32	<i>c-500</i>	106
AZOPT	109	BICILLIN L-A	29	<i>cabergoline</i>	80
<i>aztreonam</i>	19	BIKTARVY	23	CABOMETYX	35
<i>azurette</i>	72	<i>bisacodyl</i>	86	CALAMINE	124
<i>bacitracin</i>	110, 120	<i>bisacodyl ec</i>	86	<i>calcipotriene</i>	121
<i>bacitracin zinc</i>	120	<i>bisoprolol fumarate</i>	45	<i>calcitonin (salmon)</i>	71
<i>bacitracin-polymyxin b</i>	110	<i>bisoprolol-hydrochlorothiazide</i> ..	45	<i>calcitrate</i>	104
<i>bacitra-neomycin-polymyxin-hc</i> ..	109	BIVIGAM	96	<i>calcitrene</i>	121
<i>baclofen</i>	64	BLEPHAMIDE S.O.P.	109	<i>calcitriol</i>	82
<i>balsalazide disodium</i>	85	<i>blisovi 24 fe</i>	72	<i>calcium 500/d</i>	104
BALVERSA	35	<i>blisovi fe 1.5/30</i>	72	<i>calcium 600+d3</i>	104
<i>balziva</i>	72	BOOST BREEZE	105	<i>calcium acetate</i>	81
BARACLUDE	25	BOOSTRIX	99	<i>calcium acetate (phos binder)</i>	81
BASAGLAR KWIKPEN	66	BORTEZOMIB	35	<i>calcium antacid extra strength</i> ...	83
BCG VACCINE	98			<i>calcium carb-cholecalciferol</i>	104

<i>calcium carbonate</i>	104	CEFTAZIDIME AND DEXTROSE....	27	CLINIMIX/DEXTROSE (4.25/10) .	103
CALCIUM CARBONATE.....	104	<i>ceftriaxone sodium</i>	27	CLINIMIX/DEXTROSE (4.25/5) ...	103
CALCIUM CARBONATE ANTACID	83	<i>cefuroxime axetil</i>	27	CLINIMIX/DEXTROSE (5/15).....	103
<i>calcium carbonate antacid</i>	104	<i>cefuroxime sodium</i>	27	CLINIMIX/DEXTROSE (5/20).....	103
<i>calcium citrate + d3 maximum</i> .	104	<i>celecoxib</i>	15	CLINIMIX/DEXTROSE (6/5).....	103
<i>calcium-vitamin d3</i>	104	CELONTIN.....	50	CLINIMIX/DEXTROSE (8/10).....	103
CALQUENCE.....	35	<i>cephalexin</i>	27	CLINIMIX/DEXTROSE (8/14).....	103
<i>camila</i>	72	CERDELGA.....	80	<i>clinisol sf</i>	103
CAMPHOTREX.....	124	CEREZYME.....	80	CLINOLIPID.....	103
<i>camrese</i>	72	<i>certavite/antioxidants</i>	106	<i>clobazam</i>	50
<i>camrese lo</i>	72	CETAPHIL GENTLE CLEANSER....	124	<i>clobetasol prop emollient base</i> .	122
<i>candesartan cilexetil</i>	42	CETAPHIL MOISTURIZING.....	124	<i>clobetasol propionate</i>	122
<i>candesartan cilexetil-hctz</i>	42	<i>cetirizine hcl</i>	114	<i>clobetasol propionate e</i>	122
CAPLYTA.....	58	<i>cevimeline hcl</i>	126	<i>clomipramine hcl</i>	55
CAPRELSA.....	35	CHANTIX STARTING MONTH		<i>clonazepam</i>	50
<i>capsaicin</i>	124	PAK.....	65	<i>clonidine</i>	48
<i>captopril</i>	41	<i>chateal</i>	72	<i>clonidine hcl</i>	47
CARAFATE.....	88	CHEMET.....	71	<i>clopidogrel bisulfate</i>	94
CARBAGLU.....	80	<i>chest rub</i>	115	<i>clorazepate dipotassium</i>	50
<i>carbamazepine</i>	49, 50	<i>chlorhexidine gluconate</i>	126	<i>clotrimazole</i>	91, 120, 126
<i>carbamazepine er</i>	49	<i>chloroquine phosphate</i>	21	<i>clotrimazole 3</i>	91
<i>carbidopa</i>	57	<i>chlorpromazine hcl</i>	58	<i>clotrimazole anti-fungal</i>	120
<i>carbidopa-levodopa</i>	57	CHLORPROMAZINE HCL.....	58	<i>clotrimazole-betamethasone</i>	120
<i>carbidopa-levodopa er</i>	57	<i>chlorthalidone</i>	47	<i>clozapine</i>	58, 59
<i>carbidopa-levodopa-</i>		<i>chocolated laxative</i>	86	<i>co q10</i>	105
<i>entacapone</i>	57	<i>cholestyramine</i>	44	<i>co q-10</i>	105
<i>carboplatin</i>	30	<i>cholestyramine light</i>	44	COARTEM.....	21
<i>carboxymethylcellulose sodium</i>	111	<i>ciclopirox olamine</i>	120	COLACE CLEAR.....	86
<i>carglumic acid</i>	80	<i>cilostazol</i>	93	<i>colchicine</i>	14
<i>carteolol hcl</i>	109	CILOXAN.....	110	<i>colchicine-probenecid</i>	14
<i>cartia xt</i>	45	CIMDUO.....	23	<i>colesevelam hcl</i>	44
<i>carvedilol</i>	45	<i>cinacalcet hcl</i>	80	<i>colestipol hcl</i>	44
<i>caspofungin acetate</i>	18	CIPRO.....	28	<i>colistimethate sodium (cba)</i>	19
<i>castellani paint modified</i>	120	CIPRO HC.....	113	COMBIGAN.....	109
<i>castor oil</i>	86	CIPRODEX.....	113	COMBIVENT RESPIMAT.....	113
CAYSTON.....	19	<i>ciprofloxacin hcl</i>	28, 110	COMETRIQ (100 MG DAILY	
<i>cefaclor</i>	26	<i>ciprofloxacin in d5w</i>	28	DOSE).....	35
CEFACLOR ER.....	26	<i>cisplatin</i>	30	COMETRIQ (140 MG DAILY	
<i>cefadroxil</i>	26	<i>citalopram hydrobromide</i>	54	DOSE).....	35
<i>cefazolin sodium</i>	26	<i>claravis</i>	119	COMETRIQ (60 MG DAILY	
CEFAZOLIN SODIUM-DEXTROSE.	26	<i>clarithromycin</i>	27	DOSE).....	35
<i>cefdinir</i>	26	<i>clarithromycin er</i>	27	COMPLERA.....	23
<i>cefepime hcl</i>	26	<i>clindamycin hcl</i>	19	<i>compro</i>	84
<i>cefixime</i>	26	<i>clindamycin palmitate hcl</i>	19	<i>constulose</i>	86
<i>cefoxitin sodium</i>	26	<i>clindamycin phosphate</i> . 19, 91, 119		COPIKTRA.....	35
<i>cefpodoxime proxetil</i>	26	<i>clindamycin phosphate in d5w</i> ... 19		CORLANOR.....	48
<i>cefprozil</i>	26	CLINDAMYCIN PHOSPHATE IN		<i>corn & callus remover</i>	124
<i>ceftazidime</i>	27	NACL.....	19	COTELLIC.....	35

