

# **Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) | 2023**

# **List of Covered Drugs (Formulary)**

## **Introduction**

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

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**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**.

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



Healthy Connections  
PRIME

# Table of Contents

A. Disclaimers.....	2
B. Frequently Asked Questions (FAQ).....	3
B1. What prescription drugs are on the <i>List of Covered Drugs</i> (or “Drug List” for short.)?.....	3
B2. Does the Drug List ever change? .....	4
B3. What happens when there is a change to the Drug List? .....	5
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	6
B5. How will I know if the drug I want has limits or if there are any required actions to take to get the drug?.....	6
B6. What happens if Wellcare Prime changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?.....	7
B7. How can I find a drug on the Drug List? .....	7
B8. What if the drug I want to take is not on the Drug List? .....	7
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? .....	8
B10. Can I ask for an exception to cover my drug? .....	9
B11. How can I ask for an exception? .....	9
B12. How long does it take to get an exception? .....	9
B13. What are generic drugs? .....	9
B14. What are OTC drugs? .....	10
B15. Does Wellcare Prime cover non-drug OTC products? .....	10
B16. What is my copay? .....	10
B17. What are drug tiers? .....	10
C. Overview of the <i>List of Covered Drugs</i> .....	11
C1. Drugs Grouped by Medical Condition .....	12
D. Index of Covered Drugs.....	INDEX-1

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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](http://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 at the contact information at the bottom of the page.

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## **B. Frequently Asked Questions (FAQ)**

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

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

The drugs on the *List of Covered Drugs* that starts on page 15 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 that we cover on our website listed at the bottom of the page or by calling Member Services at the number at the bottom of the page.

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## **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 (PA) for a drug. (PA 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 below 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.

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**If you have questions**, call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m.,

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

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

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

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

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

- **Prior Authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from 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 15-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 PA and step therapy restrictions. You may also ask us to send you a copy.

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

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

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

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

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

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

There are two ways to find a drug:

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

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

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page 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.

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## **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 PA 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.

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## **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 PA requirements.

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

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. You, your representative, or your doctor (or other prescriber) can submit the supporting statement by fax, mail or 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.

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## **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 what OTC drugs are covered.

## **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 contact lens solution.

You can read the Wellcare Prime Drug List to find what 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 prescription and over-the-counter (OTC) generic and brand drugs that are covered by Healthy Connections Medicaid.

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

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## 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.
- ^ stands for 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.***

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- 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 Healthy Connections 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 contact information 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 referring to page 11.

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## Table of Contents

<b>ANALGESICS.....</b>	<b>15</b>
<b>ANESTHETICS.....</b>	<b>18</b>
<b>ANTI-INFECTIVES.....</b>	<b>18</b>
<b>ANTINEOPLASTIC AGENTS.....</b>	<b>30</b>
<b>CARDIOVASCULAR.....</b>	<b>40</b>
<b>CENTRAL NERVOUS SYSTEM.....</b>	<b>48</b>
<b>ENDOCRINE AND METABOLIC.....</b>	<b>66</b>
<b>GASTROINTESTINAL.....</b>	<b>82</b>
<b>GENITOURINARY.....</b>	<b>89</b>
<b>HEMATOLOGIC.....</b>	<b>90</b>
<b>IMMUNOLOGIC AGENTS.....</b>	<b>93</b>
<b>MISCELLANEOUS.....</b>	<b>99</b>
<b>NUTRITIONAL/SUPPLEMENTS.....</b>	<b>99</b>
<b>OPHTHALMIC.....</b>	<b>106</b>
<b>OTIC.....</b>	<b>110</b>
<b>RESPIRATORY.....</b>	<b>110</b>
<b>TOPICAL.....</b>	<b>115</b>



Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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## 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
<i>MITIGARE ORAL CAPSULE 0.6 MG</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)

### MISCELLANEOUS

<i>aspirin low dose tablet delayed release 81 mg oral</i>	\$0 (Tier 3) NT
<i>ASPIRIN SUPPOSITORY 300 MG RECTAL</i>	\$0 (Tier 3) NT
<i>aspirin tablet 325 mg oral</i>	\$0 (Tier 3) NT
<i>aspirin tablet chewable 81 mg oral</i>	\$0 (Tier 3) NT
<i>aspirin tablet delayed release 325 mg oral</i>	\$0 (Tier 3) NT
<i>migraine relief tablet 250-250-65 mg oral</i>	\$0 (Tier 3) NT
<i>tension headache tablet 500-65 mg oral</i>	\$0 (Tier 3) NT
<i>tri-buffered aspirin tablet 325 mg oral</i>	\$0 (Tier 3) NT

### NSAIDS

<i>celecoxib oral capsule 100 mg, 200 mg, 50 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>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)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
etodolac oral capsule 200 mg, 300 mg	\$0 (Tier 1)
etodolac oral tablet 400 mg, 500 mg	\$0 (Tier 1)
flurbiprofen oral tablet 100 mg	\$0 (Tier 1)
ibu oral tablet 400 mg, 600 mg, 800 mg	\$0 (Tier 1)
ibuprofen oral suspension 100 mg/5ml	\$0 (Tier 1)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	\$0 (Tier 1)
meloxicam oral tablet 15 mg, 7.5 mg	\$0 (Tier 1)
nabumetone oral tablet 500 mg, 750 mg	\$0 (Tier 1)
naproxen oral tablet 250 mg, 375 mg, 500 mg	\$0 (Tier 1)
naproxen oral tablet delayed release 375 mg	\$0 (Tier 1) QL (120 EA per 30 days)
naproxen oral tablet delayed release 500 mg	\$0 (Tier 1) QL (90 EA per 30 days)
naproxen sodium capsule 220 mg oral	\$0 (Tier 3) NT
naproxen sodium oral tablet 275 mg, 550 mg	\$0 (Tier 1)
naproxen sodium tablet 220 mg oral	\$0 (Tier 3) NT
oxaprozin oral tablet 600 mg	\$0 (Tier 1)
piroxicam oral capsule 10 mg, 20 mg	\$0 (Tier 1)
sulindac oral tablet 150 mg, 200 mg	\$0 (Tier 1)
<b>OPIOID ANALGESICS, LONG-ACTING</b>	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	\$0 (Tier 1) PA; QL (10 EA per 30 days)
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)
methadone hcl intensol oral concentrate 10 mg/ml	\$0 (Tier 1) PA; QL (90 ML per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	\$0 (Tier 1) PA; QL (450 ML per 30 days)
methadone hcl oral tablet 10 mg, 5 mg	\$0 (Tier 1) PA; QL (90 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<b>OPIOID ANALGESICS, SHORT-ACTING</b>	
acetaminophen-codeine oral solution 120-12 mg/5ml	\$0 (Tier 1) QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	\$0 (Tier 1) QL (400 EA per 30 days)
acetaminophen-codeine oral tablet 300-30 mg	\$0 (Tier 1) QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	\$0 (Tier 1) QL (180 EA per 30 days)

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

Name of Drug	What the drug will cost you (tier level)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	\$0 (Tier 2)
endocet oral tablet 10-325 mg	\$0 (Tier 1) QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	\$0 (Tier 1) QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	\$0 (Tier 1) QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	\$0 (Tier 2) PA; QL (120 EA per 30 days); ^
fentanyl citrate buccal lozenge on a handle 200 mcg	\$0 (Tier 1) PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	\$0 (Tier 1) QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	\$0 (Tier 1) QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	\$0 (Tier 1) QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	\$0 (Tier 1) QL (150 EA per 30 days)
hydromorphone hcl oral liquid 1 mg/ml	\$0 (Tier 1) QL (600 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	\$0 (Tier 1) QL (180 EA per 30 days)
morphine sulfate (concentrate) oral solution 20 mg/ml	\$0 (Tier 1) QL (180 ML per 30 days)
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	\$0 (Tier 2) B/D
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML	\$0 (Tier 2) B/D
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	\$0 (Tier 2) B/D
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	\$0 (Tier 1) QL (900 ML per 30 days)
morphine sulfate oral tablet 15 mg, 30 mg	\$0 (Tier 1) QL (180 EA per 30 days)
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	\$0 (Tier 2)
oxycodone hcl oral capsule 5 mg	\$0 (Tier 1) QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	\$0 (Tier 1) QL (180 ML per 30 days)
oxycodone hcl oral solution 5 mg/5ml	\$0 (Tier 1) QL (900 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	\$0 (Tier 1) QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	\$0 (Tier 1) QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	\$0 (Tier 1) QL (360 EA per 30 days)

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

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

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

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

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	\$0 (Tier 1)
ivermectin oral tablet 3 mg	\$0 (Tier 1) PA; QL (12 EA per 90 days)
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	\$0 (Tier 1)
linezolid intravenous solution 600 mg/300ml	\$0 (Tier 1)
linezolid oral suspension reconstituted 100 mg/5ml	\$0 (Tier 2) QL (1800 ML per 30 days); ^
linezolid oral tablet 600 mg	\$0 (Tier 1) QL (60 EA per 30 days)
meropenem intravenous solution reconstituted 1 gm, 500 mg	\$0 (Tier 1)
methenamine hippurate oral tablet 1 gm	\$0 (Tier 1)
metronidazole intravenous solution 500 mg/100ml	\$0 (Tier 1)
metronidazole oral tablet 250 mg, 500 mg	\$0 (Tier 1)
neomycin sulfate oral tablet 500 mg	\$0 (Tier 1)
nitazoxanide oral tablet 500 mg	\$0 (Tier 2) QL (6 EA per 30 days); ^
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	\$0 (Tier 2)
nitrofurantoin monohyd macro oral capsule 100 mg	\$0 (Tier 2)
paromomycin sulfate oral capsule 250 mg	\$0 (Tier 1)
pentamidine isethionate inhalation solution reconstituted 300 mg	\$0 (Tier 1) B/D
pentamidine isethionate injection solution reconstituted 300 mg	\$0 (Tier 1)
praziquantel oral tablet 600 mg	\$0 (Tier 1)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	\$0 (Tier 2) ^
SIVEXTRO ORAL TABLET 200 MG	\$0 (Tier 2) ^
streptomycin sulfate intramuscular solution reconstituted 1 gm	\$0 (Tier 1)
sulfadiazine oral tablet 500 mg	\$0 (Tier 2)
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	\$0 (Tier 1)
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the drug will cost you (tier level)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	\$0 (Tier 1)
tobramycin inhalation nebulization solution 300 mg/5ml	\$0 (Tier 2) PA; ^
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	\$0 (Tier 1)
trimethoprim oral tablet 100 mg	\$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)
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg	\$0 (Tier 1)
vancomycin hcl oral capsule 125 mg	\$0 (Tier 1) QL (80 EA per 180 days)
vancomycin hcl oral capsule 250 mg	\$0 (Tier 1) QL (160 EA per 180 days)
<b>ANTIMALARIALS</b>	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	\$0 (Tier 1)
chloroquine phosphate oral tablet 250 mg, 500 mg	\$0 (Tier 1)
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 2)
mefloquine hcl oral tablet 250 mg	\$0 (Tier 1)
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	\$0 (Tier 2)
primaquine phosphate tablet 26.3 (15 base) mg oral	\$0 (Tier 1)
quinine sulfate oral capsule 324 mg	\$0 (Tier 1) PA
<b>ANTIRETROVIRAL AGENTS</b>	
abacavir sulfate oral solution 20 mg/ml	\$0 (Tier 1)
abacavir sulfate oral tablet 300 mg	\$0 (Tier 1)
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 2) ^
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	\$0 (Tier 1)
EDURANT ORAL TABLET 25 MG	\$0 (Tier 2) ^
efavirenz oral capsule 200 mg, 50 mg	\$0 (Tier 1)
efavirenz oral tablet 600 mg	\$0 (Tier 1)
emtricitabine oral capsule 200 mg	\$0 (Tier 1)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)
etravirine oral tablet 100 mg, 200 mg	\$0 (Tier 2) ^

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>fosamprenavir calcium oral tablet 700 mg</i>	\$0 (Tier 2) ^
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	\$0 (Tier 2) ^
INTELENCE ORAL TABLET 25 MG	\$0 (Tier 2)
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 2) ^
ISENTRESS ORAL PACKET 100 MG	\$0 (Tier 2) ^
ISENTRESS ORAL TABLET 400 MG	\$0 (Tier 2) ^
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0 (Tier 2) ^
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0 (Tier 2)
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0 (Tier 2) ^
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	\$0 (Tier 1)
<i>nevirapine oral suspension 50 mg/5ml</i>	\$0 (Tier 1)
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)
NORVIR ORAL PACKET 100 MG	\$0 (Tier 2)
PIFELTRO ORAL TABLET 100 MG	\$0 (Tier 2) ^
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (Tier 2) QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	\$0 (Tier 2) QL (240 EA per 30 days); ^
PREZISTA ORAL TABLET 600 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
PREZISTA ORAL TABLET 75 MG	\$0 (Tier 2) QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
REYATAZ ORAL PACKET 50 MG	\$0 (Tier 2) ^
<i>ritonavir oral tablet 100 mg</i>	\$0 (Tier 1)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	\$0 (Tier 2) ^
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (Tier 2) ^
SELZENTRY ORAL TABLET 25 MG	\$0 (Tier 2)
SELZENTRY ORAL TABLET 75 MG	\$0 (Tier 2) ^
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	\$0 (Tier 2) LA; ^

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)
TIVICAY ORAL TABLET 10 MG	\$0 (Tier 2)
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (Tier 2) ^
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	\$0 (Tier 2) ^
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	\$0 (Tier 2) LA; ^
TYBOST ORAL TABLET 150 MG	\$0 (Tier 2)
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (Tier 2) ^
VIREAD ORAL POWDER 40 MG/GM	\$0 (Tier 2) ^
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 2) ^
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)
<i>zidovudine oral syrup 50 mg/5ml</i>	\$0 (Tier 1)
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (Tier 2) ^
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 2) ^
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 2) ^
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 2) ^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 2) ^
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	\$0 (Tier 2) ^
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (Tier 2) ^
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days); ^
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 2) ^
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (Tier 2) ^
JULUCA ORAL TABLET 50-25 MG	\$0 (Tier 2) ^
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 1)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	\$0 (Tier 1)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	\$0 (Tier 1)
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 2) ^