COZIMA	124	DEXAMETHASONE INTENSOL.....	78	dipyridamole	94
CREON	89	dexamethasone sod phosphate		disopyramide phosphate	43
cromolyn sodium	88, 108, 116	pf.....	79	disulfiram	65
cryselle-28	72	dexamethasone sodium		divalproex sodium	50, 51
cyanocobalamin	106	phosphate	79, 111	divalproex sodium er	50
cyclobenzaprine hcl	64	dexbrompheniramine-		DOCETAXEL	34
cyclophosphamide	30, 31	phenyleph	115	docetaxel	34
CYCLOPHOSPHAMIDE	31	dexlansoprazole	89	docusate calcium	86
cycloserine	24	dexmethylphenidate hcl	61	docusate sodium	86
cyclosporine	98	dextrose	103	DOCUSOL KIDS	86
cyclosporine modified	98	DEXTROSE 5%/ELECTROLYTE		DOCUSOL PLUS MINI-ENEMA.....	86
cyproheptadine hcl	114	#48.....	101	dofetilide	43
cyred eq	72	dextrose in lactated ringers	101	dok	86
CYSTADANE	80	DEXTROSE-NACL.....	101	donepezil hcl	54
CYSTADROPS	111	dextrose-nacl	101	DOPTelet	93
CYSTAGON	80	dextrose-sodium chloride	101	dorzolamide hcl	109
CYSTARAN	111	DIACOMIT	50	dorzolamide hcl-timolol mal	109
cytarabine	31	DIALYVITE 800	106	dotti	78
dalfampridine er	64	DIALYVITE 800-ZINC 15	106	DOVATO	23
DALIRESP	116	dialyvite vitamin d3 max	106	doxazosin mesylate	41
danazol	77	diaper rash	124	doxepin hcl	55, 62
dantrolene sodium	64	diazepam	50	doxercalciferol	82
dapsone	19	diazepam intensol	50	doxorubicin hcl	31
DAPTACEL	99	diazoxide	79	doxorubicin hcl liposomal	31
daptomycin	19	diclofenac potassium	15	doxy 100	30
DAPTOMYCIN	19	diclofenac sodium	15, 111, 124	doxycycline hyclate	30
darifenacin hydrobromide er	90	diclofenac sodium er	15	doxycycline monohydrate	30
dasetta 1/35	73	diclofenac-misoprostol	15	DR SMITHS DIAPER	124
dasetta 7/7/7	73	dicloxacillin sodium	29	DR SMITHS DIAPER RASH	124
DAURISMO	35	dicyclomine hcl	85	driminate	84
daysee	73	DIFICID	27	DRIZALMA SPRINKLE	55
deblitane	73	diflunisal	15	dronabinol	84
DECARA	106	difluprednate	111	drospiren-eth estrad-levomefol ..	73
deferasirox	71	digitek	48	drospirenone-ethinyl estradiol	73
deferasirox granules	71	digoxin	48	DROXIA	94
DELESTROGEN	77	dihydroergotamine mesylate	62	droxidopa	48
DELSTRIGO	23	DILANTIN	50	dry eye relief drops	111
DENG VAXIA	99	DILANTIN INFATABS	50	duloxetine hcl	55
DESCOVY	23	diltiazem hcl	46	dutasteride	90
desipramine hcl	55	diltiazem hcl er	46	dutasteride-tamsulosin hcl	90
desloratadine	114	diltiazem hcl er beads	46	e.e.s. 400	27
desmopressin ace spray refrig	80	diltiazem hcl er coated beads	46	e-200	106
desmopressin acetate	80	dilt-xr	46	ear drops	127
desmopressin acetate pf	80	diphenhydramine hcl	114	ec-naproxen	15
desmopressin acetate spray	80	diphenhydramine-zinc acetate .	120	ed chlorped jr	114
desogestrel-ethinyl estradiol	73	diphenoxylate-atropine	88	ed-apap	14
desvenlafaxine succinate er	55	DIPHThERIA-TETANUS TOXOIDS		EDARBI	42
dexamethasone	78	DT	99	EDARBYCLOR	42

EDURANT.....	22	<i>eql carbonyl iron</i>	92	FANAPT.....	59
<i>efavirenz</i>	22	<i>ergocalciferol</i>	106	FANAPT TITRATION PACK.....	59
<i>efavirenz-emtricitab-tenofovir</i>	23	<i>ergotamine-caffeine</i>	63	FARXIGA.....	68
<i>efavirenz-lamivudine-tenofovir</i> ...24		ERIVEDGE.....	35	FASENRA.....	116
<i>eldertonic</i>	106	ERLEADA.....	32	FASENRA PEN.....	116
<i>elinest</i>	73	<i>erlotinib hcl</i>	35	<i>febuxostat</i>	14
ELIQUIS.....	91	<i>errin</i>	73	<i>felbamate</i>	51
ELIQUIS DVT/PE STARTER PACK..	91	<i>ertapenem sodium</i>	19	<i>felodipine er</i>	46
ELLA.....	73	<i>ery</i>	119	<i>femynor</i>	73
<i>eluryng</i>	73	<i>ery-tab</i>	28	<i>fenofibrate</i>	43
EMCYT.....	32	ERYTHROCIN LACTOBIONATE.....	28	<i>fenofibrate micronized</i>	43
EMGALITY.....	63	<i>erythrocine stearate</i>	28	<i>fenofibric acid</i>	43
EMGALITY (300 MG DOSE).....	62	<i>erythromycin</i>	28, 110, 119	<i>fentanyl</i>	16
<i>emoquette</i>	73	<i>erythromycin base</i>	28	<i>fentanyl citrate</i>	17
EMSAM.....	55	<i>erythromycin ethylsuccinate</i>	28	<i>ferate</i>	92
<i>emtricitabine</i>	22	<i>erythromycin lactobionate</i>	28	FERRIMIN 150.....	92
<i>emtricitabine-tenofovir df</i>	24	ESBRIET.....	116	<i>ferrous fumarate</i>	93
EMTRIVA.....	22	<i>escitalopram oxalate</i>	55	<i>ferrous gluconate</i>	93
EMVERM.....	19	<i>esomeprazole magnesium</i>	89	FERROUS GLUCONATE.....	93
<i>enalapril maleate</i>	41	<i>estarylla</i>	73	<i>ferrous sulfate</i>	93
<i>enalapril-hydrochlorothiazide</i>	41	<i>estradiol</i>	78	FERROUS SULFATE.....	93
ENBREL.....	94	<i>estradiol valerate</i>	78	FETZIMA.....	55
ENBREL MINI.....	94	<i>estradiol-norethindrone acet</i>	78	FETZIMA TITRATION.....	55
ENBREL SURECLICK.....	94	<i>ethambutol hcl</i>	24	FEVERALL INFANTS.....	14
ENDARI.....	94	<i>ethosuximide</i>	51	FEVERALL JUNIOR STRENGTH.....	14
<i>endocet</i>	16, 17	<i>ethynodiol diac-eth estradiol</i>	73	<i>fexofenadine hcl</i>	114
<i>enema</i>	86	<i>etodolac</i>	15	FIASP.....	67
<i>enema mineral oil</i>	86	<i>etodolac er</i>	15	FIASP FLEXTOUCH.....	67
<i>enemeez mini</i>	86	<i>etonogestrel-ethinyl estradiol</i>	73	FIASP PENFILL.....	67
ENGERIX-B.....	99	<i>etoposide</i>	34	<i>fiber</i>	86
<i>enoxaparin sodium</i>	92	<i>etravirine</i>	22	FINACEA.....	124
<i>enpresse-28</i>	73	EULEXIN.....	32	<i>finasteride</i>	90
<i>enskyce</i>	73	<i>euthyrox</i>	82	FINTEPLA.....	51
ENSTILAR.....	122	<i>everolimus</i>	35, 98	<i>finzala</i>	73
ENSURE CLEAR.....	105	EVOTAZ.....	24	<i>fish oil</i>	105
<i>entacapone</i>	57	<i>exemestane</i>	32	<i>flac</i>	113
<i>entecavir</i>	25	EXKIVITY.....	35	FLAREX.....	111
<i>enteric fish oil</i>	105	EYE-SCRUB.....	124	FLEBOGAMMA DIF.....	96
ENTRESTO.....	42	EZALLOR SPRINKLE.....	44	<i>flecainide acetate</i>	43
<i>enulose</i>	86	<i>ezetimibe</i>	44	FLEET BISACODYL.....	86
EPCLUSA.....	25	<i>ezetimibe-simvastatin</i>	44	FLEET LIQUID GLYCERIN SUPP....	86
EPIDIOLEX.....	51	FABRAZYME.....	80	FLEET PEDIATRIC.....	86
<i>epinephrine</i>	116	<i>falmina</i>	73	FLOVENT DISKUS.....	118
<i>epirubicin hcl</i>	31	<i>famciclovir</i>	25	FLOVENT HFA.....	118
<i>epitol</i>	51	<i>famotidine</i>	85	<i>fluconazole</i>	18
EPIVIR HBV.....	25	<i>famotidine (pf)</i>	85	<i>fluconazole in sodium chloride</i> ...	18
<i>eplerenone</i>	41	<i>famotidine maximum strength</i> ...	85	<i>flucytosine</i>	18
EPRONTIA.....	51	<i>famotidine premixed</i>	85	<i>fludrocortisone acetate</i>	79

<i>flunisolide</i>	118	<i>gas relief</i>	88	<i>gnp nausea relief</i>	88
<i>fluocinolone acetonide</i>	113, 122	<i>gas relief extra strength</i>	88	<i>gnp one daily womens health</i> ...	106
<i>fluocinolone acetonide body</i>	122	<i>gas relief ultra strength</i>	88	<i>gnp pink bismuth</i>	83
<i>fluocinolone acetonide scalp</i>	122	<i>gatifloxacin</i>	110	<i>gnp scalp relief</i>	124
<i>fluocinonide</i>	122	GATTEX.....	88	GOLYTELY.....	87
<i>fluocinonide emulsified base</i>	122	GAUZE PADS 2" X 2".....	67	GONAK.....	112
<i>fluorometholone</i>	111	<i>gavilyte-c</i>	86	<i>goodsense lubricant eye drops</i> ..	112
<i>fluorouracil</i>	31, 124	<i>gavilyte-g</i>	86	GRALISE.....	63
<i>fluoxetine hcl</i>	55	<i>gavilyte-n with flavor pack</i>	86	<i>granisetron hcl</i>	84
<i>fluphenazine decanoate</i>	59	GAVRETO.....	35	<i>griseofulvin microsize</i>	18
<i>fluphenazine hcl</i>	59	<i>gemcitabine hcl</i>	31	<i>griseofulvin ultramicrosize</i>	18
<i>flurbiprofen</i>	15	<i>gemfibrozil</i>	43	<i>guanfacine hcl</i>	48
<i>flurbiprofen sodium</i>	111	<i>generlac</i>	87	<i>guanfacine hcl er</i>	61
<i>flutamide</i>	32	<i>gengraf</i>	98	GVOKE HYPOPEN 2-PACK.....	79
<i>fluticasone propionate</i>	118, 122	GENOTROPIN.....	80	GVOKE KIT.....	79
<i>fluvastatin sodium</i>	44	GENOTROPIN MINIQUEL.....	80	GVOKE PFS.....	79
<i>fluvastatin sodium er</i>	44	<i>gentak</i>	110	HAEGARDA.....	94
<i>fluvoxamine maleate</i>	49	<i>gentamicin in saline</i>	20	<i>hailey 1.5/30</i>	73
<i>folic acid</i>	106	<i>gentamicin sulfate</i>	20, 110, 120	<i>hailey 24 fe</i>	73
<i>foltabs 800</i>	106	GENTEAL SEVERE.....	112	<i>halobetasol propionate</i>	122
<i>fondaparinux sodium</i>	92	<i>genteal tears</i>	112	<i>haloperidol</i>	59
<i>formoterol fumarate</i>	115	GENVOYA.....	24	<i>haloperidol decanoate</i>	59
FORTEO.....	71	GERITOL TONIC.....	106	<i>haloperidol lactate</i>	59
FOSAMAX PLUS D.....	71	GILENYA.....	64	HARVONI.....	25
<i>fosamprenavir calcium</i>	22	GILOTRIF.....	36	HAVRIX.....	99
<i>fosinopril sodium</i>	41	<i>glatiramer acetate</i>	64	<i>heartburn relief ex st</i>	83
<i>fosinopril sodium-hctz</i>	41	<i>glatopa</i>	64	<i>heather</i>	73
FOTIVDA.....	35	<i>glimepiride</i>	68	HEMATEX.....	93
FREAMINE III.....	103	<i>glipizide</i>	69	HEMATEX IRON COMPLEX.....	93
FRESHKOTE PF.....	111	<i>glipizide er</i>	68, 69	<i>hemorrhoidal</i>	124
<i>fulvestrant</i>	32	<i>glipizide xl</i>	69	<i>hemorrhoidal relief</i>	124
FUNGOID TINCTURE.....	120	<i>glipizide-metformin hcl</i>	69	HEPARIN (PORCINE) IN NACL.....	92
<i>furosemide</i>	47	<i>glucosamine sulfate</i>	105	<i>heparin sod (porcine) in d5w</i>	92
FUZEON.....	22	GLUCOSE.....	79	<i>heparin sodium (porcine)</i>	92
<i>fyavolv</i>	78	GLUCOSE NURSETTE.....	105	<i>hepatamine</i>	103
FYCOMPA.....	51	<i>glycerin adult</i>	87	HERCEPTIN.....	36
<i>gabapentin</i>	51	<i>glycerin childrens</i>	87	HERCEPTIN HYLECTA.....	36
<i>galantamine hydrobromide</i>	54	<i>glycopyrrolate</i>	85	HERZUMA.....	36
<i>galantamine hydrobromide er</i>	54	<i>glydo</i>	123	HETLIOZ.....	62
GAMASTAN.....	96	GLYXAMBI.....	69	HIBERIX.....	99
GAMMAGARD.....	96	<i>gnp allergy relief</i>	114	HM CASTOR OIL.....	101
GAMMAGARD S/D LESS IGA.....	97	GNP CAPSAICIN.....	124	HUMIRA.....	95
GAMMAKED.....	97	<i>gnp cold & hot extra strength</i> ...	124	HUMIRA PEDIATRIC CROHNS	
GAMMAPLEX.....	97	<i>gnp fiber therapy</i>	87	START.....	95
GAMUNEX-C.....	97	<i>gnp hydrocortisone</i>	122	HUMIRA PEN.....	95
<i>ganciclovir sodium</i>	25	<i>gnp iron</i>	93	HUMIRA PEN-CD/UC/HS	
GARDASIL 9.....	99	<i>gnp motion sickness relief</i>	84	STARTER.....	95
GAS RELIEF.....	88	<i>gnp natural fiber</i>	87		

HUMIRA PEN-PEDIATRIC UC	<i>indapamide</i>	47	<i>ivermectin</i>	20	
START.....	95	INFANRIX.....	99	IXIARO.....	99
HUMIRA PEN-PS/UV/ADOL HS	<i>infants gas relief</i>	88	JAKAFI.....	36	
START.....	95	<i>infants ibuprofen</i>	16	<i>jantoven</i>	92
HUMIRA PEN-PSOR/UEIT	INFLIXIMAB.....	95	JANUMET.....	69	
STARTER.....	95	INGREZZA.....	63	JANUMET XR.....	69
HUMULIN R U-500	INLYTA.....	36	JANUVIA.....	69	
(CONCENTRATED).....	67	INQOVI.....	31	JARDIANCE.....	69
HUMULIN R U-500 KWIKPEN.....	67	INREBIC.....	36	<i>jasmiel</i>	73
<i>hydralazine hcl</i>	48	INSULIN PEN NEEDLE.....	67	<i>javygtor</i>	80
<i>hydrochlorothiazide</i>	47	INSULIN SYRINGE (DISP) U-100		JENTADUETO.....	69
<i>hydrocodone-acetaminophen</i>	17	0.3 ML.....	67	JENTADUETO XR.....	69
<i>hydrocodone-ibuprofen</i>	17	INSULIN SYRINGE (DISP) U-100		<i>jinteli</i>	78
<i>hydrocortisone</i>	79, 85, 122, 123	1 ML.....	67	<i>jlessa</i>	74
<i>hydrocortisone (perianal)</i>	124	INSULIN SYRINGE (DISP) U-100		<i>juleber</i>	74
HYDROCORTISONE ACETATE....	122	1/2 ML.....	67	JULUCA.....	24
<i>hydrogen peroxide</i>	124	INTELENCE.....	22	<i>junel 1.5/30</i>	74
<i>hydromorphone hcl</i>	17	INTRALIPID.....	103	<i>junel 1/20</i>	74
<i>hydroxychloroquine sulfate</i>	96	INTRON A.....	97	<i>junel fe 1.5/30</i>	74
<i>hydroxyurea</i>	33	<i>introvale</i>	73	<i>junel fe 1/20</i>	74
<i>hydroxyzine hcl</i>	114	INVEGA SUSTENNA.....	59	<i>junel fe 24</i>	74
<i>hydroxyzine pamoate</i>	114	INVEGA TRINZA.....	59	KADCYLA.....	36
<i>hysept</i>	125	INVIRASE.....	22	<i>kaitlib fe</i>	74
HYSINGLA ER.....	16	IONIL-T.....	125	KALYDECO.....	116
<i>ibandronate sodium</i>	71	IPOL.....	99	KANJINTI.....	36
IBRANCE.....	36	<i>ipratropium bromide</i>	114	<i>kariva</i>	74
<i>ibu</i>	15	<i>ipratropium-albuterol</i>	113	<i>kcl in dextrose-nacl</i>	101
<i>ibuprofen</i>	15	<i>irbesartan</i>	42	KCL IN DEXTROSE-NACL.....	101
<i>ibuprofen childrens</i>	15	<i>irbesartan-hydrochlorothiazide</i> ..	42	<i>kelnor 1/35</i>	74
<i>ibuprofen junior strength</i>	15	IRESSA.....	36	<i>kelnor 1/50</i>	74
<i>icaps</i>	106	<i>irinotecan hcl</i>	33	KERENDIA.....	41
ICAPS LUTEIN & ZEAXANTHIN...106		IRON CHEWS PEDIATRIC.....	93	<i>ketoconazole</i>	18, 121
<i>icatibant acetate</i>	94	ISENTRESS.....	22	<i>ketorolac tromethamine</i>	111
<i>iclevia</i>	73	ISENTRESS HD.....	22	<i>ketotifen fumarate</i>	108
ICLUSIG.....	36	<i>isibloom</i>	73	KEYTRUDA.....	36
IDHIFA.....	36	ISOLYTE-P IN D5W.....	101	KINRIX.....	99
ILEVRO.....	111	ISOLYTE-S.....	101	KISQALI (200 MG DOSE).....	36
<i>imatinib mesylate</i>	36	ISOLYTE-S PH 7.4.....	101	KISQALI (400 MG DOSE).....	36
IMBRUVICA.....	36	<i>isoniazid</i>	24	KISQALI (600 MG DOSE).....	37
<i>imipenem-cilastatin</i>	20	ISOPTO ATROPINE.....	112	KISQALI FEMARA (400 MG	
<i>imipramine hcl</i>	55	ISOPTO TEARS.....	112	DOSE).....	33
<i>imiquimod</i>	125	<i>isosorbide dinitrate</i>	48	KISQALI FEMARA (600 MG	
IMOVAX RABIES.....	99	<i>isosorbide mononitrate</i>	48	DOSE).....	33
IMVEXXY MAINTENANCE PACK..	78	<i>isosorbide mononitrate er</i>	48	KISQALI FEMARA(200 MG	
IMVEXXY STARTER PACK.....	78	<i>isotretinoin</i>	119	DOSE).....	33
<i>incassia</i>	73	<i>isradipine</i>	46	<i>klor-con</i>	102
INCRELEX.....	80	<i>itch relief extra strength</i>	121	<i>klor-con 10</i>	102
INCRUSE ELLIPTA.....	114	<i>itraconazole</i>	18	<i>klor-con m10</i>	102