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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) ^
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 2) ^
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	\$0 (Tier 2) ^
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0 (Tier 2) ^
<b>ANTITUBERCULAR AGENTS</b>	
cycloserine oral capsule 250 mg	\$0 (Tier 2) ^
ethambutol hcl oral tablet 100 mg, 400 mg	\$0 (Tier 1)
isoniazid oral syrup 50 mg/5ml	\$0 (Tier 1)
isoniazid oral tablet 100 mg, 300 mg	\$0 (Tier 1)
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 2)
pyrazinamide oral tablet 500 mg	\$0 (Tier 1)
rifabutin oral capsule 150 mg	\$0 (Tier 1)
rifampin intravenous solution reconstituted 600 mg	\$0 (Tier 1)
rifampin oral capsule 150 mg, 300 mg	\$0 (Tier 1)
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (Tier 2) PA; LA; ^
TRECATOR ORAL TABLET 250 MG	\$0 (Tier 2)
<b>ANTIVIRALS</b>	
acyclovir oral capsule 200 mg	\$0 (Tier 1)
acyclovir oral suspension 200 mg/5ml	\$0 (Tier 1)
acyclovir oral tablet 400 mg, 800 mg	\$0 (Tier 1)
acyclovir sodium intravenous solution 50 mg/ml	\$0 (Tier 1) B/D
adefovir dipivoxil oral tablet 10 mg	\$0 (Tier 2) ^
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (Tier 2) ^
entecavir oral tablet 0.5 mg, 1 mg	\$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)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	\$0 (Tier 1)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	\$0 (Tier 2) ^
<i>valganciclovir hcl oral tablet 450 mg</i>	\$0 (Tier 1)
VEMLIDY ORAL TABLET 25 MG	\$0 (Tier 2) ^
VOSEVI ORAL TABLET 400-100-100 MG	\$0 (Tier 2) PA; ^
<b>CEPHALOSPORINS</b>	
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG	\$0 (Tier 2)
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	\$0 (Tier 1)
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<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)
<b>CEFAZOLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 3 GM</b>	\$0 (Tier 2)
<b>CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%</b>	\$0 (Tier 2)
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)
<i>cefepime hcl injection solution reconstituted 1 gm</i>	\$0 (Tier 1)
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)
<i>cefixime oral capsule 400 mg</i>	\$0 (Tier 1)
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0 (Tier 1)
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	\$0 (Tier 1)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	\$0 (Tier 1)
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	\$0 (Tier 1)
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	\$0 (Tier 1)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the drug will cost you (tier level)
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	\$0 (Tier 1)
tazicef injection solution reconstituted 1 gm	\$0 (Tier 1)
tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm	\$0 (Tier 1)
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	\$0 (Tier 2) ^
<b>ERYTHROMYCINS/MACROLIDES</b>	
azithromycin intravenous solution reconstituted 500 mg	\$0 (Tier 1)
azithromycin oral packet 1 gm	\$0 (Tier 1)
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	\$0 (Tier 1)
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	\$0 (Tier 1)
clarithromycin er oral tablet extended release 24 hour 500 mg	\$0 (Tier 1)
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	\$0 (Tier 1)
clarithromycin oral tablet 250 mg, 500 mg	\$0 (Tier 1)
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	\$0 (Tier 2) ^
DIFICID ORAL TABLET 200 MG	\$0 (Tier 2) ^
e.e.s. 400 oral tablet 400 mg	\$0 (Tier 1)
ery-tab oral tablet delayed release 250 mg, 333 mg, 500 mg	\$0 (Tier 1)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0 (Tier 2)
erythrocin stearate oral tablet 250 mg	\$0 (Tier 1)
erythromycin base oral capsule delayed release particles 250 mg	\$0 (Tier 1)
erythromycin base oral tablet 250 mg, 500 mg	\$0 (Tier 1)
erythromycin ethylsuccinate oral tablet 400 mg	\$0 (Tier 1)
erythromycin lactobionate intravenous solution reconstituted 500 mg	\$0 (Tier 1)
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the drug will cost you (tier level)
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### ***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)
<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)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	\$0 (Tier 1)
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	\$0 (Tier 1)
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	\$0 (Tier 2)
dicloxacillin sodium oral capsule 250 mg, 500 mg	\$0 (Tier 1)
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	\$0 (Tier 1)
nafcillin sodium intravenous solution reconstituted 10 gm	\$0 (Tier 2) ^
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	\$0 (Tier 1)
oxacillin sodium intravenous solution reconstituted 10 gm	\$0 (Tier 1)
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	\$0 (Tier 2)
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	\$0 (Tier 1)
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	\$0 (Tier 2)
penicillin g sodium injection solution reconstituted 5000000 unit	\$0 (Tier 1)
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	\$0 (Tier 1)
penicillin v potassium oral tablet 250 mg, 500 mg	\$0 (Tier 1)
pfizerpen injection solution reconstituted 20000000 unit, 5000000 unit	\$0 (Tier 1)
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	\$0 (Tier 1)
<b>TETRACYCLINES</b>	
doxy 100 intravenous solution reconstituted 100 mg	\$0 (Tier 1)
doxycycline hyclate intravenous solution reconstituted 100 mg	\$0 (Tier 1)
doxycycline hyclate oral capsule 100 mg, 50 mg	\$0 (Tier 1)
doxycycline hyclate oral tablet 100 mg, 20 mg	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) LA; ^
NUZYRA ORAL TABLET 150 MG	\$0 (Tier 2) LA; ^
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1) PA
<i>tigecycline intravenous solution reconstituted 50 mg</i>	\$0 (Tier 2) ^
TIGECYCLINE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	\$0 (Tier 2) ^
<b>ANTINEOPLASTIC AGENTS</b>	
<b>ALKYLATING AGENTS</b>	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (Tier 2) B/D; LA; ^
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	\$0 (Tier 1) B/D
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	\$0 (Tier 1) B/D
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	\$0 (Tier 2) B/D; ^
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML, 500 MG/ML	\$0 (Tier 2) B/D; ^
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1) B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	\$0 (Tier 2) B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0 (Tier 2)
GLEOSTINE ORAL CAPSULE 100 MG	\$0 (Tier 2) ^
LEUKERAN ORAL TABLET 2 MG	\$0 (Tier 2)
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	\$0 (Tier 1) B/D
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	\$0 (Tier 2) B/D; ^
<i>paraplatin intravenous solution 1000 mg/100ml</i>	\$0 (Tier 1) B/D
<b>ANTIBIOTICS</b>	
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	\$0 (Tier 1) B/D

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	\$0 (Tier 2) B/D; ^
ELLENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML	\$0 (Tier 2) B/D
<b>ANTIMETABOLITES</b>	
<i>azacitidine injection suspension reconstituted 100 mg</i>	\$0 (Tier 2) B/D; ^
<i>cytarabine injection solution 20 mg/ml</i>	\$0 (Tier 1) B/D
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	\$0 (Tier 1) B/D
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	\$0 (Tier 1) B/D
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	\$0 (Tier 1) B/D
INQOVI ORAL TABLET 35-100 MG	\$0 (Tier 2) PA-NS; LA; ^
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (Tier 2) PA-NS; LA; ^
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	\$0 (Tier 1) B/D
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	\$0 (Tier 1) B/D
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	\$0 (Tier 1) B/D
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; ^
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	\$0 (Tier 2) B/D; ^
PURIXAN ORAL SUSPENSION 2000 MG/100ML	\$0 (Tier 2) ^
TABLOID ORAL TABLET 40 MG	\$0 (Tier 2)
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>	
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 2) PA-NS; ^
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 1)
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 1)
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	\$0 (Tier 2) PA-NS
EMCYT ORAL CAPSULE 140 MG	\$0 (Tier 2) ^
ERLEADA ORAL TABLET 240 MG, 60 MG	\$0 (Tier 2) PA-NS; LA; ^

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
EULEXIN ORAL CAPSULE 125 MG	\$0 (Tier 2) ^
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	\$0 (Tier 2) B/D; ^
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 1)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	\$0 (Tier 1) PA-NS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	\$0 (Tier 2) PA-NS; ^
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	\$0 (Tier 2) PA-NS; ^
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 2) ^
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	\$0 (Tier 2)
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 2) ^
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 2) PA-NS; LA; ^
ORGOVYX ORAL TABLET 120 MG	\$0 (Tier 2) PA-NS; LA; ^
ORSERDU ORAL TABLET 345 MG, 86 MG	\$0 (Tier 2) PA-NS; LA; ^
SOLTAMOX ORAL SOLUTION 10 MG/5ML	\$0 (Tier 2) ^
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>toremifene citrate oral tablet 60 mg</i>	\$0 (Tier 2) ^
XTANDI ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; LA; ^
XTANDI ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; ^
<b>IMMUNOMODULATORS</b>	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (28 EA per 28 days); ^
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	\$0 (Tier 2) PA-NS; LA; QL (28 EA per 28 days); ^
REVLIMID ORAL CAPSULE 20 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2) PA-NS; LA; QL (56 EA per 28 days); ^
<b>MISCELLANEOUS</b>	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	\$0 (Tier 2) PA-NS; LA; ^
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 2) PA-NS; ^

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
hydroxyurea oral capsule 500 mg	\$0 (Tier 1)
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	\$0 (Tier 1) B/D
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2) PA-NS; QL (49 EA per 28 days); ^
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2) PA-NS; QL (70 EA per 28 days); ^
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2) PA-NS; QL (91 EA per 28 days); ^
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 2) LA; ^
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	\$0 (Tier 2) PA-NS; ^
tretinoin oral capsule 10 mg	\$0 (Tier 2) ^
WELIREG ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
<b>MITOTIC INHIBITORS</b>	
DOCETAXEL CONCENTRATE 160 MG/8ML INTRAVENOUS	\$0 (Tier 2) B/D; ^
DOCETAXEL CONCENTRATE 80 MG/4ML INTRAVENOUS	\$0 (Tier 2) B/D; ^
docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml	\$0 (Tier 2) B/D; ^
docetaxel intravenous concentrate 20 mg/ml	\$0 (Tier 1) B/D
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	\$0 (Tier 2) B/D; ^
DOCETAXEL SOLUTION 160 MG/16ML INTRAVENOUS	\$0 (Tier 2) B/D; ^
DOCETAXEL SOLUTION 20 MG/2ML INTRAVENOUS	\$0 (Tier 2) B/D; ^
DOCETAXEL SOLUTION 80 MG/8ML INTRAVENOUS	\$0 (Tier 2) B/D; ^
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	\$0 (Tier 1) B/D
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	\$0 (Tier 1) B/D
paclitaxel protein-bound part intravenous suspension reconstituted 100 mg	\$0 (Tier 2) B/D; ^
vincristine sulfate intravenous solution 1 mg/ml	\$0 (Tier 1) B/D
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	\$0 (Tier 1) B/D

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

Name of Drug	What the drug will cost you (tier level)
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#### **MOLECULAR TARGET AGENTS**

ALECensa ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; LA; ^
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	\$0 (Tier 2) PA-NS; LA; ^
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	\$0 (Tier 2) PA-NS; LA; ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (Tier 2) PA-NS; LA; ^
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG	\$0 (Tier 2) PA-NS; ^
<i>bortezomib injection solution reconstituted 3.5 mg</i>	\$0 (Tier 2) PA-NS; ^
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	\$0 (Tier 2) PA-NS; ^
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	\$0 (Tier 2) PA-NS; ^
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (Tier 2) PA-NS; LA; ^
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); ^

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

Name of Drug	What the drug will cost you (tier level)
everolimus oral tablet soluble 5 mg	\$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; ^
gefitinib oral tablet 250 mg	\$0 (Tier 2) PA-NS; ^
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 2) PA-NS; LA; ^
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	\$0 (Tier 2) PA-NS; LA; ^
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	\$0 (Tier 2) PA-NS; LA; ^
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; LA; ^
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
imatinib mesylate oral tablet 100 mg	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
imatinib mesylate oral tablet 400 mg	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
IMBRUICA ORAL CAPSULE 140 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUICA ORAL CAPSULE 70 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUICA ORAL SUSPENSION 70 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (216 ML per 27 days); ^
IMBRUICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
INREBIC ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; ^
IRESSA ORAL TABLET 250 MG	\$0 (Tier 2) PA-NS; LA; ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	\$0 (Tier 2) B/D; LA; ^

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; LA; ^
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (Tier 2) PA-NS; LA; ^
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2) PA-NS; QL (21 EA per 28 days); ^
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2) PA-NS; QL (42 EA per 28 days); ^
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2) PA-NS; QL (63 EA per 28 days); ^
KRAZATI ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; ^
<i>lapatinib ditosylate oral tablet 250 mg</i>	\$0 (Tier 2) PA-NS; ^
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
LORBRENA ORAL TABLET 100 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; ^
LUMAKRAS ORAL TABLET 120 MG, 320 MG	\$0 (Tier 2) PA-NS; LA; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2) PA-NS; LA; ^
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2) PA-NS; LA; ^

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2) PA-NS; LA; ^
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	\$0 (Tier 2) PA-NS; LA; ^
MEKINIST ORAL TABLET 0.5 MG, 2 MG	\$0 (Tier 2) PA-NS; LA; ^
MEKTOVI ORAL TABLET 15 MG	\$0 (Tier 2) PA-NS; LA; ^
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	\$0 (Tier 2) PA-NS; LA; ^
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0 (Tier 2) PA-NS; LA; ^
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
NEXAVAR ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 2) PA-NS; QL (3 EA per 28 days); ^
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 2) PA-NS; LA; ^
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; LA; ^
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; LA; ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (Tier 2) PA-NS; LA; ^
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	\$0 (Tier 2) PA-NS; LA; ^
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2) PA-NS; ^
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	\$0 (Tier 2) PA-NS; ^
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	\$0 (Tier 2) PA-NS; ^
QINLOCK ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; LA; ^
RETEVMO ORAL CAPSULE 40 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; ^
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; LA; ^
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	\$0 (Tier 2) PA-NS; LA; ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 2) PA-NS; ^
SCEMBLIX ORAL TABLET 20 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SCEMBLIX ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; QL (300 EA per 30 days); ^
sorafenib tosylate oral tablet 200 mg	\$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; ^
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2) PA-NS; ^
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (Tier 2) PA-NS; LA; ^
TAFINLAR ORAL TABLET SOLUBLE 10 MG	\$0 (Tier 2) PA-NS; LA; ^
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	\$0 (Tier 2) PA-NS; ^
TAZVERIK ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	\$0 (Tier 2) PA-NS; LA; ^
TEPMETKO ORAL TABLET 225 MG	\$0 (Tier 2) PA-NS; LA; ^
TIBSOVO ORAL TABLET 250 MG	\$0 (Tier 2) PA-NS; LA; ^
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (Tier 2) PA-NS; ^
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	\$0 (Tier 2) PA-NS; LA; ^
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	\$0 (Tier 2) PA-NS; LA; ^
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (Tier 2) PA-NS; LA; ^
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (Tier 2) PA-NS; LA; ^
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0 (Tier 2) PA-NS; ^
TUKYSA ORAL TABLET 150 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; ^
TURALIO ORAL CAPSULE 125 MG, 200 MG	\$0 (Tier 2) PA-NS; LA; ^

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (Tier 2) PA-NS; LA; ^
VENCLEXTA ORAL TABLET 10 MG	\$0 (Tier 2) PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
VENCLEXTA ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; LA; QL (112 EA per 28 days); ^
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	\$0 (Tier 2) PA-NS; LA; QL (42 EA per 28 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (56 EA per 28 days); ^
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; ^
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (Tier 2) PA-NS; LA; ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (Tier 2) PA-NS; LA; ^
VONJO ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
VOTRIENT ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (Tier 2) PA-NS; LA; ^
XOSPATA ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	\$0 (Tier 2) PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2) PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2) PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	\$0 (Tier 2) PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2) PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2) PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2) PA-NS; LA; QL (32 EA per 28 days); ^
ZEJULA ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORA ORAL TABLET 240 MG	\$0 (Tier 2) PA-NS; LA; ^
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0 (Tier 2) PA-NS; LA; ^

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

Name of Drug	What the drug will cost you (tier level)
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2) PA-NS; LA; ^
ZYKADIA ORAL TABLET 150 MG	\$0 (Tier 2) PA-NS; LA; ^
<b>PROTECTIVE AGENTS</b>	
<i>leucovorin calcium injection solution 500 mg/50ml</i>	\$0 (Tier 1) B/D
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	\$0 (Tier 1) B/D
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)
MESNEX ORAL TABLET 400 MG	\$0 (Tier 2) ^
<b>CARDIOVASCULAR</b>	
<b>ACE INHIBITOR COMBINATIONS</b>	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (Tier 1)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (Tier 1)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)
<b>ACE INHIBITORS</b>	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (Tier 1)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	\$0 (Tier 1)
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>	
eplerenone oral tablet 25 mg, 50 mg	\$0 (Tier 1)
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2) QL (30 EA per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
<b>ALPHA BLOCKERS</b>	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	\$0 (Tier 1)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	\$0 (Tier 1)
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	\$0 (Tier 1)
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	\$0 (Tier 1) QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	\$0 (Tier 1) QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet 16-12.5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	\$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)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	\$0 (Tier 1)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	\$0 (Tier 1) QL (30 EA per 30 days)
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	\$0 (Tier 1) QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	\$0 (Tier 1) QL (30 EA per 30 days)
telmisartan-hctz oral tablet 80-12.5 mg	\$0 (Tier 1) QL (60 EA per 30 days)