<i>klor-con m15</i>	102	LEVEMIR.....	67	<i>lorazepam</i>	49
<i>klor-con m20</i>	102	LEVEMIR FLEXTOUCH.....	67	<i>lorazepam intensol</i>	49
KONSYL DAILY FIBER.....	87	<i>levetiracetam</i>	52	LORBRENA.....	37
KORLYM.....	80	<i>levetiracetam er</i>	51	<i>loryna</i>	75
<i>kurvelo</i>	74	<i>levetiracetam in nacl</i>	52	<i>losartan potassium</i>	42
KYNMOBI.....	57	<i>levobunolol hcl</i>	109	<i>losartan potassium-hctz</i>	42
<i>labetalol hcl</i>	45	<i>levocarnitine</i>	80	LOTEMAX.....	111
<i>lacosamide</i>	51	<i>levocetirizine dihydrochloride</i> ... 114		<i>lovastatin</i>	44
<i>lactated ringers</i>	101	<i>levofloxacin</i>	28	<i>low-ogestrel</i>	75
<i>lactobacillus</i>	83	<i>levofloxacin in d5w</i>	28	<i>loxapine succinate</i>	60
<i>lactulose</i>	87	<i>levonest</i>	74	<i>lubiprostone</i>	88
<i>lactulose encephalopathy</i>	87	<i>levonorgest-eth est & eth est</i> 74		<i>lubricating eye drops</i>	112
<i>lamivudine</i>	22, 25	<i>levonorgest-eth estrad 91-day</i> ... 74		<i>lubricating plus eye drops</i>	112
<i>lamivudine-zidovudine</i>	24	<i>levonorgestrel-ethinyl estrad</i> 74		LUMAKRAS.....	37
<i>lamotrigine</i>	51	<i>levonorg-eth estrad triphasic</i> 74		LUMIGAN.....	109
<i>lamotrigine er</i>	51	<i>levora 0.15/30 (28)</i>	74	LUMIZYME.....	80
<i>lansoprazole</i>	89	<i>levo-t</i>	82	LUPRON DEPOT (1-MONTH).....	32
<i>lapatinib ditosylate</i>	37	<i>levothyroxine sodium</i>	82	LUPRON DEPOT (3-MONTH).....	32
<i>larin 1.5/30</i>	74	<i>levoxyl</i>	82	LUPRON DEPOT-PED (1-	
<i>larin 1/20</i>	74	LEXIVA.....	22	MONTH).....	80
<i>larin 24 fe</i>	74	<i>lidocaine</i>	123, 125	LUPRON DEPOT-PED (3-	
<i>larin fe 1.5/30</i>	74	LIDOCAINE.....	125	MONTH).....	81
<i>larin fe 1/20</i>	74	<i>lidocaine hcl</i>	18, 123	LUTEIN-ZEAXANTHIN.....	105
<i>larissia</i>	74	<i>lidocaine hcl (pf)</i>	18	<i>lutra</i>	75
LASTACRAFT.....	108	<i>lidocaine hcl urethral/mucosal</i> . 123		<i>lyleq</i>	75
<i>latanoprost</i>	109	<i>lidocaine pain relief</i>	125	<i>lyllana</i>	78
LATUDA.....	59, 60	<i>lidocaine viscous hcl</i>	126	LYNPARZA.....	37
<i>laxative max str</i>	87	<i>lidocaine-prilocaine</i>	123	LYRICA CR.....	64
<i>laxative regular strength</i>	87	<i>lillow</i>	74	LYSODREN.....	32
<i>layolis fe</i>	74	<i>linezolid</i>	20	<i>lyza</i>	75
<i>leena</i>	74	<i>linezolid in sodium chloride</i>	20	<i>magnesium citrate</i>	87
<i>leflunomide</i>	96	LINZESS.....	88	<i>magnesium oxide</i>	83, 104
<i>lenalidomide</i>	33	<i>liothyronine sodium</i>	82	<i>magnesium sulfate</i>	101
LENVIMA (10 MG DAILY DOSE)...37		<i>lisinopril</i>	41	MAGNESIUM SULFATE.....	101, 102
LENVIMA (12 MG DAILY DOSE)...37		<i>lisinopril-hydrochlorothiazide</i> 41		<i>magnesium sulfate in d5w</i>	101
LENVIMA (14 MG DAILY DOSE)...37		LITHIUM.....	64	MAGNESIUM SULFATE IN D5W	101
LENVIMA (18 MG DAILY DOSE)...37		<i>lithium carbonate</i>	64	<i>malathion</i>	126
LENVIMA (20 MG DAILY DOSE)...37		<i>lithium carbonate er</i>	63	<i>mapap</i>	14
LENVIMA (24 MG DAILY DOSE)...37		LIVALO.....	44	<i>mapap acetaminophen extra str</i> 14	
LENVIMA (4 MG DAILY DOSE)....37		<i>loestrin 1.5/30 (21)</i>	74	<i>mapap childrens</i>	15
LENVIMA (8 MG DAILY DOSE)....37		<i>loestrin 1/20 (21)</i>	75	<i>maraviroc</i>	22
<i>lessina</i>	74	<i>loestrin fe 1.5/30</i>	75	<i>marlissa</i>	75
<i>letrozole</i>	32	<i>loestrin fe 1/20</i>	75	MARPLAN.....	55
<i>leucovorin calcium</i>	40	LOKELMA.....	71	MATULANE.....	33
LEUKERAN.....	31	LONSURF.....	31	<i>matzim la</i>	46
<i>leuprolide acetate</i>	32	<i>loperamide hcl</i>	83, 88	MAVYRET.....	25
<i>levalbuterol hcl</i>	115	LOPERAMIDE HCL.....	84	<i>meclizine hcl</i>	84
<i>levalbuterol tartrate</i>	115	<i>lopinavir-ritonavir</i>	24	MEDERMA SPF 30.....	125

<i>medicated callus removers</i>	125	<i>miconazole 3</i>	91	MYRBETRIQ.....	90
<i>medroxyprogesterone acetate</i>	75, 82	<i>miconazole 3 applicator</i>	91	<i>na sulfate-k sulfate-mg sulf</i>	87
<i>mefloquine hcl</i>	21	<i>miconazole 3 combo-supp</i>	91	<i>nabumetone</i>	16
<i>megestrol acetate</i>	32, 82	<i>miconazole 7</i>	91	<i>nadolol</i>	45
MEKINIST	37	<i>miconazole nitrate</i>	91, 121	<i>nafcillin sodium</i>	29
MEKTOVI	37	<i>microgestin 1.5/30</i>	75	NAGLAZYME	81
<i>melatonin</i>	105	<i>microgestin 1/20</i>	75	<i>nalbuphine hcl</i>	17
<i>melatonin maximum strength</i> ..	105	<i>microgestin 24 fe</i>	75	<i>naloxone hcl</i>	65
<i>meloxicam</i>	16	<i>microgestin fe 1.5/30</i>	75	<i>naltrexone hcl</i>	65
<i>memantine hcl</i>	54	<i>microgestin fe 1/20</i>	75	NAMZARIC	54
<i>memantine hcl er</i>	54	<i>midodrine hcl</i>	48	NAPHCN-A	108
MENACTRA	99	<i>miglustat</i>	81	<i>naproxen</i>	16
MENQUADFI	99	<i>migraine relief</i>	15	<i>naproxen sodium</i>	16
MENVEO	99	<i>mili</i>	75	<i>naratriptan hcl</i>	63
<i>mercaptapurine</i>	31	<i>milk of magnesia</i>	87	<i>nasal decongestant spray</i>	116
<i>meropenem</i>	20	<i>milk of magnesia concentrate</i>	87	NASCOBAL	106
<i>mesalamine</i>	85	<i>mimvey</i>	78	NATACYN	110
<i>mesalamine er</i>	85	<i>mineral oil</i>	87	<i>nateglinide</i>	69
<i>mesalamine-cleanser</i>	86	<i>minocycline hcl</i>	30	NATPARA	71
MESNEX	40	<i>minoxidil</i>	48	<i>natural psyllium seed</i>	87
<i>metadate er</i>	61	<i>mintox plus</i>	83	NAYZILAM	52
<i>metformin hcl</i>	69	<i>mirtazapine</i>	55	<i>nebivolol hcl</i>	45
<i>metformin hcl er</i>	69	<i>misoprostol</i>	89	<i>necon 0.5/35 (28)</i>	75
<i>methadone hcl</i>	16	MITIGARE	14	NEEDLES, INSULIN DISP., SAFETY	67
<i>methadone hcl intensol</i>	16	M-M-R II	99	<i>nefazodone hcl</i>	55
<i>methazolamide</i>	47	M-NATAL PLUS	102	<i>neomycin sulfate</i>	20
<i>methenamine hippurate</i>	20	<i>modafinil</i>	65	<i>neomycin-bacitracin zn-</i> <i>polymyx</i>	110
<i>methimazole</i>	82	<i>moexipril hcl</i>	41	<i>neomycin-polymyxin-dexameth</i> 109	
<i>methotrexate</i>	96	<i>moisturizing cream</i>	125	<i>neomycin-polymyxin-gramicidin</i>	110
<i>methotrexate sodium</i>	31, 32	<i>molindone hcl</i>	60	<i>neomycin-polymyxin-hc</i>	109, 113
<i>methotrexate sodium (pf)</i>	31	<i>mometasone furoate</i>	118, 123	NERLYNX	37
<i>methylphenidate hcl</i>	62	MONJUVI	37	NEUPRO	57
<i>methylphenidate hcl er</i>	62	<i>mono-lynyah</i>	75	<i>nevirapine</i>	22
<i>methylprednisolone</i>	79	<i>montelukast sodium</i>	116	<i>nevirapine er</i>	22
<i>methylprednisolone acetate</i>	79	<i>morphine sulfate</i>	17	NEXAVAR	37
<i>methylprednisolone sodium</i> <i>succ</i>	79	<i>morphine sulfate (concentrate)</i> ..	17	<i>niacin</i>	107
<i>metoclopramide hcl</i>	84	MORPHINE SULFATE (PF)	17	<i>niacin er</i>	106, 107
<i>metolazone</i>	47	<i>morphine sulfate (pf)</i>	17	<i>niacin er (antihyperlipidemic)</i>	44
<i>metoprolol succinate er</i>	45	<i>morphine sulfate er</i>	16	<i>nicardipine hcl</i>	46
<i>metoprolol tartrate</i>	45	MOVANTIK	89	NICOTINE	65
<i>metoprolol-hydrochlorothiazide</i> .	45	<i>moxifloxacin hcl</i>	28, 110	<i>nicotine</i>	65, 66
<i>metronidazole</i>	20, 91, 125	MULTAQ	43	<i>nicotine mini</i>	65
<i>metronidazole in nacl</i>	20	<i>mupirocin</i>	120	<i>nicotine polacrilex</i>	66
<i>metyrosine</i>	48	MURO 128	112	NICOTROL	66
<i>micafungin sodium</i>	18	MVASI	37	NICOTROL NS	66
<i>miconazole 1</i>	91	<i>mycophenolate mofetil</i>	98		
		<i>mycophenolate sodium</i>	98		
		<i>myorisan</i>	119		

<i>nifedipine er</i>	46	NUEDEXTA.....	64	<i>orsythia</i>	76
<i>nifedipine er osmotic release</i>	46	NULOJIX.....	98	<i>os-cal extra d3</i>	104
<i>night time sleep aid</i>	66	NULYTELY LEMON-LIME.....	87	<i>oseltamivir phosphate</i>	25
<i>nikki</i>	75	NUPLAZID.....	60	OTEZLA.....	95
<i>nilutamide</i>	32	NURTEC.....	63	<i>oxacillin sodium</i>	29
<i>nimodipine</i>	46	NUTRILIPID.....	103	<i>oxaliplatin</i>	31
NINLARO.....	37	NUZYRA.....	30	<i>oxandrolone</i>	66
<i>nisoldipine er</i>	46	<i>nyamyc</i>	121	<i>oxaprozin</i>	16
<i>nitazoxanide</i>	20	<i>nylia 1/35</i>	76	<i>oxcarbazepine</i>	52
<i>nitisinone</i>	81	<i>nylia 7/7/7</i>	76	<i>oxybutynin chloride</i>	91
NITRO-BID.....	48	NYMALIZE.....	46	<i>oxybutynin chloride er</i>	90, 91
<i>nitrofurantoin macrocrystal</i>	20	<i>nymyo</i>	76	<i>oxycodone hcl</i>	17
<i>nitrofurantoin monohyd macro</i> ..	20	<i>nystatin</i>	19, 121, 126	<i>oxycodone-acetaminophen</i>	18
<i>nitroglycerin</i>	48	<i>nystop</i>	121	<i>oyster shell calcium</i>	104
<i>nizatidine</i>	85	<i>ocella</i>	76	<i>oyster shell calcium w/d</i>	104
<i>nora-be</i>	75	OCREVUS.....	64	<i>oyster shell calcium/vitamin d</i> ..	104
<i>norethin ace-eth estrad-fe</i>	75	OCTAGAM.....	97	OZEMPIC (0.25 OR 0.5	
<i>norethindrone</i>	75	<i>octreotide acetate</i>	81	MG/DOSE).....	69
<i>norethindrone acetate</i>	82	<i>ocuvite lutein 25</i>	105	OZEMPIC (1 MG/DOSE).....	70
<i>norethindrone acet-ethinyl est</i> ...	75	ODEFSEY.....	24	OZEMPIC (2 MG/DOSE).....	70
<i>norethindrone-eth estradiol</i>	78	ODOMZO.....	37	<i>pacerone</i>	43
<i>norethindron-ethinyl estrad-fe</i> ...	75	OFEV.....	117	<i>paclitaxel</i>	34
<i>norethin-eth estradiol-fe</i>	75	<i>ofloxacin</i>	110, 113	<i>paclitaxel protein-bound part</i>	34
<i>norgestimate-eth estradiol</i>	76	OGIVRI.....	37	<i>pain reliever pm ex st</i>	66
<i>norgestim-eth estrad triphasic</i> ...	76	<i>olanzapine</i>	60	<i>pain relieving</i>	125
NORITATE.....	125	<i>olmesartan medoxomil</i>	42	<i>paliperidone er</i>	60
<i>norlyroc</i>	76	<i>olmesartan medoxomil-hctz</i>	42	<i>pamidronate disodium</i>	71
NORPACE CR.....	43	<i>olmesartan-amlodipine-hctz</i>	42	PAMIDRONATE DISODIUM.....	71
<i>nortrel 0.5/35 (28)</i>	76	<i>olopatadine hcl</i>	108, 114	PANRETIN.....	125
<i>nortrel 1/35 (21)</i>	76	<i>omega 3</i>	105	<i>pantoprazole sodium</i>	90
<i>nortrel 1/35 (28)</i>	76	OMEGA-3.....	105	PANZYGA.....	97
<i>nortrel 7/7/7</i>	76	<i>omeprazole</i>	89	<i>paraplatin</i>	31
<i>nortriptyline hcl</i>	55	OMNARIS.....	118	<i>paricalcitol</i>	82
NORVIR.....	22	OMNIPOD 5 G6 INTRO (GEN 5)..	68	<i>paromomycin sulfate</i>	20
NOVOLIN 70/30.....	67	OMNIPOD 5 G6 POD (GEN 5).....	68	<i>paroxetine hcl</i>	56
NOVOLIN 70/30 FLEXPEN.....	67	OMNIPOD CLASSIC PDM (GEN		<i>paroxetine hcl er</i>	55
NOVOLIN N.....	67	3).....	68	PASER.....	24
NOVOLIN N FLEXPEN.....	67	OMNIPOD CLASSIC PODS (GEN		PATADAY.....	108
NOVOLIN R.....	67	3).....	68	PAXIL.....	56
NOVOLIN R FLEXPEN.....	67	OMNIPOD DASH INTRO (GEN 4)..	68	PEDIA-LAX.....	87
NOVOLOG.....	67	OMNIPOD DASH PODS (GEN 4)..	68	PEDIARIX.....	99
NOVOLOG FLEXPEN.....	67	<i>ondansetron</i>	84	PEDVAX HIB.....	99
NOVOLOG MIX 70/30.....	68	<i>ondansetron hcl</i>	84	<i>peg 3350-kcl-na bicarb-nacl</i>	87
NOVOLOG MIX 70/30 FLEXPEN..	67	ONTRUZANT.....	38	<i>peg-3350/electrolytes</i>	87
NOVOLOG PENFILL.....	68	ONUREG.....	32	PEGASYS.....	25
NOXAFIL.....	19	OPSUMIT.....	49	PEMAZYRE.....	38
NUBEQA.....	32	ORGOVYX.....	32	<i>pemetrexed disodium</i>	32
NUCALA.....	116, 117	ORKAMBI.....	117	<i>penicillamine</i>	71