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

Name of Drug	What the drug will cost you (tier level)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	\$0 (Tier 1) QL (60 EA per 30 days)
candesartan cilexetil oral tablet 32 mg	\$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)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	\$0 (Tier 1) QL (30 EA per 30 days)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
olmesartan medoxomil oral tablet 20 mg, 40 mg	\$0 (Tier 1) QL (30 EA per 30 days)
olmesartan medoxomil oral tablet 5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	\$0 (Tier 1) QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	\$0 (Tier 1) QL (60 EA per 30 days)
valsartan oral tablet 320 mg	\$0 (Tier 1) QL (30 EA per 30 days)
<b>ANTIARRHYTHMICS</b>	
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	\$0 (Tier 1)
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	\$0 (Tier 1)
disopyramide phosphate oral capsule 100 mg, 150 mg	\$0 (Tier 2)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	\$0 (Tier 1)
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	\$0 (Tier 1)
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 2)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	\$0 (Tier 2)
pacerone oral tablet 100 mg, 200 mg, 400 mg	\$0 (Tier 1)
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	\$0 (Tier 1)
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	\$0 (Tier 1)
quinidine sulfate oral tablet 200 mg, 300 mg	\$0 (Tier 1)
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	\$0 (Tier 1)
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	\$0 (Tier 1)
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the drug will cost you (tier level)
<b>ANTILIPEMICS, FIBRATES</b>	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$0 (Tier 1)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0 (Tier 1)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	\$0 (Tier 1)
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>	
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	\$0 (Tier 2) ST; QL (30 EA per 30 days); ^
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	\$0 (Tier 2) ST; QL (30 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 (Tier 2) ST; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	\$0 (Tier 2) ST; QL (30 EA per 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS</b>	
<i>cholestyramine light oral packet 4 gm</i>	\$0 (Tier 1)
<i>cholestyramine light oral powder 4 gm/dose</i>	\$0 (Tier 1)
<i>cholestyramine oral packet 4 gm</i>	\$0 (Tier 1)
<i>cholestyramine oral powder 4 gm/dose</i>	\$0 (Tier 1)
<i>colesevelam hcl oral packet 3.75 gm</i>	\$0 (Tier 1)
<i>colesevelam hcl oral tablet 625 mg</i>	\$0 (Tier 1)
<i>colestipol hcl oral granules 5 gm</i>	\$0 (Tier 1)
<i>colestipol hcl oral packet 5 gm</i>	\$0 (Tier 1)
<i>colestipol hcl oral tablet 1 gm</i>	\$0 (Tier 1)
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	\$0 (Tier 1)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	\$0 (Tier 1) QL (60 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	\$0 (Tier 2) PA
prevälite oral packet 4 gm	\$0 (Tier 1)
prevälite oral powder 4 gm/dose	\$0 (Tier 1)
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	\$0 (Tier 2)
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	\$0 (Tier 1)
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	\$0 (Tier 1)
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	\$0 (Tier 1)
<b>BETA-BLOCKERS</b>	
acebutolol hcl oral capsule 200 mg, 400 mg	\$0 (Tier 1)
atenolol oral tablet 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
bisoprolol fumarate oral tablet 10 mg, 5 mg	\$0 (Tier 1)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	\$0 (Tier 1)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	\$0 (Tier 1)
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	\$0 (Tier 1)
metoprolol tartrate intravenous solution 5 mg/5ml	\$0 (Tier 1)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
nadolol oral tablet 20 mg, 40 mg, 80 mg	\$0 (Tier 1)
nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
nebivolol hcl oral tablet 20 mg	\$0 (Tier 1) QL (60 EA per 30 days)
pindolol oral tablet 10 mg, 5 mg	\$0 (Tier 1)
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	\$0 (Tier 1)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the drug will cost you (tier level)
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	\$0 (Tier 1)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	\$0 (Tier 1)
<b>CALCIUM CHANNEL BLOCKERS</b>	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	\$0 (Tier 1)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (Tier 1)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	\$0 (Tier 1)
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	\$0 (Tier 1)
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (Tier 1)
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	\$0 (Tier 1)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	\$0 (Tier 1)
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	\$0 (Tier 1)
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)
isradipine oral capsule 2.5 mg, 5 mg	\$0 (Tier 1)
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (Tier 1)
nicardipine hcl oral capsule 20 mg, 30 mg	\$0 (Tier 1)
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	\$0 (Tier 1)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	\$0 (Tier 1)
nimodipine oral capsule 30 mg	\$0 (Tier 1)
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	\$0 (Tier 1)
NYMALIZE ORAL SOLUTION 6 MG/ML	\$0 (Tier 2) ^

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

12/01/2023

Name of Drug	What the drug will cost you (tier level)
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	\$0 (Tier 1)
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (Tier 1)
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	\$0 (Tier 1)
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	\$0 (Tier 1)
verapamil hcl intravenous solution 2.5 mg/ml	\$0 (Tier 1)
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	\$0 (Tier 1)
<b>DIURETICS</b>	
acetazolamide er oral capsule extended release 12 hour 500 mg	\$0 (Tier 1)
acetazolamide oral tablet 125 mg, 250 mg	\$0 (Tier 1)
amiloride hcl oral tablet 5 mg	\$0 (Tier 1)
amiloride-hydrochlorothiazide oral tablet 5-50 mg	\$0 (Tier 1)
bumetanide injection solution 0.25 mg/ml	\$0 (Tier 1)
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (Tier 1)
chlorthalidone oral tablet 25 mg, 50 mg	\$0 (Tier 1)
furosemide injection solution 10 mg/ml	\$0 (Tier 1)
furosemide oral solution 10 mg/ml, 8 mg/ml	\$0 (Tier 1)
furosemide oral tablet 20 mg, 40 mg, 80 mg	\$0 (Tier 1)
hydrochlorothiazide oral capsule 12.5 mg	\$0 (Tier 1)
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	\$0 (Tier 1)
indapamide oral tablet 1.25 mg, 2.5 mg	\$0 (Tier 1)
methazolamide oral tablet 25 mg, 50 mg	\$0 (Tier 1)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)
spironolactone-hctz oral tablet 25-25 mg	\$0 (Tier 1)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	\$0 (Tier 1)
triamterene-hctz oral capsule 37.5-25 mg	\$0 (Tier 1)
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	\$0 (Tier 1)

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

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

#### **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)
<b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>	\$0 (Tier 2)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (Tier 1)

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

Name of Drug	What the drug will cost you (tier level)
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (Tier 1)
<b>PULMONARY ARTERIAL HYPERTENSION</b>	
ADCIRCA ORAL TABLET 20 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
<i>alyq oral tablet 20 mg</i>	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days); ^
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>sildenafil citrate oral tablet 20 mg</i>	\$0 (Tier 1) PA-NS; generic for Revatio; QL (360 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	\$0 (Tier 1) PA-NS; generic for Adcirca; QL (60 EA per 30 days); ^
TADLIQ ORAL SUSPENSION 20 MG/5ML	\$0 (Tier 2) PA-NS; QL (300 ML per 30 days); ^
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	\$0 (Tier 2) PA-NS; LA; ^
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	\$0 (Tier 2) PA-NS; LA; ^
<b>CENTRAL NERVOUS SYSTEM</b>	
<b>ANTIANXIETY</b>	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	\$0 (Tier 1) QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0 (Tier 1) QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<b>ANTICONVULSANTS</b>	
APTIOM ORAL TABLET 200 MG, 400 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
APTIOM ORAL TABLET 600 MG, 800 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	\$0 (Tier 2) PA-NS
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2) PA-NS; QL (600 ML per 30 days); ^

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

12/01/2023

Name of Drug	What the drug will cost you (tier level)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral suspension 100 mg/5ml</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet chewable 100 mg</i>	\$0 (Tier 1)
CELONTIN ORAL CAPSULE 300 MG	\$0 (Tier 2)
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (Tier 1) PA-NS; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (Tier 1) QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	\$0 (Tier 1) QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (Tier 1) PA-NS; PA if 65 years and older; QL (180 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (Tier 2) PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL PACKET 250 MG	\$0 (Tier 2) PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL PACKET 500 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>diazepam injection solution 5 mg/ml</i>	\$0 (Tier 1)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 1) PA-NS; PA if 65 years and older; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	\$0 (Tier 1) PA-NS; PA if 65 years and older; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1) PA-NS; PA if 65 years and older; QL (120 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	\$0 (Tier 1)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	\$0 (Tier 2)
DILANTIN ORAL CAPSULE 100 MG, 30 MG	\$0 (Tier 2)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use (tier level)
DILANTIN ORAL SUSPENSION 125 MG/5ML	\$0 (Tier 2)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	\$0 (Tier 1)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (600 ML per 30 days); ^
<i>epitol oral tablet 200 mg</i>	\$0 (Tier 1)
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (Tier 2) PA-NS; QL (480 ML per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)
<i>ethosuximide oral solution 250 mg/5ml</i>	\$0 (Tier 1)
<i>felbamate oral suspension 600 mg/5ml</i>	\$0 (Tier 2) ^
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (Tier 1)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 2) PA-NS; QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	\$0 (Tier 1) QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>lacosamide intravenous solution 200 mg/20ml</i>	\$0 (Tier 2) ^
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (Tier 1) QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)

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

Name of Drug	What the drug will cost you (tier level)
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	\$0 (Tier 1)
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	\$0 (Tier 1)
levetiracetam intravenous solution 500 mg/5ml	\$0 (Tier 1)
levetiracetam oral solution 100 mg/ml	\$0 (Tier 1)
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	\$0 (Tier 1)
methsuximide oral capsule 300 mg	\$0 (Tier 1)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	\$0 (Tier 2)
oxcarbazepine oral suspension 300 mg/5ml	\$0 (Tier 1)
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	\$0 (Tier 1)
phenobarbital oral elixir 20 mg/5ml	\$0 (Tier 2) PA-NS; PA if 70 years and older
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	\$0 (Tier 2) PA-NS; PA if 70 years and older
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	\$0 (Tier 2) PA-NS; PA if 70 years and older
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	\$0 (Tier 1)
phenytoin oral suspension 125 mg/5ml	\$0 (Tier 1)
phenytoin oral tablet chewable 50 mg	\$0 (Tier 1)
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	\$0 (Tier 1)
phenytoin sodium injection solution 50 mg/ml	\$0 (Tier 1)
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (Tier 1) QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	\$0 (Tier 1) QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	\$0 (Tier 1) QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	\$0 (Tier 1) QL (900 ML per 30 days)
primidone oral tablet 125 mg, 250 mg, 50 mg	\$0 (Tier 1)
roweepra oral tablet 500 mg	\$0 (Tier 1)
rufinamide oral suspension 40 mg/ml	\$0 (Tier 2) PA-NS; QL (2400 ML per 30 days); ^
rufinamide oral tablet 200 mg	\$0 (Tier 1) PA-NS; QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	\$0 (Tier 2) PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	\$0 (Tier 2) QL (90 EA per 30 days)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	\$0 (Tier 2) QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	\$0 (Tier 2) QL (180 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	\$0 (Tier 2) QL (120 EA per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	\$0 (Tier 1)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>valproate sodium intravenous solution 100 mg/ml</i>	\$0 (Tier 1)
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)
<i>valproic acid oral solution 250 mg/5ml</i>	\$0 (Tier 1)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	\$0 (Tier 2)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	\$0 (Tier 2)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	\$0 (Tier 2)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	\$0 (Tier 2)
<i>vigabatrin oral packet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigabatrin oral tablet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral packet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral tablet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2) QL (1200 ML per 30 days); ^
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	\$0 (Tier 2) QL (56 EA per 28 days); ^
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	\$0 (Tier 2) QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	\$0 (Tier 2) QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 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)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (1100 ML per 30 days); ^
<b>ANTIDEMENTIA</b>	
donepezil hcl oral tablet 10 mg	\$0 (Tier 1)
donepezil hcl oral tablet 5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg	\$0 (Tier 1)
donepezil hcl oral tablet dispersible 5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	\$0 (Tier 1) QL (30 EA per 30 days)
galantamine hydrobromide oral solution 4 mg/ml	\$0 (Tier 1)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	\$0 (Tier 1) QL (60 EA per 30 days)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	\$0 (Tier 1) PA; PA if < 30 yrs
memantine hcl oral solution 2 mg/ml	\$0 (Tier 1) PA; PA if < 30 yrs
memantine hcl oral tablet 10 mg, 5 mg	\$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)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	\$0 (Tier 1) QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	\$0 (Tier 1) QL (30 EA per 30 days)
<b>ANTIDEPRESSANTS</b>	
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (Tier 2)
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	\$0 (Tier 2)
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	\$0 (Tier 1)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	\$0 (Tier 1)
bupropion hcl oral tablet 100 mg, 75 mg	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
citalopram hydrobromide oral solution 10 mg/5ml	\$0 (Tier 1)
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	\$0 (Tier 1)
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	\$0 (Tier 2) PA-NS
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (Tier 2)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	\$0 (Tier 1) PA-NS; QL (30 EA per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (Tier 2)
doxepin hcl oral concentrate 10 mg/ml	\$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)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	\$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); ^
escitalopram oxalate oral solution 5 mg/5ml	\$0 (Tier 1)
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	\$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
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	\$0 (Tier 1)
fluoxetine hcl oral solution 20 mg/5ml	\$0 (Tier 1)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	\$0 (Tier 2)
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 2) QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	\$0 (Tier 1)
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	\$0 (Tier 1)
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	\$0 (Tier 1)
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	\$0 (Tier 2)
nortriptyline hcl oral solution 10 mg/5ml	\$0 (Tier 2)

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

Name of Drug	What the drug will cost you (tier level)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5ml	\$0 (Tier 2) QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	\$0 (Tier 2)
phenelzine sulfate oral tablet 15 mg	\$0 (Tier 1)
protriptyline hcl oral tablet 10 mg, 5 mg	\$0 (Tier 2)
sertraline hcl oral concentrate 20 mg/ml	\$0 (Tier 1)
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
tranylcypromine sulfate oral tablet 10 mg	\$0 (Tier 1)
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	\$0 (Tier 1)
trimipramine maleate oral capsule 100 mg	\$0 (Tier 2) QL (60 EA per 30 days)
trimipramine maleate oral capsule 25 mg, 50 mg	\$0 (Tier 2) QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	\$0 (Tier 1)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	\$0 (Tier 1)
VIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (Tier 2) QL (30 EA per 30 days)
VIBRYD STARTER PACK ORAL KIT 10 & 20 MG	\$0 (Tier 2)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	\$0 (Tier 1) QL (30 EA per 30 days)
<b>ANTIPARKINSONIAN AGENTS</b>	
amantadine hcl oral capsule 100 mg	\$0 (Tier 1) QL (120 EA per 30 days)
amantadine hcl oral solution 50 mg/5ml	\$0 (Tier 1)
amantadine hcl oral tablet 100 mg	\$0 (Tier 1)
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	\$0 (Tier 2) PA; LA; QL (60 ML per 30 days); ^
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	\$0 (Tier 2) PA; QL (60 ML per 30 days); ^
benztropine mesylate injection solution 1 mg/ml	\$0 (Tier 1)
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (Tier 2) PA; PA if 70 years and older
bromocriptine mesylate oral capsule 5 mg	\$0 (Tier 1)
bromocriptine mesylate oral tablet 2.5 mg	\$0 (Tier 1)

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

Name of Drug	What the drug will cost you (tier level)
carbidopa oral tablet 25 mg	\$0 (Tier 2)
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	\$0 (Tier 1)
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	\$0 (Tier 1)
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	\$0 (Tier 1)
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	\$0 (Tier 1)
entacapone oral tablet 200 mg	\$0 (Tier 1)
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)
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	\$0 (Tier 1)
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	\$0 (Tier 1)
rasagiline mesylate oral tablet 0.5 mg, 1 mg	\$0 (Tier 1) QL (30 EA per 30 days)
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	\$0 (Tier 1)
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	\$0 (Tier 1)
selegiline hcl oral capsule 5 mg	\$0 (Tier 1)
selegiline hcl oral tablet 5 mg	\$0 (Tier 1)
trihexyphenidyl hcl oral solution 0.4 mg/ml	\$0 (Tier 2) PA; PA if 70 years and older
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	\$0 (Tier 2) PA; PA if 70 years and older
<b>ANTIPSYCHOTICS</b>	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	\$0 (Tier 2) QL (1 EA per 28 days); ^
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	\$0 (Tier 2) QL (1 EA per 28 days); ^
ariPIPRAZOLE oral solution 1 mg/ml	\$0 (Tier 1) QL (900 ML per 30 days)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	\$0 (Tier 2) QL (60 EA per 30 days); ^
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	\$0 (Tier 2) ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	\$0 (Tier 2) QL (3.9 ML per 56 days); ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	\$0 (Tier 2) QL (1.6 ML per 28 days); ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	\$0 (Tier 2) QL (2.4 ML per 28 days); ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	\$0 (Tier 2) QL (3.2 ML per 28 days); ^
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1) QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	\$0 (Tier 1)
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	\$0 (Tier 1)
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	\$0 (Tier 1)
clozapine oral tablet 100 mg	\$0 (Tier 1) QL (270 EA per 30 days)
clozapine oral tablet 200 mg	\$0 (Tier 1) QL (120 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	\$0 (Tier 1)
clozapine oral tablet dispersible 100 mg	\$0 (Tier 1) PA-NS; QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg, 25 mg	\$0 (Tier 1) PA-NS
clozapine oral tablet dispersible 150 mg	\$0 (Tier 1) PA-NS; QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	\$0 (Tier 2) PA-NS; QL (120 EA per 30 days); ^
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	\$0 (Tier 2) PA-NS
fluphenazine decanoate injection solution 25 mg/ml	\$0 (Tier 1)
fluphenazine hcl injection solution 2.5 mg/ml	\$0 (Tier 1)
fluphenazine hcl oral concentrate 5 mg/ml	\$0 (Tier 1)