PENICILLIN G POT IN DEXTROSE . 29	<i>poly bacitracin</i> 120	<i>primaquine phosphate</i>21
<i>penicillin g potassium</i> 29	<i>polyethylene glycol 3350</i> 87	<i>primidone</i>52
PENICILLIN G PROCAINE 29	<i>polymyxin b-trimethoprim</i> 110	PRIORIX100
<i>penicillin g sodium</i> 29	<i>polysaccharide iron complex</i> 93	PRIVIGEN 97
<i>penicillin v potassium</i>30	POMALYST 33	<i>probenecid</i> 14
PENTACEL 99	<i>portia-28</i> 76	<i>probiotic formula</i>84
<i>pentamidine isethionate</i>20	<i>posaconazole</i> 19	PROCALAMINE104
<i>pentoxifylline er</i> 94	<i>potassium chloride</i>102, 103	<i>prochlorperazine</i>84
<i>peptic relief</i>84	POTASSIUM CHLORIDE 102	<i>prochlorperazine edisylate</i> 84
<i>perindopril erbumine</i> 41	<i>potassium chloride crys er</i> 103	<i>prochlorperazine maleate</i>84
<i>periogard</i> 126	<i>potassium chloride er</i> 103	PROCRIT 92
<i>permethrin</i>126	<i>potassium chloride in dextrose</i> . 102	<i>procto-med hc</i>125
<i>perphenazine</i> 60	POTASSIUM CHLORIDE IN NACL	<i>procto-pak</i> 125
PERSERIS 60	 102	<i>proctosol hc</i> 125
PETROLATUM 101	<i>potassium chloride in nacl</i> 102	<i>proctozone-hc</i> 125
<i>pfizerpen</i> 30	<i>potassium citrate er</i>90	PROGRAF 98
<i>phenelzine sulfate</i>56	<i>povidone-iodine</i> 125	PROLASTIN-C 117
<i>phenobarbital</i> 52	PRALUENT44	PROLENSA111
<i>phenobarbital sodium</i>52	<i>pramipexole dihydrochloride</i> 57	PROLIA 71
PHENYTEK 52	<i>pramipexole dihydrochloride er</i> ..57	PROMACTA 94
<i>phenytoin</i>52	<i>pramoxine hcl (perianal)</i>125	<i>promethazine hcl</i> 85
<i>phenytoin sodium</i> 52	<i>prasugrel hcl</i> 94	<i>propafenone hcl</i>43
<i>phenytoin sodium extended</i> 52	<i>pravastatin sodium</i>44	<i>propafenone hcl er</i>43
PHESGO 38	<i>praziquantel</i>20	<i>proparacaine hcl</i> 112
<i>philith</i>76	<i>prazosin hcl</i>41	<i>propranolol hcl</i>45
<i>phosphorus supplement</i> 105	<i>prednisolone</i> 79	<i>propranolol hcl er</i> 45
<i>phytonadione</i>107	<i>prednisolone acetate</i> 111	<i>propylthiouracil</i>82
PIFELTRO22	<i>prednisolone sodium phosphate</i> .79	PROQUAD 100
<i>pilocarpine hcl</i>109, 126	PREDNISOLONE SODIUM	PROSOL 104
<i>pimozide</i> 60	PHOSPHATE 111	<i>protriptyline hcl</i> 56
<i>pimtreea</i> 76	<i>prednisone</i> 79	PULMICORT FLEXHALER 118
<i>pindolol</i>45	PREDNISONE INTENSOL 79	PULMOZYME 117
<i>pioglitazone hcl</i>70	<i>pregabalin</i>52	PURIXAN 32
<i>pioglitazone hcl-glimepiride</i> 70	PREHEVBRIO 100	<i>pyrazinamide</i> 24
<i>pioglitazone hcl-metformin hcl</i> .. 70	PREMASOL 104	<i>pyridostigmine bromide</i>64
<i>piperacillin sod-tazobactam so</i> ...30	PRENATAL VITAMIN PLUS LOW	QC CALAMINE 125
PIQRAY (200 MG DAILY DOSE)38	IRON103	QINLOCK 38
PIQRAY (250 MG DAILY DOSE)38	PRENATAL VITAMIN WITH	QUAD-PROBIOTIC 84
PIQRAY (300 MG DAILY DOSE)38	FOLIC ACID GREATER THAN 0.8	QUADRACEL100
<i>pirfenidone</i>117	MG ORAL TABLET103	<i>quetiapine fumarate</i>60
<i>pirmella 1/35</i> 76	PRESERVISION AREDS 107	<i>quetiapine fumarate er</i>60
<i>piroxicam</i> 16	<i>prevalite</i>44	<i>quinapril hcl</i> 41
PLASMA-LYTE 148 102	PREVYMIS 25	<i>quinapril-hydrochlorothiazide</i> 41
PLASMA-LYTE A 102	PREZCOBIX 24	<i>quinidine sulfate</i> 43
<i>plenamine</i> 104	PREZISTA 22, 23	<i>quinine sulfate</i> 21
PLENVU87	PRIFTIN 24	RABAVERT100
<i>podofilox</i> 125	PRILOSEC90	<i>rabeprazole sodium</i> 90
POISON IVY WASH 125	PRIMAQUINE PHOSPHATE21	<i>raloxifene hcl</i> 81

<i>ramipril</i>	41	<i>rivastigmine</i>	54	<i>silodosin</i>	90
<i>ranolazine er</i>	48	<i>rivastigmine tartrate</i>	54	<i>silver sulfadiazine</i>	120
<i>rasagiline mesylate</i>	57	<i>rivelsa</i>	76	SIMBRINZA.....	109
RAYALDEE.....	83	<i>rizatriptan benzoate</i>	63	<i>simethicone drops infants</i>	89
<i>reclipsen</i>	76	ROCKLATAN.....	109	<i>simliya</i>	76
RECOMBIVAX HB.....	100	<i>ropinirole hcl</i>	57	<i>simpeesse</i>	76
RECTIV.....	125	<i>ropinirole hcl er</i>	57	<i>simvastatin</i>	44
REFRESH.....	112	<i>rosadan</i>	126	<i>sirolimus</i>	98
<i>refresh celluvisc</i>	112	<i>rosuvastatin calcium</i>	44	SIRTURO.....	24
REFRESH CONTACTS DROPS.....	112	ROTARIX.....	100	SIVEXTRO.....	20
REFRESH LIQUIGEL.....	112	ROTATEQ.....	100	SKYRIZI.....	95, 96
REFRESH OPTIVE.....	112	<i>roweepra</i>	52	SKYRIZI (150 MG DOSE).....	95
REFRESH OPTIVE ADVANCED.....	112	ROZLYTREK.....	38	SKYRIZI PEN.....	95
REFRESH OPTIVE MEGA-3.....	112	RUBRACA.....	38	<i>sleep aid</i>	66
REFRESH OPTIVE PF.....	112	<i>rufinamide</i>	52	<i>sleep-aid</i>	66
REFRESH RELIEVA PF.....	112	RUKOBIA.....	23	SLOW-MAG.....	105
REGRANEX.....	126	RUXIENCE.....	38	<i>sm anti-dandruff coal tar</i>	126
<i>reguloid</i>	87	RYBELSUS.....	70	SM GLUCOSE.....	79
RELENZA DISKHALER.....	25	RYDAPT.....	38	<i>sm ibuprofen jr</i>	16
RELISTOR.....	89	<i>sajazir</i>	94	SM MEDICATED CHEST RUB.....	116
REMICADE.....	95	<i>saline nasal spray</i>	117	<i>sm omega-3 fish oil</i>	105
<i>renal-vite</i>	107	<i>sal-plant</i>	126	<i>sm oyster shell calcium/vit d3..</i>	105
RENFLEXIS.....	95	SANDIMMUNE.....	98	SM SLOW RELEASE IRON.....	93
<i>reno caps</i>	107	SANTYL.....	126	<i>sm urinary pain relief max st</i>	90
<i>repaglinide</i>	70	<i>sapropterin dihydrochloride</i>	81	<i>sodium bicarbonate</i>	83
RESTASIS.....	112	SAVELLA.....	64	<i>sodium chloride</i>	102, 105, 126
RESTASIS MULTIDOSE.....	112	SAVELLA TITRATION PACK.....	64	<i>sodium chloride (hypertonic)</i>	112
RETEVMO.....	38	<i>scalpicin maximum strength</i>	123	<i>sodium fluoride chew, tab, 1.1</i>	
REVLIMID.....	33	SCEMBLIX.....	38	<i>(0.5 f) mg/ml soln</i>	103
REXULTI.....	60	<i>scopolamine</i>	85	<i>sodium phenylbutyrate</i>	81
REYATAZ.....	23	SEBEX.....	126	<i>sodium polystyrene sulfonate</i>	72
REZUROCK.....	98	SECUADO.....	61	<i>solifenacin succinate</i>	91
RHOPRESSA.....	109	<i>selegiline hcl</i>	57	SOLIQUA.....	68
RIABNI.....	38	<i>selenium sulfide</i>	121	SOLTAMOX.....	32
<i>ribavirin</i>	25	SELZENTRY.....	23	<i>soluble fiber therapy</i>	88
<i>rifabutin</i>	24	<i>senna</i>	88	SOLU-CORTEF.....	79
<i>rifampin</i>	24	SENNA PLUS.....	88	<i>soluvita e</i>	107
<i>riluzole</i>	64	<i>senna-lax</i>	88	SOMATULINE DEPOT.....	81
<i>rimantadine hcl</i>	25	<i>senokot extra strength</i>	88	SOMAVERT.....	81
RINVOQ.....	95	SEREVENT DISKUS.....	115	<i>sorafenib tosylate</i>	38
RISA-BID PROBIOTIC.....	84	<i>sertraline hcl</i>	56	<i>sore throat spray</i>	127
RISAMINE.....	125	<i>setlakin</i>	76	<i>sorine</i>	43
<i>risedronate sodium</i>	71	<i>sevelamer carbonate</i>	81	<i>sotalol hcl</i>	43
RISPERDAL CONSTA.....	60	<i>sharobel</i>	76	<i>sotalol hcl (af)</i>	43
<i>risperidone</i>	60, 61	SHINGRIX.....	100	<i>spironolactone</i>	41
<i>ritonavir</i>	23	SIGNIFOR.....	81	<i>spironolactone-hctz</i>	47
RITUXAN.....	38	<i>silace</i>	88	<i>sprintec 28</i>	76
RITUXAN HYCELA.....	38	<i>sildenafil citrate</i>	49	SPRITAM.....	52, 53

SPRYCEL.....	38	TABRECTA.....	38	<i>tiadylt er</i>	46
<i>sps</i>	72	<i>tacrolimus</i>	98, 126	<i>tiagabine hcl</i>	53
<i>sronyx</i>	76	<i>tadalafil (pah)</i>	49	TIBSOVO.....	39
<i>ssd</i>	120	TAFINLAR.....	38	TICOVAC.....	100
<i>stavudine</i>	23	TAGRISSO.....	39	TIGECYCLINE.....	30
STELARA.....	96	TALTZ.....	96	<i>tigecycline</i>	30
<i>sterile water for irrigation</i>	126	TALZENNA.....	39	<i>tilia fe</i>	76
STIVARGA.....	38	<i>tamoxifen citrate</i>	32	<i>timolol maleate</i>	45, 109
<i>stomach relief</i>	84	<i>tamsulosin hcl</i>	90	<i>timolol maleate (once-daily)</i>	109
<i>stomach relief extra strength</i>	84	TARGRETIN.....	126	TIVICAY.....	23
<i>stool softener</i>	88	<i>tarina 24 fe</i>	76	TIVICAY PD.....	23
<i>stool softener plus laxative</i>	88	<i>tarina fe 1/20 eq</i>	76	<i>tizanidine hcl</i>	65
<i>streptomycin sulfate</i>	20	TASIGNA.....	39	TOBRADEX.....	110
<i>stress formula/zinc (b-compl)</i> ...	107	<i>tazarotene</i>	121	TOBRADEX ST.....	110
STRIBILD.....	24	<i>tazicef</i>	27	<i>tobramycin</i>	21, 110
<i>subvenite</i>	53	TAZORAC.....	121	<i>tobramycin sulfate</i>	21
<i>sucralfate</i>	89	<i>taztia xt</i>	46	<i>tobramycin-dexamethasone</i>	110
<i>sulfacetamide sodium</i>	110	TAZVERIK.....	39	<i>tolnaftate</i>	121
<i>sulfacetamide sodium (acne)</i>	119	TDVAX.....	100	<i>tolnaftate antifungal</i>	121
<i>sulfacetamide-prednisolone</i>	110	TECENTRIQ.....	39	<i>tolterodine tartrate</i>	91
SULFADIAZINE.....	21	TECFIDERA.....	64	<i>tolterodine tartrate er</i>	91
<i>sulfamethoxazole-trimethoprim</i> ..	21	TEFLARO.....	27	<i>topiramate</i>	53
SULFAMYLON.....	120	<i>telmisartan</i>	43	<i>toposar</i>	34
<i>sulfasalazine</i>	86	<i>telmisartan-amlodipine</i>	42	<i>toremifene citrate</i>	32
<i>sulindac</i>	16	<i>telmisartan-hctz</i>	42	<i>torsemide</i>	47
<i>sumatriptan</i>	63	<i>temazepam</i>	62	TOVIAZ.....	91
<i>sumatriptan succinate</i>	63	TEMIXYS.....	24	TPN ELECTROLYTES.....	102
<i>sumatriptan succinate refill</i>	63	TENIVAC.....	100	TRADJENTA.....	70
<i>summers eve disp medicated</i>	90	<i>tenofovir disoproxil fumarate</i>	23	<i>tramadol hcl</i>	18
<i>sunitinib malate</i>	38	TEPMETKO.....	39	<i>tramadol-acetaminophen</i>	18
<i>superplex-t</i>	107	<i>terazosin hcl</i>	41	<i>trandolapril</i>	41
SUPREP BOWEL PREP KIT.....	88	<i>terbinafine hcl</i>	19, 121	<i>tranexamic acid</i>	94
<i>syeda</i>	76	<i>terbutaline sulfate</i>	115	<i>tranylcypromine sulfate</i>	56
SYMBICORT.....	118	<i>terconazole</i>	91	TRAVASOL.....	104
SYMDEKO.....	117	<i>testosterone</i>	66	<i>travoprost (bak free)</i>	109
SYMPAZAN.....	53	<i>testosterone cypionate</i>	66	TRAZIMERA.....	39
SYMTUZA.....	24	<i>testosterone enanthate</i>	66	<i>trazodone hcl</i>	56
SYNAREL.....	77	<i>tetrabenazine</i>	64	TRECATOR.....	24
SYNERCID.....	21	<i>tetracycline hcl</i>	30	TRELEGY ELLIPTA.....	113
SYNJARDY.....	70	THALOMID.....	33	TRELSTAR MIXJECT.....	32
SYNJARDY XR.....	70	THEO-24.....	117	<i>treprostinil</i>	49
SYNRIBO.....	33	<i>theophylline</i>	117	TRESIBA.....	68
SYNTHROID.....	82	<i>theophylline er</i>	117	TRESIBA FLEXTOUCH.....	68
SYSTANE.....	113	THERA.....	107	<i>tretinoin</i>	33, 119
SYSTANE COMPLETE.....	113	THERAPEUTIC DANDRUFF.....	126	TREXALL.....	96
<i>tab-a-vite</i>	107	<i>thiamine hcl</i>	107	<i>triamcinolone acetonide</i>	118, 123, 127
<i>tab-a-vite/iron</i>	107	<i>thioridazine hcl</i>	61	<i>triamterene-hctz</i>	47
TABLOID.....	32	<i>thiothixene</i>	61		