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

Name of Drug	What the drug will cost you (tier level)
<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)
<b>INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML</b>	\$0 (Tier 2) QL (3.5 ML per 180 days); ^
<b>INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML</b>	\$0 (Tier 2) QL (5 ML per 180 days); ^
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML</b>	\$0 (Tier 2) QL (0.75 ML per 28 days); ^
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML</b>	\$0 (Tier 2) QL (1 ML per 28 days); ^
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML</b>	\$0 (Tier 2) QL (1.5 ML per 28 days); ^
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML</b>	\$0 (Tier 2) QL (0.25 ML per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML</b>	\$0 (Tier 2) QL (0.5 ML per 28 days); ^
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML</b>	\$0 (Tier 2) QL (0.88 ML per 90 days); ^
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML</b>	\$0 (Tier 2) QL (1.32 ML per 90 days); ^
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML</b>	\$0 (Tier 2) QL (1.75 ML per 90 days); ^
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML</b>	\$0 (Tier 2) QL (2.63 ML per 90 days); ^
<b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG</b>	\$0 (Tier 2) QL (30 EA per 30 days); ^
<b>LATUDA ORAL TABLET 80 MG</b>	\$0 (Tier 2) QL (60 EA per 30 days); ^
<i>loxpipamine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>lurasidone hcl oral tablet 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)
<i>NUPLAZID ORAL CAPSULE 34 MG</i>	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>NUPLAZID ORAL TABLET 10 MG</i>	\$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)
<i>PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG</i>	\$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)
<i>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	\$0 (Tier 2) QL (60 EA per 30 days); ^
<i>REXULTI ORAL TABLET 3 MG, 4 MG</i>	\$0 (Tier 2) QL (30 EA per 30 days); ^
<i>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG</i>	\$0 (Tier 2) QL (2 EA per 28 days)
<i>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG</i>	\$0 (Tier 2) QL (2 EA per 28 days); ^
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1) QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)

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

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

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

12/01/2023

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
guanfacine hcl er oral tablet extended release 24 hour 3 mg	\$0 (Tier 2)	PA; PA if 70 years and older; QL (60 EA per 30 days)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
metadate er oral tablet extended release 20 mg	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	\$0 (Tier 1)	PA; QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	\$0 (Tier 1)	PA; QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 5 mg	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
methylphenidate hcl oral tablet 20 mg	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<b>HYPNOTICS</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	\$0 (Tier 1)	QL (30 EA per 30 days)
tasimelteon oral capsule 20 mg	\$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
temazepam oral capsule 15 mg	\$0 (Tier 1)	PA; PA if 65 years and older; QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	\$0 (Tier 1)	PA; PA if 65 years and older; QL (30 EA per 30 days)

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

Name of Drug	What the drug will cost you (tier level)
zolpidem tartrate oral tablet 10 mg, 5 mg	PA; PA applies if 70 years and older \$0 (Tier 2) after a 90 day supply in a calendar year; QL (30 EA per 30 days)
<b>MIGRAINE</b>	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 2) PA; QL (1 ML per 30 days)
dihydroergotamine mesylate injection solution 1 mg/ml	\$0 (Tier 2) ^
dihydroergotamine mesylate nasal solution 4 mg/ml	\$0 (Tier 2) PA; QL (8 ML per 30 days); ^
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (Tier 2) PA; QL (3 ML per 30 days); ^
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	\$0 (Tier 2) PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	\$0 (Tier 2) PA; QL (2 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	\$0 (Tier 1) PA; QL (40 EA per 28 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	\$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); ^
rizatriptan benzoate oral tablet 10 mg, 5 mg	\$0 (Tier 1) QL (18 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	\$0 (Tier 1) QL (18 EA per 30 days)
sumatriptan nasal solution 20 mg/act	\$0 (Tier 1) QL (12 EA per 30 days)
sumatriptan nasal solution 5 mg/act	\$0 (Tier 1) QL (24 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	\$0 (Tier 1) QL (12 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	\$0 (Tier 1) QL (9 ML per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	\$0 (Tier 1) QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	\$0 (Tier 1) QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	\$0 (Tier 1) QL (9 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	\$0 (Tier 1) QL (6 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	\$0 (Tier 1) QL (12 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	\$0 (Tier 1) QL (12 EA per 30 days)

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

12/01/2023

Name of Drug	What the drug will cost you (tier level)
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#### MISCELLANEOUS

AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (Tier 2) PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	\$0 (Tier 2) PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	\$0 (Tier 2) PA; QL (84 EA per 365 days); ^
GRALISE ORAL TABLET 300 MG	\$0 (Tier 2) PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET 450 MG	\$0 (Tier 2) PA; QL (120 EA per 30 days)
GRALISE ORAL TABLET 600 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days)
GRALISE ORAL TABLET 750 MG, 900 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	\$0 (Tier 2) PA; LA; QL (28 EA per 28 days); ^
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 1)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)
LITHIUM ORAL SOLUTION 8 MEQ/5ML	\$0 (Tier 2)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days)
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); ^

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

Name of Drug	What the drug will cost you (tier level)
<b>MULTIPLE SCLEROSIS AGENTS</b>	
AUBAGIO ORAL TABLET 14 MG, 7 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 2) PA-NS; QL (14 EA per 28 days); ^
dalfampridine er oral tablet extended release 12 hour 10 mg	\$0 (Tier 1) PA
fingolimod hcl oral capsule 0.5 mg	\$0 (Tier 2) PA-NS; QL (28 EA per 28 days); ^
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	\$0 (Tier 2) PA-NS; QL (30 ML per 30 days); ^
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	\$0 (Tier 2) PA-NS; QL (12 ML per 28 days); ^
glatopa subcutaneous solution prefilled syringe 20 mg/ml	\$0 (Tier 2) PA-NS; QL (30 ML per 30 days); ^
glatopa subcutaneous solution prefilled syringe 40 mg/ml	\$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 CAPSULE DELAYED RELEASE 120 MG	\$0 (Tier 2) PA-NS; LA; QL (14 EA per 7 days); ^
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG	\$0 (Tier 2) PA-NS; LA; ^
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
<b>MUSCULOSKELETAL THERAPY AGENTS</b>	
baclofen oral tablet 10 mg, 20 mg	\$0 (Tier 1)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	\$0 (Tier 2) PA; PA if 70 years and older
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
tizanidine hcl oral tablet 2 mg, 4 mg	\$0 (Tier 1)
<b>NARCOLEPSY/CATAPLEXY</b>	
armodafinil oral tablet 150 mg, 200 mg, 250 mg	\$0 (Tier 1) PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	\$0 (Tier 1) PA; QL (60 EA per 30 days)
modafinil oral tablet 100 mg	\$0 (Tier 1) PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	\$0 (Tier 1) PA; QL (60 EA per 30 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	\$0 (Tier 2) PA; LA; QL (540 ML per 30 days); ^
XYREM ORAL SOLUTION 500 MG/ML	\$0 (Tier 2) PA; LA; QL (540 ML per 30 days); ^
<b>PSYCHOTHERAPEUTIC-MISC</b>	
acamprosate calcium oral tablet delayed release 333 mg	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	\$0 (Tier 1) PA; QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	\$0 (Tier 1) QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	\$0 (Tier 1) QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	\$0 (Tier 1) QL (90 EA per 30 days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	\$0 (Tier 1)
disulfiram oral tablet 250 mg, 500 mg	\$0 (Tier 1)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	\$0 (Tier 1)
naloxone hcl injection solution cartridge 0.4 mg/ml	\$0 (Tier 1)
naloxone hcl injection solution prefilled syringe 2 mg/2ml	\$0 (Tier 1)
naloxone hcl nasal liquid 4 mg/0.1ml	\$0 (Tier 1)
naltrexone hcl oral tablet 50 mg	\$0 (Tier 1)
NICOTINE KIT 21-14-7 MG/24HR TRANSDERMAL	\$0 (Tier 3) NT
nicotine mini lozenge 4 mg mouth/throat	\$0 (Tier 3) NT
nicotine patch 24 hour 14 mg/24hr transdermal (otc)	\$0 (Tier 3) NT
nicotine patch 24 hour 21 mg/24hr transdermal (otc)	\$0 (Tier 3) NT
nicotine patch 24 hour 7 mg/24hr transdermal (otc)	\$0 (Tier 3) NT
nicotine polacrilex gum 2 mg mouth/throat	\$0 (Tier 3) NT
nicotine polacrilex gum 4 mg mouth/throat	\$0 (Tier 3) NT
nicotine polacrilex lozenge 2 mg mouth/throat	\$0 (Tier 3) NT
NICOTROL INHALATION INHALER 10 MG	\$0 (Tier 2)
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0 (Tier 2)
night time sleep aid tablet 25 mg oral	\$0 (Tier 3) NT
qc pain reliever pm ex st tablet 25-500 mg oral	\$0 (Tier 3) NT
sleep aid capsule 25 mg oral	\$0 (Tier 3) NT
sleep aid liquid 50 mg/30ml oral	\$0 (Tier 3) NT
sleep-aid capsule 50 mg oral	\$0 (Tier 3) NT
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	\$0 (Tier 1)
varenicline tartrate oral tablet 0.5 mg, 1 mg	\$0 (Tier 1) QL (56 EA per 28 days)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (Tier 2) ^
<b>ENDOCRINE AND METABOLIC</b>	
<b>ANDROGENS</b>	
depo-testosterone intramuscular solution 100 mg/ml, 200 mg/ml	\$0 (Tier 1)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	\$0 (Tier 1)
testosterone enanthate intramuscular solution 200 mg/ml	\$0 (Tier 1)
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	\$0 (Tier 1) PA; QL (300 GM per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	\$0 (Tier 1) PA; QL (150 GM per 30 days)
<b>ANTIDIABETICS, INSULINS</b>	
ALCOHOL SWABS PAD 70 %	\$0 (Tier 2)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	\$0 (Tier 2)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	\$0 (Tier 2)
FIASP INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2) B/D
GAUZE PADS 2" X 2" PAD 2"X2"	\$0 (Tier 2)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 2) B/D; ^
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	\$0 (Tier 2) ^
INSULIN PEN NEEDLE 29G X 12MM	\$0 (Tier 2)
INSULIN SYRINGE (DISP) U-100 0.3 ML 29G 0.3 ML	\$0 (Tier 2)
INSULIN SYRINGE (DISP) U-100 1 ML 29G X 1/2" 1 ML	\$0 (Tier 2)
INSULIN SYRINGE (DISP) U-100 1/2 ML 28G X 1/2" 0.5 ML	\$0 (Tier 2)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	\$0 (Tier 2)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	\$0 (Tier 2)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	\$0 (Tier 2)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)
NEEDLES, INSULIN DISP., SAFETY 29G X 1/2" 1 ML	\$0 (Tier 2)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
OMNIPOD 5 G6 INTRO (GEN 5) KIT	\$0 (Tier 2) PA; QL (1 EA per 365 days)
OMNIPOD 5 G6 POD (GEN 5)	\$0 (Tier 2) PA; QL (15 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	\$0 (Tier 2) PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	\$0 (Tier 2) PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	\$0 (Tier 2) PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	\$0 (Tier 2) PA; QL (15 EA per 30 days)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use <b>cost you</b> <b>(tier level)</b>
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OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	\$0 (Tier 2) PA; QL (15 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0 (Tier 2) QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (Tier 2)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (Tier 2)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	\$0 (Tier 2)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)
V-GO 20 KIT 20 UNIT/24HR	\$0 (Tier 2) PA; QL (30 EA per 30 days)
V-GO 30 KIT 30 UNIT/24HR	\$0 (Tier 2) PA; QL (30 EA per 30 days)
V-GO 40 KIT 40 UNIT/24HR	\$0 (Tier 2) PA; QL (30 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	\$0 (Tier 2) QL (15 ML per 30 days)

#### **ANTIDIABETICS**

acarbose oral tablet 100 mg, 25 mg, 50 mg	\$0 (Tier 1)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	\$0 (Tier 2) PA-NS; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	\$0 (Tier 2) PA-NS; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	\$0 (Tier 2) PA-NS; QL (1.2 ML per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg	\$0 (Tier 1) QL (90 EA per 30 days)
glimepiride oral tablet 4 mg	\$0 (Tier 1) QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	\$0 (Tier 1) QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg	\$0 (Tier 1) QL (90 EA per 30 days)
glipizide oral tablet 10 mg	\$0 (Tier 1) QL (120 EA per 30 days)
glipizide oral tablet 5 mg	\$0 (Tier 1) QL (240 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	\$0 (Tier 1) QL (60 EA per 30 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg	\$0 (Tier 1) QL (90 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	\$0 (Tier 1) QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	\$0 (Tier 1) QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
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)
metformin hcl er oral tablet extended release 24 hour 500 mg	\$0 (Tier 1) (generic of GLUCOPHAGE XR); QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	\$0 (Tier 1) (generic of GLUCOPHAGE XR); QL (60 EA per 30 days)
metformin hcl oral tablet 1000 mg	\$0 (Tier 1) QL (75 EA per 30 days)
metformin hcl oral tablet 500 mg	\$0 (Tier 1) QL (150 EA per 30 days)
metformin hcl oral tablet 850 mg	\$0 (Tier 1) QL (90 EA per 30 days)
nateglinide oral tablet 120 mg, 60 mg	\$0 (Tier 1) QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	\$0 (Tier 2) PA-NS; QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	\$0 (Tier 2) PA-NS; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	\$0 (Tier 2) PA-NS; QL (3 ML per 28 days)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
OZEMPI (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	\$0 (Tier 2) PA-NS; QL (3 ML per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	\$0 (Tier 1) QL (30 EA per 30 days)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	\$0 (Tier 1) QL (30 EA per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	\$0 (Tier 1) QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	\$0 (Tier 1) QL (120 EA per 30 days)
repaglinide oral tablet 2 mg	\$0 (Tier 1) QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	\$0 (Tier 2) QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	\$0 (Tier 2) PA-NS; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	\$0 (Tier 2) PA-NS; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	\$0 (Tier 2) QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<b>CALCIUM REGULATORS</b>	
alendronate sodium oral solution 70 mg/75ml	\$0 (Tier 1)
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	\$0 (Tier 1)
calcitonin (salmon) nasal solution 200 unit/act	\$0 (Tier 1) B/D

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	\$0 (Tier 2) PA; ^
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	\$0 (Tier 2) ST
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	\$0 (Tier 1) B/D; QL (3 ML per 90 days)
<i>ibandronate sodium oral tablet 150 mg</i>	\$0 (Tier 1) B/D
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	\$0 (Tier 2) PA; LA; ^
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	\$0 (Tier 1) B/D
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	\$0 (Tier 2) B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	\$0 (Tier 2) QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	\$0 (Tier 1)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	\$0 (Tier 1)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	\$0 (Tier 2) PA; ^
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	\$0 (Tier 2) PA; ^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	\$0 (Tier 2) PA; ^
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	\$0 (Tier 1) B/D
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	\$0 (Tier 1) B/D
<b>CHELATING AGENTS</b>	
CHEMET ORAL CAPSULE 100 MG	\$0 (Tier 2)
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 2) PA; ^
<i>deferasirox oral tablet 180 mg, 360 mg</i>	\$0 (Tier 2) PA; ^
<i>deferasirox oral tablet 90 mg</i>	\$0 (Tier 2) PA
<i>deferasirox oral tablet soluble 125 mg</i>	\$0 (Tier 2) PA; ^
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	\$0 (Tier 1) PA; ^
LOKELMA ORAL PACKET 10 GM, 5 GM	\$0 (Tier 2)
<i>penicillamine oral tablet 250 mg</i>	\$0 (Tier 2) ^

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

12/01/2023

Name of Drug	What the drug will cost you (tier level)
sodium polystyrene sulfonate oral powder	\$0 (Tier 1)
sps oral suspension 15 gm/60ml	\$0 (Tier 1)
trientine hcl oral capsule 250 mg	\$0 (Tier 2) PA; ^
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	\$0 (Tier 2)
<b>CONTRACEPTIVES</b>	
afirmelle oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
altavera oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)
alyacen 1/35 oral tablet 1-35 mg-mcg	\$0 (Tier 1)
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0 (Tier 1)
amethia oral tablet 0.15-0.03 &0.01 mg	\$0 (Tier 1)
apri oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	\$0 (Tier 1)
ashlyna oral tablet 0.15-0.03 &0.01 mg	\$0 (Tier 1)
aubra eq oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
aurovela 1/20 oral tablet 1-20 mg-mcg	\$0 (Tier 1)
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	\$0 (Tier 1)
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
aurovela fe 1/20 oral tablet 1-20 mg-mcg	\$0 (Tier 1)
aviane oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
ayuna oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	\$0 (Tier 1)
balziva oral tablet 0.4-35 mg-mcg	\$0 (Tier 1)
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	\$0 (Tier 1)
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
briellyn oral tablet 0.4-35 mg-mcg	\$0 (Tier 1)
camila oral tablet 0.35 mg	\$0 (Tier 1)
camrese lo oral tablet 0.1-0.02 & 0.01 mg	\$0 (Tier 1)
camrese oral tablet 0.15-0.03 &0.01 mg	\$0 (Tier 1)
chateal oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)
cryselle-28 oral tablet 0.3-30 mg-mcg	\$0 (Tier 1)
cyred eq oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)

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

Name of Drug	What the drug will cost you (tier level)
dasetta 1/35 oral tablet 1-35 mg-mcg	\$0 (Tier 1)
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0 (Tier 1)
daysee oral tablet 0.15-0.03 &0.01 mg	\$0 (Tier 1)
deblitane oral tablet 0.35 mg	\$0 (Tier 1)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg	\$0 (Tier 1)
drospirene-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	\$0 (Tier 1)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	\$0 (Tier 1)
elinest oral tablet 0.3-30 mg-mcg	\$0 (Tier 1)
eluryng vaginal ring 0.12-0.015 mg/24hr	\$0 (Tier 1)
emoquette oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)
enilloring vaginal ring 0.12-0.015 mg/24hr	\$0 (Tier 1)
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	\$0 (Tier 1)
enskyce oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)
errin oral tablet 0.35 mg	\$0 (Tier 1)
estarylla oral tablet 0.25-35 mg-mcg	\$0 (Tier 1)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	\$0 (Tier 1)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	\$0 (Tier 1)
falmina oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
femynor oral tablet 0.25-35 mg-mcg	\$0 (Tier 1)
finzala oral tablet chewable 1-20 mg-mcg(24)	\$0 (Tier 1)
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
hailey 24 fe oral tablet 1-20 mg-mcg(24)	\$0 (Tier 1)
haloette vaginal ring 0.12-0.015 mg/24hr	\$0 (Tier 1)
heather oral tablet 0.35 mg	\$0 (Tier 1)
iclevia oral tablet 0.15-0.03 mg	\$0 (Tier 1)
incassia oral tablet 0.35 mg	\$0 (Tier 1)
introvale oral tablet 0.15-0.03 mg	\$0 (Tier 1)
isibloom oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)

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

Name of Drug	What the drug will cost you (tier level)
jasmiel oral tablet 3-0.02 mg	\$0 (Tier 1)
jolessa oral tablet 0.15-0.03 mg	\$0 (Tier 1)
juleber oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)
junel 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
junel 1/20 oral tablet 1-20 mg-mcg	\$0 (Tier 1)
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
junel fe 1/20 oral tablet 1-20 mg-mcg	\$0 (Tier 1)
junel fe 24 oral tablet 1-20 mg-mcg(24)	\$0 (Tier 1)
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	\$0 (Tier 1)
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	\$0 (Tier 1)
kelnor 1/35 oral tablet 1-35 mg-mcg	\$0 (Tier 1)
kelnor 1/50 oral tablet 1-50 mg-mcg	\$0 (Tier 1)
kurvelo oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)
larin 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
larin 1/20 oral tablet 1-20 mg-mcg	\$0 (Tier 1)
larin 24 fe oral tablet 1-20 mg-mcg(24)	\$0 (Tier 1)
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
larin fe 1/20 oral tablet 1-20 mg-mcg	\$0 (Tier 1)
layolis fe oral tablet chewable 0.8-25 mg-mcg	\$0 (Tier 1)
leena oral tablet 0.5/1/0.5-35 mg-mcg	\$0 (Tier 1)
lessina oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
levonest oral tablet 50-30/75-40/ 125-30 mcg	\$0 (Tier 1)
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	\$0 (Tier 1)
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	\$0 (Tier 1)
levonorgestrel-ethynodiol dihydrogen phosphate oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	\$0 (Tier 1)
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	\$0 (Tier 1)
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)
loestrin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
loestrin 1/20 (21) oral tablet 1-20 mg-mcg	\$0 (Tier 1)

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

Name of Drug	What the drug will cost you (tier level)
loestrin fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
loestrin fe 1/20 oral tablet 1-20 mg-mcg	\$0 (Tier 1)
loryna oral tablet 3-0.02 mg	\$0 (Tier 1)
low-ogestrel oral tablet 0.3-30 mg-mcg	\$0 (Tier 1)
lulera oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
lyleq oral tablet 0.35 mg	\$0 (Tier 1)
lyza oral tablet 0.35 mg	\$0 (Tier 1)
marlissa oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	\$0 (Tier 1)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	\$0 (Tier 1)
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	\$0 (Tier 1)
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
microgestin 1/20 oral tablet 1-20 mg-mcg	\$0 (Tier 1)
microgestin 24 fe oral tablet 1-20 mg-mcg	\$0 (Tier 1)
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	\$0 (Tier 1)
microgestin fe 1/20 oral tablet 1-20 mg-mcg	\$0 (Tier 1)
milki oral tablet 0.25-35 mg-mcg	\$0 (Tier 1)
mono-linyah oral tablet 0.25-35 mg-mcg	\$0 (Tier 1)
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	\$0 (Tier 1)
nikki oral tablet 3-0.02 mg	\$0 (Tier 1)
nora-be oral tablet 0.35 mg	\$0 (Tier 1)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	\$0 (Tier 1)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	\$0 (Tier 1)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	\$0 (Tier 1)
norethindrone oral tablet 0.35 mg	\$0 (Tier 1)
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	\$0 (Tier 1)
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	\$0 (Tier 1)

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

Name of Drug	What the drug will cost you (tier level)
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	\$0 (Tier 1)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	\$0 (Tier 1)
norlyroc oral tablet 0.35 mg	\$0 (Tier 1)
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	\$0 (Tier 1)
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	\$0 (Tier 1)
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (Tier 1)
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0 (Tier 1)
nylia 1/35 oral tablet 1-35 mg-mcg	\$0 (Tier 1)
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	\$0 (Tier 1)
nymyo oral tablet 0.25-35 mg-mcg	\$0 (Tier 1)
ocella oral tablet 3-0.03 mg	\$0 (Tier 1)
philith oral tablet 0.4-35 mg-mcg	\$0 (Tier 1)
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	\$0 (Tier 1)
pirmella 1/35 oral tablet 1-35 mg-mcg	\$0 (Tier 1)
portia-28 oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)
reclipsen oral tablet 0.15-30 mg-mcg	\$0 (Tier 1)
rivilsa oral tablet 42-21-21-7 days	\$0 (Tier 1)
setlakin oral tablet 0.15-0.03 mg	\$0 (Tier 1)
sharobel oral tablet 0.35 mg	\$0 (Tier 1)
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	\$0 (Tier 1)
simpesse oral tablet 0.15-0.03 &0.01 mg	\$0 (Tier 1)
sprintec 28 oral tablet 0.25-35 mg-mcg	\$0 (Tier 1)
sronyx oral tablet 0.1-20 mg-mcg	\$0 (Tier 1)
syeda oral tablet 3-0.03 mg	\$0 (Tier 1)
tarina 24 fe oral tablet 1-20 mg-mcg(24)	\$0 (Tier 1)
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	\$0 (Tier 1)
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	\$0 (Tier 1)
tri-estarrylla oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0 (Tier 1)
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	\$0 (Tier 1)
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	\$0 (Tier 1)

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

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

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

12/01/2023

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

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

12/01/2023

Name of Drug	What the drug will cost you (tier level)
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	\$0 (Tier 1)
fludrocortisone acetate oral tablet 0.1 mg	\$0 (Tier 1)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	\$0 (Tier 1)
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	\$0 (Tier 1)
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	\$0 (Tier 1)
methylprednisolone oral tablet therapy pack 4 mg	\$0 (Tier 1)
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	\$0 (Tier 1)
prednisolone oral solution 15 mg/5ml	\$0 (Tier 1)
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	\$0 (Tier 1)
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 2)
prednisone oral solution 5 mg/5ml	\$0 (Tier 1)
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	\$0 (Tier 1)
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	\$0 (Tier 1)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	\$0 (Tier 2)
<b>GLUCOSE ELEVATING AGENTS</b>	
diazoxide oral suspension 50 mg/ml	\$0 (Tier 2) ^
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)
<b>MISCELLANEOUS</b>	
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	\$0 (Tier 2) PA; LA; ^
betaine oral powder	\$0 (Tier 2) LA; ^
cabergoline oral tablet 0.5 mg	\$0 (Tier 1)
carglumic acid oral tablet soluble 200 mg	\$0 (Tier 2) PA; LA; ^

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use (tier level)
CERDELGA ORAL CAPSULE 84 MG	\$0 (Tier 2) PA; LA; ^
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 (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	\$0 (Tier 2) B/D; QL (60 EA per 30 days); ^
<i>cinacalcet hcl oral tablet 90 mg</i>	\$0 (Tier 2) B/D; QL (120 EA per 30 days); ^
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 2) PA; LA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	\$0 (Tier 1)
<i>desmopressin acetate injection solution 4 mcg/ml</i>	\$0 (Tier 2) ^
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	\$0 (Tier 1)
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	\$0 (Tier 2) ^
<i>desmopressin acetate spray nasal solution 0.01 %</i>	\$0 (Tier 1)
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	\$0 (Tier 2) PA; LA; ^
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	\$0 (Tier 2) PA; ^
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	\$0 (Tier 2) PA; ^
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	\$0 (Tier 2) PA; LA; ^
<i>javygtor oral packet 100 mg, 500 mg</i>	\$0 (Tier 2) PA; LA; ^
<i>javygtor oral tablet 100 mg</i>	\$0 (Tier 2) PA; LA; ^
KORLYM ORAL TABLET 300 MG	\$0 (Tier 2) PA; LA; ^
<i>levocarnitine oral solution 1 gm/10ml</i>	\$0 (Tier 1) B/D
<i>levocarnitine oral tablet 330 mg</i>	\$0 (Tier 1) B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	\$0 (Tier 2) PA; LA; ^
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	\$0 (Tier 2) PA; ^
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG	\$0 (Tier 2) PA; ^
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	\$0 (Tier 2) PA; ^
<i>miglustat oral capsule 100 mg</i>	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	\$0 (Tier 2) PA; LA; ^
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 2) PA; ^
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0 (Tier 1) PA
<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; LA; ^
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	\$0 (Tier 2) PA; LA; ^
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 2) PA; LA; ^
<b>PHOSPHATE BINDER AGENTS</b>	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>calcium acetate oral tablet 667 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>sevelamer carbonate oral packet 0.8 gm</i>	\$0 (Tier 2) QL (540 EA per 30 days); ^
<i>sevelamer carbonate oral packet 2.4 gm</i>	\$0 (Tier 2) QL (180 EA per 30 days); ^
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0 (Tier 1) QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	\$0 (Tier 2) QL (180 EA per 30 days)
<b>PROGESTINS</b>	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
megestrol acetate oral suspension 40 mg/ml	\$0 (Tier 2)
megestrol acetate oral suspension 625 mg/5ml	\$0 (Tier 2) PA
norethindrone acetate oral tablet 5 mg	\$0 (Tier 1)
<b>THYROID AGENTS</b>	
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	\$0 (Tier 1)
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	\$0 (Tier 1)
levothyroxine 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	\$0 (Tier 1)
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	\$0 (Tier 1)
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	\$0 (Tier 1)
methimazole oral tablet 10 mg, 5 mg	\$0 (Tier 1)
propylthiouracil oral tablet 50 mg	\$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)
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	\$0 (Tier 1)
<b>VITAMIN D ANALOGS</b>	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	\$0 (Tier 1) B/D
calcitriol oral solution 1 mcg/ml	\$0 (Tier 1) B/D
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	\$0 (Tier 1) B/D
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	\$0 (Tier 1) B/D
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	\$0 (Tier 2) ^
<b>GASTROINTESTINAL</b>	
<b>ANTACIDS</b>	
acid gone suspension 95-358 mg/15ml oral	\$0 (Tier 3) NT

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
alum & mag hydroxide-simeth suspension 400-400-40 mg/5ml oral	\$0 (Tier 3) NT
alumina-magnesia-simethicone suspension 200-200-20 mg/5ml oral	\$0 (Tier 3) NT
antacid calcium tablet chewable 500 mg oral	\$0 (Tier 3) NT
antacid ultra strength tablet chewable 1000 mg oral	\$0 (Tier 3) NT
calcium antacid extra strength tablet chewable 750 mg oral	\$0 (Tier 3) NT
calcium carbonate antacid suspension 1250 mg/5ml oral	\$0 (Tier 3) NT
CALCIUM CARBONATE ANTACID TABLET 648 MG ORAL	\$0 (Tier 3) NT
heartburn relief ex st suspension 254-237.5 mg/5ml oral	\$0 (Tier 3) NT
magnesium oxide tablet 400 mg oral	\$0 (Tier 3) NT
mintox plus tablet chewable 200-200-25 mg oral	\$0 (Tier 3) NT
sodium bicarbonate tablet 325 mg oral	\$0 (Tier 3) NT
sodium bicarbonate tablet 650 mg oral	\$0 (Tier 3) NT
<b>ANTI-DIARRHEAL</b>	
anti-diarrheal capsule 2 mg oral	\$0 (Tier 3) NT
anti-diarrheal tablet 2 mg oral	\$0 (Tier 3) NT
gnp pink bismuth tablet 262 mg oral	\$0 (Tier 3) NT
lactobacillus packet oral	\$0 (Tier 3) NT
lactobacillus tablet oral	\$0 (Tier 3) NT
loperamide hcl solution 1 mg/7.5ml oral	\$0 (Tier 3) NT
peptic relief tablet chewable 262 mg oral	\$0 (Tier 3) NT
QUAD-PROBIOTIC CAPSULE ORAL	\$0 (Tier 3) NT
RISA-BID PROBIOTIC TABLET ORAL	\$0 (Tier 3) NT
stomach relief extra strength suspension 525 mg/15ml oral	\$0 (Tier 3) NT
stomach relief suspension 525 mg/30ml oral	\$0 (Tier 3) NT
<b>ANTIEMETICS</b>	
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	\$0 (Tier 1) B/D
compro rectal suppository 25 mg	\$0 (Tier 1)
driminate tablet 50 mg oral	\$0 (Tier 3) NT
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1) B/D; QL (60 EA per 30 days)
gnp nausea relief solution 1.87-1.87-21.5 oral	\$0 (Tier 3) NT