<i>tri-buffered aspirin</i>	15	TYPHIM VI.....	100	<i>vigadrone</i>	53
TRICARE.....	103	TYR COOLER.....	105	VIIBRYD.....	56
<i>triderm</i>	123	UBRELVY.....	63	VIIBRYD STARTER PACK.....	56
<i>trientine hcl</i>	72	<i>unithroid</i>	82	<i>vilazodone hcl</i>	56
<i>tri-estarylla</i>	76	<i>urea 20 intensive hydrating</i>	126	VIMPAT.....	53
<i>trifluoperazine hcl</i>	61	<i>urinary pain relief</i>	90	<i>vincristine sulfate</i>	34
<i>trifluridine</i>	110	<i>ursodiol</i>	89	<i>vinorelbine tartrate</i>	34
<i>trihexyphenidyl hcl</i>	57	<i>valacyclovir hcl</i>	26	<i>viorele</i>	77
TRIJARDY XR.....	70	VALCHLOR.....	126	VIRACEPT.....	23
TRIKAFTA.....	117	<i>valganciclovir hcl</i>	26	VIREAD.....	23
<i>tri-legest fe</i>	76	<i>valproate sodium</i>	53	VIRT-FEFA PLUS.....	93
<i>tri-linyah</i>	77	<i>valproic acid</i>	53	<i>vitamin a</i>	107
<i>tri-lo-estarylla</i>	77	<i>valsartan</i>	43	<i>vitamin b12</i>	107
<i>tri-lo-marzia</i>	77	<i>valsartan-hydrochlorothiazide</i>	42	<i>vitamin b-12</i>	107
<i>tri-lo-mili</i>	77	VALTOCO 10 MG DOSE.....	53	<i>vitamin c</i>	107
<i>tri-lo-sprintec</i>	77	VALTOCO 15 MG DOSE.....	53	<i>vitamin d</i>	107
<i>trimethoprim</i>	21	VALTOCO 20 MG DOSE.....	53	<i>vitamin d (cholecalciferol)</i>	107
<i>tri-mili</i>	77	VALTOCO 5 MG DOSE.....	53	<i>vitamin d (ergocalciferol)</i>	107
<i>trimipramine maleate</i>	56	<i>vancomycin hcl</i>	21	<i>vitamin d3</i>	107, 108
TRINTELLIX.....	56	VANCOMYCIN HCL IN NACL.....	21	<i>vitamin d3 ultra strength</i>	108
<i>tri-nymyo</i>	77	<i>vandazole</i>	91	<i>vitamin e</i>	108
<i>triple antibiotic</i>	120	VAQTA.....	100	<i>vitamin k1</i>	108
<i>triple antibiotic plus</i>	120	VARENICLINE TARTRATE.....	66	<i>vitamins a & d</i>	126
<i>tri-sprintec</i>	77	<i>varenicline tartrate</i>	66	VITRAKVI.....	39
TRIUMEQ.....	24	VARIVAX.....	100	VIVITROL.....	66
TRIUMEQ PD.....	24	VASCEPA.....	44	VIZIMPRO.....	39
<i>trivora (28)</i>	77	VELCADE.....	39	VONJO.....	40
<i>tri-vylibra</i>	77	<i>velivet</i>	77	<i>voriconazole</i>	19
<i>tri-vylibra lo</i>	77	VELPHORO.....	81	VOSEVI.....	26
TRIZIVIR.....	24	VELTASSA.....	72	VOTRIENT.....	40
TROGARZO.....	23	VEMLIDY.....	26	VRAYLAR.....	61
TROPHAMINE.....	104	VENCLEXTA.....	39	VUMERITY.....	64
<i>tropium chloride</i>	91	VENCLEXTA STARTING PACK.....	39	<i>vyfemla</i>	77
TRULICITY.....	70	<i>venlafaxine hcl</i>	56	<i>vylibra</i>	77
TRUMENBA.....	100	<i>venlafaxine hcl er</i>	56	VYVANSE.....	62
TRUSELTIQ (100MG DAILY DOSE).....	39	VENTAVIS.....	49	VYZULTA.....	109
TRUSELTIQ (125MG DAILY DOSE).....	39	VENTOLIN HFA.....	115	<i>warfarin sodium</i>	92
TRUSELTIQ (50MG DAILY DOSE). 39		<i>verapamil hcl</i>	47	<i>wart remover maximum strength</i>	126
TRUSELTIQ (75MG DAILY DOSE). 39		<i>verapamil hcl er</i>	46	WELIREG.....	33
TRUXIMA.....	39	VERSACLOZ.....	61	<i>wera</i>	77
TUKYSA.....	39	VERZENIO.....	39	<i>westab max</i>	108
TURALIO.....	39	<i>vestura</i>	77	<i>westab mini</i>	108
TWINRIX.....	100	V-GO 20.....	68	<i>westab one</i>	108
TYBOST.....	23	V-GO 30.....	68	WEST-VITE W/FOLIC ACID.....	108
<i>tydemy</i>	77	V-GO 40.....	68	<i>wymzya fe</i>	77
TYMLOS.....	71	VICTOZA.....	70	XALKORI.....	40
		<i>vienva</i>	77	XARELTO.....	92
		<i>vigabatrin</i>	53		

XARELTO STARTER PACK.....	92	ZIRGAN.....	110
XATMEP.....	96	<i>zoledronic acid</i>	71
XCOPRI.....	53	ZOLINZA.....	40
XCOPRI (250 MG DAILY DOSE)....	53	<i>zolmitriptan</i>	63
XCOPRI (350 MG DAILY DOSE)....	53	<i>zolpidem tartrate</i>	62
XELJANZ.....	96	ZONISADE.....	53
XELJANZ XR.....	96	<i>zonisamide</i>	53
XERMELO.....	89	ZORTRESS.....	98
XGEVA.....	71	<i>zovia 1/35 (28)</i>	77
XIFAXAN.....	89	ZTALMY.....	54
XIGDUO XR.....	70	<i>zumandimine</i>	77
XOLAIR.....	117	ZYCLARA PUMP.....	126
XOSPATA.....	40	ZYDELIG.....	40
XPOVIO (100 MG ONCE WEEKLY).....	40	ZYKADIA.....	40
XPOVIO (40 MG ONCE WEEKLY). 40		ZYLET.....	110
XPOVIO (40 MG TWICE WEEKLY).....	40	ZYPITAMAG.....	44
XPOVIO (60 MG ONCE WEEKLY). 40		ZYPREXA RELPREVV.....	61
XPOVIO (60 MG TWICE WEEKLY).....	40		
XPOVIO (80 MG ONCE WEEKLY). 40			
XPOVIO (80 MG TWICE WEEKLY).....	40		
XTANDI.....	33		
<i>xulane</i>	77		
XULTOPHY.....	68		
XYREM.....	65		
YF-VAX.....	100		
<i>yuvaferm</i>	78		
<i>zafemy</i>	77		
<i>zafirlukast</i>	116		
ZARXIO.....	92		
Z-BUM.....	126		
ZEJULA.....	40		
ZELBORAF.....	40		
ZEMAIRA.....	117		
<i>zenatane</i>	119		
ZENPEP.....	89		
ZERVIAE.....	108		
<i>zidovudine</i>	23		
<i>zinc gluconate</i>	105		
<i>zinc oxide</i>	126		
ZINC OXIDE.....	126		
<i>zinc sulfate</i>	105		
<i>ziprasidone hcl</i>	61		
<i>ziprasidone mesylate</i>	61		
ZIRABEV.....	40		

Updated on 12/01/2022.

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