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

Name of Drug	What the drug will cost you (tier level)
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	\$0 (Tier 1)
granisetron hcl oral tablet 1 mg	\$0 (Tier 1) B/D
meclizine hcl oral tablet 12.5 mg, 25 mg	\$0 (Tier 2)
metoclopramide hcl injection solution 5 mg/ml	\$0 (Tier 1)
metoclopramide hcl oral solution 5 mg/5ml	\$0 (Tier 1)
metoclopramide hcl oral tablet 10 mg, 5 mg	\$0 (Tier 1)
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	\$0 (Tier 1)
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	\$0 (Tier 1)
ondansetron hcl oral solution 4 mg/5ml	\$0 (Tier 1)
ondansetron hcl oral tablet 4 mg, 8 mg	\$0 (Tier 1)
ondansetron oral tablet dispersible 4 mg, 8 mg	\$0 (Tier 1)
prochlorperazine edisylate injection solution 10 mg/2ml	\$0 (Tier 1)
prochlorperazine maleate oral tablet 10 mg, 5 mg	\$0 (Tier 1)
prochlorperazine rectal suppository 25 mg	\$0 (Tier 1)
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	\$0 (Tier 2) PA; PA if 70 years and older
promethazine hcl oral syrup 6.25 mg/5ml	\$0 (Tier 2) PA; PA if 70 years and older
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	\$0 (Tier 2) PA; PA if 70 years and older
scopolamine transdermal patch 72 hour 1 mg/3days	\$0 (Tier 2) PA; PA if 70 years and older; QL (10 EA per 30 days)
<b>ANTISPASMODICS</b>	
dicyclomine hcl oral capsule 10 mg	\$0 (Tier 2)
dicyclomine hcl oral solution 10 mg/5ml	\$0 (Tier 2)
dicyclomine hcl oral tablet 20 mg	\$0 (Tier 2)
glycopyrrolate oral tablet 1 mg, 2 mg	\$0 (Tier 1)
<b>H2-RECEPTOR ANTAGONISTS</b>	
famotidine (pf) intravenous solution 20 mg/2ml	\$0 (Tier 1)
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	\$0 (Tier 1)
famotidine oral suspension reconstituted 40 mg/5ml	\$0 (Tier 1) QL (300 ML per 30 days)
famotidine oral tablet 20 mg	\$0 (Tier 1) QL (120 EA per 30 days)
famotidine oral tablet 40 mg	\$0 (Tier 1) QL (60 EA per 30 days)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	\$0 (Tier 1)
nizatidine oral capsule 150 mg, 300 mg	\$0 (Tier 1)
<b>INFLAMMATORY BOWEL DISEASE</b>	
balsalazide disodium oral capsule 750 mg	\$0 (Tier 1)
budesonide er oral tablet extended release 24 hour 9 mg	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
budesonide oral capsule delayed release particles 3 mg	\$0 (Tier 1) PA; QL (90 EA per 30 days)
hydrocortisone rectal enema 100 mg/60ml	\$0 (Tier 1)
mesalamine er oral capsule extended release 24 hour 0.375 gm	\$0 (Tier 1) QL (120 EA per 30 days)
mesalamine oral capsule delayed release 400 mg	\$0 (Tier 1) QL (180 EA per 30 days)
mesalamine oral tablet delayed release 1.2 gm, 800 mg	\$0 (Tier 1)
mesalamine rectal enema 4 gm	\$0 (Tier 1)
mesalamine rectal suppository 1000 mg	\$0 (Tier 1)
mesalamine-cleanser rectal kit 4 gm	\$0 (Tier 1)
sulfasalazine oral tablet 500 mg	\$0 (Tier 1)
sulfasalazine oral tablet delayed release 500 mg	\$0 (Tier 1)
<b>LAXATIVES</b>	
bisacodyl ec tablet delayed release 5 mg oral (otc)	\$0 (Tier 3) NT
bisacodyl suppository 10 mg rectal	\$0 (Tier 3) NT
chocolated laxative tablet chewable 15 mg oral	\$0 (Tier 3) NT
COLACE CLEAR CAPSULE 50 MG ORAL	\$0 (Tier 3) NT
constulose oral solution 10 gm/15ml	\$0 (Tier 1)
docusate calcium capsule 240 mg oral	\$0 (Tier 3) NT
docusate sodium capsule 250 mg oral (otc)	\$0 (Tier 3) NT
docusate sodium liquid 50 mg/5ml oral	\$0 (Tier 3) NT
DOCUSOL KIDS ENEMA 100 MG/5ML RECTAL	\$0 (Tier 3) NT
DOCUSOL PLUS MINI-ENEMA ENEMA 20-283 MG RECTAL	\$0 (Tier 3) NT
dok tablet 100 mg oral	\$0 (Tier 3) NT
enema enema 7-19 gm/118ml rectal	\$0 (Tier 3) NT
enema mineral oil enema rectal	\$0 (Tier 3) NT
enemeez mini enema 283 mg/5ml rectal	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
enulose oral solution 10 gm/15ml	\$0 (Tier 1)
fiber tablet 625 mg oral	\$0 (Tier 3) NT
FLEET BISACODYL ENEMA 10 MG/30ML RECTAL	\$0 (Tier 3) NT
FLEET LIQUID GLYCERIN SUPP ENEMA 5.4 GM/DOSE RECTAL	\$0 (Tier 3) NT
FLEET PEDIATRIC ENEMA 3.5-9.5 GM/59ML RECTAL	\$0 (Tier 3) NT
gavilyte-c oral solution reconstituted 240 gm	\$0 (Tier 1)
gavilyte-g oral solution reconstituted 236 gm	\$0 (Tier 1)
generlac oral solution 10 gm/15ml	\$0 (Tier 1)
glycerin adult suppository 2 gm rectal	\$0 (Tier 3) NT
glycerin childrens suppository 1 gm rectal	\$0 (Tier 3) NT
gnp fiber powder 43 % oral	\$0 (Tier 3) NT
gnp natural fiber capsule 0.52 gm oral	\$0 (Tier 3) NT
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	\$0 (Tier 2)
KONSYL DAILY FIBER PACKET 100 % ORAL	\$0 (Tier 3) NT
lactulose encephalopathy oral solution 10 gm/15ml	\$0 (Tier 1)
lactulose oral solution 10 gm/15ml	\$0 (Tier 1)
laxative max str tablet 25 mg oral	\$0 (Tier 3) NT
laxative regular strength tablet 15 mg oral	\$0 (Tier 3) NT
magnesium citrate solution 1.745 gm/30ml oral	\$0 (Tier 3) NT
milk of magnesia concentrate suspension 2400 mg/10ml oral	\$0 (Tier 3) NT
milk of magnesia suspension 7.75 % oral	\$0 (Tier 3) NT
mineral oil oil oral	\$0 (Tier 3) NT
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	\$0 (Tier 1)
natural psyllium seed powder 100 % oral	\$0 (Tier 3) NT
PEDIA-LAX LIQUID 50 MG/15ML ORAL	\$0 (Tier 3) NT
PEDIA-LAX SUPPOSITORY 2.8 GM RECTAL	\$0 (Tier 3) NT
PEDIA-LAX TABLET CHEWABLE 400 MG ORAL	\$0 (Tier 3) NT
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	\$0 (Tier 1)
peg-3350/electrolytes oral solution reconstituted 236 gm	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
PLENU ORAL SOLUTION RECONSTITUTED 140 GM	\$0 (Tier 2)
<i>polyethylene glycol 3350 packet 17 gm oral (otc)</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powder 17 gm/scoop oral (otc)</i>	\$0 (Tier 3) NT
<i>senna capsule 8.6 mg oral</i>	\$0 (Tier 3) NT
<i>senna liquid 8.8 mg/5ml oral</i>	\$0 (Tier 3) NT
SENNAS PLUS CAPSULE 50-8.6 MG ORAL	\$0 (Tier 3) NT
<i>senna-lax tablet 8.6 mg oral</i>	\$0 (Tier 3) NT
<i>senokot extra strength tablet 17.2 mg oral</i>	\$0 (Tier 3) NT
<i>silace syrup 60 mg/15ml oral</i>	\$0 (Tier 3) NT
<i>soluble fiber therapy powder oral</i>	\$0 (Tier 3) NT
<i>stool softener capsule 100 mg oral</i>	\$0 (Tier 3) NT
<i>stool softener plus laxative tablet 8.6-50 mg oral</i>	\$0 (Tier 3) NT
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	\$0 (Tier 2)
<b>MISCELLANEOUS</b>	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
CARAFATE ORAL SUSPENSION 1 GM/10ML	\$0 (Tier 2) PA
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	\$0 (Tier 1)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	\$0 (Tier 2)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 2)
GAS RELIEF CAPSULE 250 MG ORAL	\$0 (Tier 3) NT
<i>gas relief extra strength capsule 125 mg oral</i>	\$0 (Tier 3) NT
<i>gas relief extra strength tablet chewable 125 mg oral</i>	\$0 (Tier 3) NT
<i>gas relief tablet chewable 80 mg oral</i>	\$0 (Tier 3) NT
<i>gas relief ultra strength capsule 180 mg oral</i>	\$0 (Tier 3) NT
GATTEX SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2) PA; LA; ^
<i>infants gas relief suspension 20 mg/0.3ml oral</i>	\$0 (Tier 3) NT
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	\$0 (Tier 1)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2) QL (30 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	\$0 (Tier 2) PA; ^
<i>simethicone drops infants suspension 20 mg/0.3ml oral</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; ^
<b>PANCREATIC ENZYMES</b>	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	\$0 (Tier 2)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	\$0 (Tier 2)
<b>PROTON PUMP INHIBITORS</b>	
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	\$0 (Tier 1)
<i>esomeprazole magnesium 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>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	\$0 (Tier 1)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	\$0 (Tier 1)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	\$0 (Tier 2) PA
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	\$0 (Tier 1)

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

12/01/2023

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

### BENIGN PROSTATIC HYPERPLASIA

alfuzosin hcl er oral tablet extended release 24 hour 10 mg	\$0 (Tier 1) QL (30 EA per 30 days)
dutasteride oral capsule 0.5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	\$0 (Tier 1) QL (30 EA per 30 days)
finasteride oral tablet 5 mg	\$0 (Tier 1)
silodosin oral capsule 4 mg, 8 mg	\$0 (Tier 1) QL (30 EA per 30 days)
tamsulosin hcl oral capsule 0.4 mg	\$0 (Tier 1)

### MISCELLANEOUS

acetic acid irrigation solution 0.25 %	\$0 (Tier 1)
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	\$0 (Tier 1)
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	\$0 (Tier 1)

### URINARY ANTISPASMODICS

darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	\$0 (Tier 1) ST; QL (30 EA per 30 days)
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	\$0 (Tier 1) QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	\$0 (Tier 2) QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION 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)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	\$0 (Tier 1) QL (60 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
oxybutynin chloride oral solution 5 mg/5ml	\$0 (Tier 1)
oxybutynin chloride oral tablet 5 mg	\$0 (Tier 1)
solifenacin succinate oral tablet 10 mg, 5 mg	\$0 (Tier 1) QL (30 EA per 30 days)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	\$0 (Tier 1) ST; QL (30 EA per 30 days)
tolterodine tartrate oral tablet 1 mg, 2 mg	\$0 (Tier 1) QL (60 EA per 30 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>trospium chloride oral tablet 20 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>	
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)
<i>clotrimazole 3 cream 2 % vaginal</i>	\$0 (Tier 3) NT
<i>clotrimazole cream 1 % vaginal</i>	\$0 (Tier 3) NT
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)
<i>miconazole 1 kit 1200 &amp; 2 mg &amp; % vaginal</i>	\$0 (Tier 3) NT
<i>miconazole 3 applicator kit 200 &amp; 2 mg-% (9gm) vaginal</i>	\$0 (Tier 3) NT
<i>miconazole 3 combo-supp kit 200 &amp; 2 mg-% (9gm) vaginal</i>	\$0 (Tier 3) NT
<i>miconazole 7 suppository 100 mg vaginal</i>	\$0 (Tier 3) NT
<i>miconazole nitrate cream 2 % vaginal</i>	\$0 (Tier 3) NT
<i>summers eve disp medicated solution 0.3 % vaginal</i>	\$0 (Tier 3) NT
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)
<b>HEMATOLOGIC</b>	
<b>ANTICOAGULANTS</b>	
<i>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG</i>	\$0 (Tier 2) QL (74 EA per 30 days)
<i>ELIQUIS ORAL TABLET 2.5 MG</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<i>ELIQUIS ORAL TABLET 5 MG</i>	\$0 (Tier 2) QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	\$0 (Tier 1)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	\$0 (Tier 1)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0 (Tier 2) ^
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	\$0 (Tier 1)
<i>HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000- 0.45 UT/500ML-%</i>	\$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)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	\$0 (Tier 1) B/D
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	\$0 (Tier 1)
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	\$0 (Tier 1)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	\$0 (Tier 2) QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2) QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (Tier 2) QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0 (Tier 2) QL (51 EA per 30 days)
<b>HEMATOPOIETIC GROWTH FACTORS</b>	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (Tier 2) PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	\$0 (Tier 2) PA; ^
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (Tier 2) PA; ^
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2) PA; ^
<b>IRON</b>	
ferate tablet 240 (27 fe) mg oral	\$0 (Tier 3) NT
FERRIMIN 150 TABLET 150 MG ORAL	\$0 (Tier 3) NT
ferrous fumarate tablet 324 (106 fe) mg oral	\$0 (Tier 3) NT
ferrous gluconate tablet 324 (37.5 fe) mg oral	\$0 (Tier 3) NT
FERROUS GLUCONATE TABLET 324 (38 FE) MG ORAL	\$0 (Tier 3) NT
ferrous sulfate solution 220 (44 fe) mg/5ml oral	\$0 (Tier 3) NT
FERROUS SULFATE SOLUTION 220 (44 FE) MG/5ML ORAL	\$0 (Tier 3) NT
ferrous sulfate solution 300 (60 fe) mg/5ml oral	\$0 (Tier 3) NT
FERROUS SULFATE SOLUTION 300 MG/6.8ML ORAL	\$0 (Tier 3) NT
ferrous sulfate solution 75 (15 fe) mg/ml oral	\$0 (Tier 3) NT
ferrous sulfate tablet 325 (65 fe) mg oral	\$0 (Tier 3) NT

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FERROUS SULFATE TABLET DELAYED RELEASE 324 (65 FE) MG ORAL	\$0 (Tier 3) NT
<i>ferrous sulfate tablet delayed release 325 (65 fe) mg oral</i>	\$0 (Tier 3) NT
<i>gnp iron tablet 200 (65 fe) mg oral</i>	\$0 (Tier 3) NT
<i>iron 100 plus tablet 100-250-0.025-1 mg oral</i>	\$0 (Tier 3) NT
<b>MISCELLANEOUS</b>	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)
BERINERT INTRAVENOUS KIT 500 UNIT	\$0 (Tier 2) PA; LA; QL (24 EA per 30 days); ^
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	\$0 (Tier 2) PA; LA; ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (Tier 2)
ENDARI ORAL PACKET 5 GM	\$0 (Tier 2) PA; LA; ^
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	\$0 (Tier 2) PA; LA; QL (20 EA per 30 days); ^
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	\$0 (Tier 2) PA; QL (27 ML per 30 days); ^
<i>pentoxifylline er oral tablet extended release 400 mg</i>	\$0 (Tier 1)
PROMACTA ORAL PACKET 12.5 MG	\$0 (Tier 2) PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL PACKET 25 MG	\$0 (Tier 2) PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	\$0 (Tier 2) PA; LA; QL (27 ML per 30 days); ^
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	\$0 (Tier 1)
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)
<b>PLATELET AGGREGATION INHIBITORS</b>	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	\$0 (Tier 1)
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 2)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	\$0 (Tier 1)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
prasugrel hcl oral tablet 10 mg, 5 mg	\$0 (Tier 1)
<b>IMMUNOLOGIC AGENTS</b>	
<b>AUTOIMMUNE AGENTS</b>	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	\$0 (Tier 2) PA; ^
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	\$0 (Tier 2) PA; ^
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	\$0 (Tier 2) PA; QL (16 EA per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-Injector 50 MG/ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	\$0 (Tier 2) PA; ^
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (Tier 2) PA; QL (6 EA per 28 days); ^
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0 (Tier 2) PA; QL (4 EA per 28 days); ^
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	\$0 (Tier 2) PA; ^
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0 (Tier 2) PA; ^
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	\$0 (Tier 2) PA; ^
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	\$0 (Tier 2) PA; ^
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	\$0 (Tier 2) PA; QL (2 EA per 28 days); ^
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (Tier 2) PA; QL (6 EA per 28 days); ^

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12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
INFILIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) PA; LA; ^
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	\$0 (Tier 2) PA; QL (2.28 ML per 28 days); ^
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	\$0 (Tier 2) PA; QL (2.28 ML per 28 days); ^
OTEZLA ORAL TABLET 30 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	\$0 (Tier 2) PA; QL (110 EA per 365 days); ^
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) PA; LA; ^
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2) PA; LA; ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	\$0 (Tier 2) PA; QL (168 EA per 365 days); ^
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	\$0 (Tier 2) PA; QL (60 ML per 365 days); ^
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2) PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	\$0 (Tier 2) PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	\$0 (Tier 2) PA; QL (2.4 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (Tier 2) PA; QL (6 ML per 365 days); ^
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	\$0 (Tier 2) PA; LA; ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0 (Tier 2) PA; LA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0 (Tier 2) PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0 (Tier 2) PA; QL (1 ML per 28 days); ^
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	\$0 (Tier 2) PA; LA; QL (3 ML per 28 days); ^
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	\$0 (Tier 2) PA; LA; QL (3 ML per 28 days); ^

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12/01/2023

Name of Drug	What the drug will cost you (tier level)
XELJANZ ORAL SOLUTION 1 MG/ML	\$0 (Tier 2) PA; QL (480 ML per 24 days); ^
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)</b>	
hydroxychloroquine sulfate oral tablet 200 mg	\$0 (Tier 1)
leflunomide oral tablet 10 mg, 20 mg	\$0 (Tier 1) QL (30 EA per 30 days)
methotrexate sodium oral tablet 2.5 mg	\$0 (Tier 1)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 2)
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 2)
<b>IMMUNOGLOBULINS</b>	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	\$0 (Tier 2) PA; LA; ^
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
GAMASTAN INTRAMUSCULAR INJECTABLE	\$0 (Tier 2) B/D; LA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	\$0 (Tier 2) PA; ^
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2) PA; LA; ^
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	\$0 (Tier 2) PA; ^

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12/01/2023

Name of Drug	What the drug will cost you (tier level)
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (Tier 2) PA; ^
<b>IMMUNOMODULATORS</b>	
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	\$0 (Tier 2) PA-NS; LA; ^
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	\$0 (Tier 2) PA; LA; ^
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	\$0 (Tier 2) B/D; LA; ^
<b>IMMUNOSUPPRESSANTS</b>	
<i>azathioprine oral tablet 50 mg</i>	\$0 (Tier 1) B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	\$0 (Tier 2) PA; LA; ^
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	\$0 (Tier 2) PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0 (Tier 2) PA; LA; QL (8 ML per 28 days); ^
<i>cyclosporine intravenous solution 50 mg/ml</i>	\$0 (Tier 1) B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1) B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1) B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1) B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (Tier 2) B/D; ^
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1) B/D
<i>gengraf oral solution 100 mg/ml</i>	\$0 (Tier 1) B/D
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	\$0 (Tier 2) B/D; ^
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	\$0 (Tier 1) B/D

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0 (Tier 2) B/D; ^
PROGRAF ORAL PACKET 0.2 MG, 1 MG	\$0 (Tier 2) B/D
REZUROCK ORAL TABLET 200 MG	\$0 (Tier 2) PA; LA; ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (Tier 2) B/D
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (Tier 2) B/D; ^
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1) B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1) B/D
<b>VACCINES</b>	
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 2) NM
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2) NM
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	\$0 (Tier 2) NM
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 2) NM
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	\$0 (Tier 2) NM
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2) NM
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0 (Tier 2) NM
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0 (Tier 2) NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0 (Tier 2) NM
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 2) NM
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	\$0 (Tier 2) B/D; NM
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0 (Tier 2) B/D; NM
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	\$0 (Tier 2) B/D; NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (Tier 2) NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2) NM

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12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	\$0 (Tier 2) NM
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$0 (Tier 2) B/D; NM
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0 (Tier 2) NM
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	\$0 (Tier 2) B/D; NM
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0 (Tier 2) NM
IPOP INJECTION INJECTABLE	\$0 (Tier 2) NM
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (Tier 2) NM
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 2) NM
MENACTRA INTRAMUSCULAR SOLUTION	\$0 (Tier 2) NM
MENQUADFI INTRAMUSCULAR SOLUTION	\$0 (Tier 2) NM
MENVEO INTRAMUSCULAR SOLUTION	\$0 (Tier 2) NM
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2) NM
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (Tier 2) NM
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2) NM
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0 (Tier 2) NM
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 2) NM
PREHEVBRIOS 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
RABAVER INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 2) B/D; NM
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0 (Tier 2) B/D; NM
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	\$0 (Tier 2) B/D; NM

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ROTARIX ORAL SUSPENSION	\$0 (Tier 2) NM
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier 2) NM
ROTAQE ORAL SOLUTION	\$0 (Tier 2) NM
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	NM; A third dose may be considered in \$0 (Tier 2) post-transplant members (PA required); QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0 (Tier 2) B/D; NM
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	\$0 (Tier 2) B/D; NM
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	\$0 (Tier 2) NM
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2) NM
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0 (Tier 2) NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	\$0 (Tier 2) NM
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$0 (Tier 2) NM
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	\$0 (Tier 2) NM
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	\$0 (Tier 2) NM
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	\$0 (Tier 2) NM
<b>MISCELLANEOUS</b>	
<b>MISCELLANEOUS</b>	
PETROLATUM OINTMENT 42 % EXTERNAL	\$0 (Tier 3) NT
<b>NUTRITIONAL/SUPPLEMENTS</b>	
<b>ELECTROLYTES/MINERALS, INJECTABLE</b>	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	\$0 (Tier 2)
<i>dextrose in lactated ringers intravenous solution 5 %</i>	\$0 (Tier 1)
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 2.5-0.45 %	\$0 (Tier 2)
<i>dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.225 %, 5-0.3 %	\$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)
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	\$0 (Tier 1)
KCL IN DEXTROSE-NACL SOLUTION 40-5-0.9 MEQ/L-%-% INTRAVENOUS	\$0 (Tier 2)
lactated ringers intravenous solution	\$0 (Tier 1)
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	\$0 (Tier 2)
MAGNESIUM SULFATE IN D5W SOLUTION 1-5 GM/100ML-% INTRAVENOUS	\$0 (Tier 2)
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	\$0 (Tier 2)
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 2 GM/50ML INTRAVENOUS	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 20 GM/500ML INTRAVENOUS	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 4 GM/100ML INTRAVENOUS	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 4 GM/50ML INTRAVENOUS	\$0 (Tier 2)
MAGNESIUM SULFATE SOLUTION 40 GM/1000ML INTRAVENOUS	\$0 (Tier 2)
multiple electro type 1 ph 5.5 intravenous solution	\$0 (Tier 1)
multiple electro type 1 ph 7.4 intravenous solution	\$0 (Tier 1)
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0 (Tier 2)
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0 (Tier 2)

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12/01/2023

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

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral packet 20 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$0 (Tier 1)
<i>PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET ORAL TABLET 27-1 MG</i>	\$0 (Tier 2)
<i>sodium fluoride chew, tab, 1.1 (0.5 f) mg/ml soln oral tablet 2.2 (1 f) mg</i>	\$0 (Tier 1)
<b>IV NUTRITION</b>	
<i>CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %</i>	\$0 (Tier 2) B/D
<i>CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %</i>	\$0 (Tier 2) B/D
<i>CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %</i>	\$0 (Tier 2) B/D
<i>CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %</i>	\$0 (Tier 2) B/D
<i>CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %</i>	\$0 (Tier 2) B/D
<i>CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %</i>	\$0 (Tier 2) B/D
<i>CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %</i>	\$0 (Tier 2) B/D
<i>clinisol sf intravenous solution 15 %</i>	\$0 (Tier 1) B/D
<i>CLINOLIPID INTRAVENOUS EMULSION 20 %</i>	\$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
<i>INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %</i>	\$0 (Tier 2) B/D
<i>NUTRILIPID INTRAVENOUS EMULSION 20 %</i>	\$0 (Tier 2) B/D
<i>plenamine intravenous solution 15 %</i>	\$0 (Tier 1) B/D
<i>PREMASOL INTRAVENOUS SOLUTION 10 %</i>	\$0 (Tier 2) B/D; ^
<i>PROSOL INTRAVENOUS SOLUTION 20 %</i>	\$0 (Tier 2) B/D
<i>TRAVASOL INTRAVENOUS SOLUTION 10 %</i>	\$0 (Tier 2) B/D
<i>TROPHAMINE INTRAVENOUS SOLUTION 10 %</i>	\$0 (Tier 2) B/D
<b>MINERALS</b>	
<i>calcitrate tablet 950 (200 ca) mg oral</i>	\$0 (Tier 3) NT
<i>calcium 500/d tablet chewable 500-400 mg-unit oral</i>	\$0 (Tier 3) NT

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
calcium 600+d3 tablet 600-20 mg-mcg oral	\$0 (Tier 3) NT
calcium carb-cholecalciferol tablet 600-10 mg-mcg oral	\$0 (Tier 3) NT
calcium carbonate tablet 1500 (600 ca) mg oral	\$0 (Tier 3) NT
CALCIUM CARBONATE TABLET CHEWABLE 1250 (500 CA) MG ORAL	\$0 (Tier 3) NT
calcium citrate + d3 maximum tablet 315-6.25 mg-mcg oral	\$0 (Tier 3) NT
calcium-vitamin d3 tablet 250-3.125 mg-mcg oral	\$0 (Tier 3) NT
magnesium oxide -mg supplement tablet 400 (240 mg) mg oral	\$0 (Tier 3) NT
magnesium oxide -mg supplement tablet 500 mg oral	\$0 (Tier 3) NT
os-cal extra d3 tablet 500-15 mg-mcg oral	\$0 (Tier 3) NT
oyster shell calcium tablet 500 mg oral	\$0 (Tier 3) NT
oyster shell calcium w/d tablet 500-5 mg-mcg oral	\$0 (Tier 3) NT
oyster shell calcium/vitamin d tablet 500-5 mg-mcg oral	\$0 (Tier 3) NT
SLOW-MAG TABLET DELAYED RELEASE 71.5-119 MG ORAL	\$0 (Tier 3) NT
zinc sulfate tablet 220 (50 zn) mg oral	\$0 (Tier 3) NT
<b>MISCELLANEOUS</b>	
BOOST BREEZE LIQUID ORAL	\$0 (Tier 3) NT
co q-10 capsule 100 mg oral	\$0 (Tier 3) NT
co q-10 capsule 200 mg oral	\$0 (Tier 3) NT
co q10 capsule 30 mg oral	\$0 (Tier 3) NT
co q-10 capsule 50 mg oral	\$0 (Tier 3) NT
ENSURE CLEAR LIQUID ORAL	\$0 (Tier 3) NT
enteric fish oil capsule delayed release 1000 mg oral	\$0 (Tier 3) NT
fish oil capsule 500 mg oral	\$0 (Tier 3) NT
melatonin maximum strength tablet 5 mg oral	\$0 (Tier 3) NT
melatonin tablet 3 mg oral	\$0 (Tier 3) NT
omega 3 capsule 1000 mg oral	\$0 (Tier 3) NT
OMEGA-3 CAPSULE 1400 MG ORAL	\$0 (Tier 3) NT
sm omega-3 fish oil capsule 1200 mg oral	\$0 (Tier 3) NT
TYR COOLER LIQUID ORAL	\$0 (Tier 3) NT

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

12/01/2023

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

AQUADEKS SOLUTION ORAL	\$0 (Tier 3) NT
AQUADEKS TABLET CHEWABLE ORAL	\$0 (Tier 3) NT
<i>b-complex/b-12 tablet oral</i>	\$0 (Tier 3) NT
<i>c-500 tablet chewable 500 mg oral</i>	\$0 (Tier 3) NT
<i>certavite/antioxidants tablet oral</i>	\$0 (Tier 3) NT
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	\$0 (Tier 3) NT
DECARA CAPSULE 625 MCG (25000 UT) ORAL	\$0 (Tier 3) NT
DIALYVITE 800 WAFER 0.8 MG ORAL	\$0 (Tier 3) NT
DIALYVITE 800-ZINC 15 TABLET 0.8 MG ORAL	\$0 (Tier 3) NT
<i>dialyvite vitamin d3 max tablet 1.25 mg (50000 ut) oral</i>	\$0 (Tier 3) NT
<i>e-200 capsule 90 mg (200 unit) oral</i>	\$0 (Tier 3) NT
<i>eldertonic liquid oral</i>	\$0 (Tier 3) NT
<i>ergocalciferol solution 200 mcg/ml oral</i>	\$0 (Tier 3) NT
<i>foltabs 800 tablet 800-10-115 mcg-mg-mcg oral</i>	\$0 (Tier 3) NT
<i>fruity c tablet chewable 250 mg oral</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
METAFOLBIC PLUS TABLET 6-2-600 MG ORAL	\$0 (Tier 3) NT
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL	\$0 (Tier 3) NT
<i>niacin er capsule extended release 250 mg oral</i>	\$0 (Tier 3) NT
<i>niacin er capsule extended release 500 mg oral</i>	\$0 (Tier 3) NT
<i>niacin er tablet extended release 500 mg oral</i>	\$0 (Tier 3) NT
<i>niacin tablet 100 mg oral</i>	\$0 (Tier 3) NT
<i>niacin tablet 500 mg oral</i>	\$0 (Tier 3) NT
<i>phytonadione tablet 5 mg oral</i>	\$0 (Tier 3) NT
PRESERVISION AREDS 2 TABLET CHEWABLE ORAL	\$0 (Tier 3) NT
PRESERVISION AREDS CAPSULE ORAL	\$0 (Tier 3) NT

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
PRESERVISION AREDS TABLET ORAL	\$0 (Tier 3) NT
renal-vite tablet 0.8 mg oral	\$0 (Tier 3) NT
solvita e solution 15.8 mg/0.7ml oral	\$0 (Tier 3) NT
one-daily multi-vitamin tablet oral	\$0 (Tier 3) NT
daily vitamin formula+iron tablet oral	\$0 (Tier 3) NT
MULTIVITAMIN TABLET ORAL	\$0 (Tier 3) NT
thiamine hcl solution 100 mg/ml injection	\$0 (Tier 3) NT
thiamine mononitrate tablet 100 mg oral	\$0 (Tier 3) NT
vitamin a capsule 3 mg (10000 ut) oral	\$0 (Tier 3) NT
vitamin b12 tablet 100 mcg oral	\$0 (Tier 3) NT
vitamin b-12 tablet 1000 mcg oral	\$0 (Tier 3) NT
vitamin b-12 tablet 250 mcg oral	\$0 (Tier 3) NT
vitamin b-12 tablet 500 mcg oral	\$0 (Tier 3) NT
vitamin c tablet 1000 mg oral	\$0 (Tier 3) NT
vitamin c tablet 250 mg oral	\$0 (Tier 3) NT
vitamin c tablet 500 mg oral	\$0 (Tier 3) NT
vitamin c tablet chewable 250 mg oral	\$0 (Tier 3) NT
vitamin d (cholecalciferol) capsule 25 mcg (1000 ut) oral	\$0 (Tier 3) NT
vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral	\$0 (Tier 3) NT
vitamin d capsule 50 mcg (2000 ut) oral	\$0 (Tier 3) NT
vitamin d liquid 10 mcg/ml oral	\$0 (Tier 3) NT
vitamin d3 capsule 1.25 mg (50000 ut) oral	\$0 (Tier 3) NT
vitamin d3 capsule 250 mcg (10000 ut) oral	\$0 (Tier 3) NT
vitamin d3 tablet 10 mcg (400 unit) oral	\$0 (Tier 3) NT
vitamin d3 tablet 125 mcg (5000 ut) oral	\$0 (Tier 3) NT
vitamin d3 tablet 25 mcg (1000 ut) oral	\$0 (Tier 3) NT
vitamin d3 tablet 50 mcg (2000 ut) oral	\$0 (Tier 3) NT
vitamin d3 ultra strength capsule 125 mcg (5000 ut) oral	\$0 (Tier 3) NT
vitamin e capsule 450 mg (1000 ut) oral	\$0 (Tier 3) NT
vitamin k1 solution 1 mg/0.5ml injection	\$0 (Tier 3) NT
vitamin k1 solution 10 mg/ml injection	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
vitamin supplement e-400 capsule 180 mg (400 unit) oral	\$0 (Tier 3) NT
WEST-VITE W/FOLIC ACID TABLET 0.8 MG ORAL	\$0 (Tier 3) NT
<b>OPHTHALMIC</b>	
<b>ANTIALLERGICS</b>	
azelastine hcl ophthalmic solution 0.05 %	\$0 (Tier 1)
cromolyn sodium ophthalmic solution 4 %	\$0 (Tier 1)
ketotifen fumarate solution 0.035 % ophthalmic	\$0 (Tier 3) NT
NAPHCON-A SOLUTION 0.025-0.3 % OPHTHALMIC	\$0 (Tier 3) NT
olopatadine hcl ophthalmic solution 0.1 %	\$0 (Tier 1)
ZERVIATE OPHTHALMIC SOLUTION 0.24 %	\$0 (Tier 2)
<b>ANTIGLAUCOMA</b>	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	\$0 (Tier 2)
betaxolol hcl ophthalmic solution 0.5 %	\$0 (Tier 1)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	\$0 (Tier 2)
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	\$0 (Tier 1)
brinzolamide ophthalmic suspension 1 %	\$0 (Tier 1)
carteolol hcl ophthalmic solution 1 %	\$0 (Tier 1)
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	\$0 (Tier 2)
dorzolamide hcl ophthalmic solution 2 %	\$0 (Tier 1)
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	\$0 (Tier 1)
latanoprost ophthalmic solution 0.005 %	\$0 (Tier 1)
levobunolol hcl ophthalmic solution 0.5 %	\$0 (Tier 1)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$0 (Tier 2)
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	\$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)
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	\$0 (Tier 1)
timolol maleate ophthalmic solution 0.25 %, 0.5 %	\$0 (Tier 1)
travoprost (bak free) ophthalmic solution 0.004 %	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	\$0 (Tier 2)
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	\$0 (Tier 1)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	\$0 (Tier 1)
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	\$0 (Tier 1)
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	\$0 (Tier 1)
neo-polycin hc ophthalmic ointment 1 %	\$0 (Tier 1)
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	\$0 (Tier 1)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	\$0 (Tier 2)
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	\$0 (Tier 2)
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	\$0 (Tier 1)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	\$0 (Tier 2)
<b>ANTI-INFECTIVES</b>	
bacitracin ophthalmic ointment 500 unit/gm	\$0 (Tier 1)
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	\$0 (Tier 1)
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	\$0 (Tier 2)
CILOXAN OPHTHALMIC OINTMENT 0.3 %	\$0 (Tier 2)
ciprofloxacin hcl ophthalmic solution 0.3 %	\$0 (Tier 1)
erythromycin ophthalmic ointment 5 mg/gm	\$0 (Tier 1)
gatifloxacin ophthalmic solution 0.5 %	\$0 (Tier 1)
gentak ophthalmic ointment 0.3 %	\$0 (Tier 1)
gentamicin sulfate ophthalmic solution 0.3 %	\$0 (Tier 1)
moxifloxacin hcl ophthalmic solution 0.5 %	\$0 (Tier 1)
NATACYN OPHTHALMIC SUSPENSION 5 %	\$0 (Tier 2)
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	\$0 (Tier 1)
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	\$0 (Tier 1)
neo-polycin ophthalmic ointment 3.5-400-10000	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ofloxacin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	\$0 (Tier 1)
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	\$0 (Tier 1)
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	\$0 (Tier 1)
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	\$0 (Tier 1)
<i>tobramycin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)
<i>trifluridine ophthalmic solution 1 %</i>	\$0 (Tier 1)
ZIRGAN OPHTHALMIC GEL 0.15 %	\$0 (Tier 2)
<b>ANTI-INFLAMMATORIES</b>	
<i>ALREX OPHTHALMIC SUSPENSION 0.2 %</i>	\$0 (Tier 2)
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	\$0 (Tier 1)
<i>BROMSITE OPHTHALMIC SOLUTION 0.075 %</i>	\$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>dilfluprednate ophthalmic emulsion 0.05 %</i>	\$0 (Tier 1)
<i>FLAREX OPHTHALMIC SUSPENSION 0.1 %</i>	\$0 (Tier 2)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	\$0 (Tier 1)
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	\$0 (Tier 1)
<i>ILEVRO OPHTHALMIC SUSPENSION 0.3 %</i>	\$0 (Tier 2)
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	\$0 (Tier 1)
<i>LOTEMAX OPHTHALMIC OINTMENT 0.5 %</i>	\$0 (Tier 2)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	\$0 (Tier 1)
<i>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %</i>	\$0 (Tier 2)
<i>PROLENSA OPHTHALMIC SOLUTION 0.07 %</i>	\$0 (Tier 2)
<b>MISCELLANEOUS</b>	
<i>artificial tears ointment 83-15 % ophthalmic</i>	\$0 (Tier 3) NT
<i>artificial tears pf solution 0.1-0.3 % ophthalmic</i>	\$0 (Tier 3) NT
<i>artificial tears solution 0.5-0.6 % ophthalmic</i>	\$0 (Tier 3) NT
<i>artificial tears solution 1.4 % ophthalmic</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
atropine sulfate ophthalmic solution 1 %	\$0 (Tier 1)
ATROPINE SULFATE SOLUTION 1 % OPHTHALMIC	\$0 (Tier 2)
carboxymethylcellulose sodium gel 1 % ophthalmic	\$0 (Tier 3) NT
carboxymethylcellulose sodium solution 0.5 % ophthalmic	\$0 (Tier 3) NT
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	\$0 (Tier 2) PA; LA; ^
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	\$0 (Tier 2) PA; LA; ^
FRESHKOTE PF SOLUTION 2.7-2 % OPHTHALMIC	\$0 (Tier 3) NT
GENTEAL SEVERE GEL 0.3 % OPHTHALMIC	\$0 (Tier 3) NT
genteal tears solution 0.1-0.2-0.3 % ophthalmic	\$0 (Tier 3) NT
GONAK SOLUTION 2.5 % OPHTHALMIC	\$0 (Tier 3) NT
goodsense lubricant eye drops solution 0.4-0.3 % ophthalmic	\$0 (Tier 3) NT
ISOPTO TEARS SOLUTION 0.5 % OPHTHALMIC	\$0 (Tier 3) NT
lubricant eye drops solution 0.6 % ophthalmic	\$0 (Tier 3) NT
lubricating eye drops solution 0.4-0.3 % ophthalmic	\$0 (Tier 3) NT
lubricating plus eye drops solution 0.5 % ophthalmic	\$0 (Tier 3) NT
MURO 128 SOLUTION 2 % OPHTHALMIC	\$0 (Tier 3) NT
proparacaine hcl ophthalmic solution 0.5 %	\$0 (Tier 1)
refresh celluvisc gel 1 % ophthalmic	\$0 (Tier 3) NT
REFRESH CONTACTS DROPS SOLUTION	\$0 (Tier 3) NT
REFRESH OPTIVE ADVANCED SOLUTION 0.5-1-0.5 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH OPTIVE GEL 1-0.9 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH OPTIVE MEGA-3 SOLUTION 0.5-1-0.5 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH OPTIVE PF SOLUTION 0.5-0.9 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH OPTIVE SOLUTION 0.5-0.9 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH RELIEVA PF SOLUTION 0.5-1 % OPHTHALMIC	\$0 (Tier 3) NT
REFRESH SOLUTION 1.4-0.6 % OPHTHALMIC	\$0 (Tier 3) NT
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	\$0 (Tier 2)
RESTASIS OPHTHALMIC EMULSION 0.05 %	\$0 (Tier 2)
sodium chloride (hypertonic) ointment 5 % ophthalmic	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
sodium chloride (hypertonic) solution 5 % ophthalmic	\$0 (Tier 3) NT
SYSTANE GEL 0.4-0.3 % OPHTHALMIC	\$0 (Tier 3) NT
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	\$0 (Tier 2)
<b>OTIC</b>	
<b>OTIC AGENTS</b>	
acetic acid otic solution 2 %	\$0 (Tier 1)
CIPRO HC OTIC SUSPENSION 0.2-1 %	\$0 (Tier 2)
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	\$0 (Tier 2)
flac otic oil 0.01 %	\$0 (Tier 1)
fluocinolone acetonide otic oil 0.01 %	\$0 (Tier 1)
neomycin-polymyxin-hc otic solution 1 %	\$0 (Tier 1)
neomycin-polymyxin-hc otic suspension 3.5-10000-1	\$0 (Tier 1)
ofloxacin otic solution 0.3 %	\$0 (Tier 1)
<b>RESPIRATORY</b>	
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	\$0 (Tier 2) QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	\$0 (Tier 2) QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	Institutional Pack (5.9g inhaler \$0 (Tier 2) containing 28 inhalations); QL (23.6 GM per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Retail Inhalation Canister (10.7g \$0 (Tier 2) 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)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	\$0 (Tier 1) B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	\$0 (Tier 2) QL (60 EA per 30 days)
<b>ANTICHOLINERGICS</b>	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	\$0 (Tier 2) QL (25.8 GM per 30 days)

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

12/01/2023

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)
<b>ANTIHISTAMINES</b>	
<i>allergy tablet 4 mg oral</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>ciproheptadine hcl oral syrup 2 mg/5ml</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>ciproheptadine hcl oral tablet 4 mg</i>	\$0 (Tier 2) PA; PA if 70 years and older
<i>desloratadine oral tablet 5 mg</i>	\$0 (Tier 1)
<i>diphenhydramine hcl capsule 25 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl capsule 50 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0 (Tier 1)
<i>diphenhydramine hcl liquid 12.5 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>diphenhydramine hcl tablet 25 mg oral</i>	\$0 (Tier 3) NT
<i>ed chlorped jr syrup 2 mg/5ml oral</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl tablet 180 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl tablet 60 mg oral (otc)</i>	\$0 (Tier 3) NT
<i>gnp allergy relief tablet chewable 12.5 mg oral</i>	\$0 (Tier 3) NT
<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)
<b>BETA AGONISTS</b>	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0 (Tier 1) (generic of Proair HFA); QL (17 GM per 30 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	\$0 (Tier 1) (generic of Proventil HFA); QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	\$0 (Tier 1) (generic of Ventolin HFA); QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	\$0 (Tier 1) B/D
albuterol sulfate oral syrup 2 mg/5ml	\$0 (Tier 1)
albuterol sulfate oral tablet 2 mg, 4 mg	\$0 (Tier 1)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	\$0 (Tier 1) B/D
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	\$0 (Tier 2) B/D; ^
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	\$0 (Tier 1) B/D
levalbuterol tartrate inhalation aerosol 45 mcg/act	\$0 (Tier 1) ST; QL (30 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (Tier 2) QL (60 EA per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	\$0 (Tier 1)
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	\$0 (Tier 2) QL (48 GM per 30 days)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	\$0 (Tier 2) QL (36 GM per 30 days)
<b>COUGH AND COLD</b>	
ALAHIST PE TABLET 2-7.5 MG ORAL	\$0 (Tier 3) NT
benzonatate capsule 100 mg oral	\$0 (Tier 3) NT
benzonatate capsule 150 mg oral	\$0 (Tier 3) NT
benzonatate capsule 200 mg oral	\$0 (Tier 3) NT
chest rub ointment external	\$0 (Tier 3) NT
dexbrompheniramine-phenyleph tablet 2-10 mg oral	\$0 (Tier 3) NT
ed a-hist tablet 4-10 mg oral	\$0 (Tier 3) NT
gnp sinus & allergy pe tablet 4-10 mg oral	\$0 (Tier 3) NT
nasal decongestant spray solution 0.05 % nasal	\$0 (Tier 3) NT

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
nohist-lq liquid 4-10 mg/5ml oral	\$0 (Tier 3) NT
<b>LEUKOTRIENE MODULATORS</b>	
montelukast sodium oral packet 4 mg	\$0 (Tier 1)
montelukast sodium oral tablet 10 mg	\$0 (Tier 1)
montelukast sodium oral tablet chewable 4 mg, 5 mg	\$0 (Tier 1)
zafirlukast oral tablet 10 mg, 20 mg	\$0 (Tier 1)
<b>MISCELLANEOUS</b>	
acetylcysteine inhalation solution 10 %, 20 %	\$0 (Tier 1) B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	\$0 (Tier 2) PA; LA; ^
cromolyn sodium inhalation nebulization solution 20 mg/2ml	\$0 (Tier 1) B/D
epinephrine injection solution 0.3 mg/0.3ml	\$0 (Tier 1) (generic of Adrenaclick)
epinephrine injection solution auto-injector 0.15 mg/0.15ml	\$0 (Tier 1) (generic of Adrenaclick)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	\$0 (Tier 1) (generic of EpiPen)
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 13.4 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 2) PA; LA; QL (112 EA per 28 days); ^
pirfenidone oral capsule 267 mg	\$0 (Tier 2) PA; QL (270 EA per 30 days); ^
pirfenidone oral tablet 267 mg	\$0 (Tier 2) PA; QL (270 EA per 30 days); ^
pirfenidone oral tablet 534 mg, 801 mg	\$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; ^

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use (tier level)
roflumilast oral tablet 250 mcg, 500 mcg	\$0 (Tier 1)
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)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	\$0 (Tier 1)
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	\$0 (Tier 1)
theophylline oral elixir 80 mg/15ml	\$0 (Tier 1)
theophylline oral solution 80 mg/15ml	\$0 (Tier 1)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	\$0 (Tier 2) PA; LA; QL (84 EA per 28 days); ^
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	\$0 (Tier 2) PA; LA; ^
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	\$0 (Tier 2) PA; LA; ^
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	\$0 (Tier 2) PA; LA; ^
<b>NASAL STEROIDS</b>	
flunisolide nasal solution 25 mcg/act (0.025%)	\$0 (Tier 1) QL (75 ML per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	\$0 (Tier 1) QL (16 GM per 30 days)
fluticasone propionate suspension 50 mcg/act nasal (otc)	\$0 (Tier 3) NT
mometasone furoate nasal suspension 50 mcg/act	\$0 (Tier 1) ST; QL (34 GM per 30 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	\$0 (Tier 2) ST; QL (12.5 GM per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	\$0 (Tier 2) PA; QL (32 ML per 30 days)
<b>STEROID INHALANTS</b>	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	\$0 (Tier 2) QL (30 EA per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	\$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)

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (Tier 2) QL (180 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	\$0 (Tier 2) QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	\$0 (Tier 2) QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	\$0 (Tier 2) QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	\$0 (Tier 2) QL (3 EA per 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	\$0 (Tier 2) QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	\$0 (Tier 2) QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	\$0 (Tier 2) QL (60 EA per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	\$0 (Tier 2) QL (30.6 GM per 30 days)
<b>TOPICAL</b>	
<b>DERMATOLOGY, ACNE</b>	
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (Tier 1) PA
ACNE MEDICATION 10 LOTION 10 % EXTERNAL	\$0 (Tier 3) NT
ACNE MEDICATION 5 LOTION 5 % EXTERNAL	\$0 (Tier 3) NT
adapalene gel 0.1 % external (otc)	\$0 (Tier 3) NT
amnesteem oral capsule 10 mg, 20 mg, 40 mg	\$0 (Tier 1) PA
benzefoam foam 5.3 % external (otc)	\$0 (Tier 3) NT
BENZOYL PEROXIDE CLEANSER LIQUID 6 % EXTERNAL	\$0 (Tier 3) NT
benzoyl peroxide gel 10 % external (otc)	\$0 (Tier 3) NT
benzoyl peroxide gel 2.5 % external (otc)	\$0 (Tier 3) NT
benzoyl peroxide gel 5 % external (otc)	\$0 (Tier 3) NT
benzoyl peroxide wash liquid 10 % external (otc)	\$0 (Tier 3) NT
benzoyl peroxide wash liquid 5 % external (otc)	\$0 (Tier 3) NT

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12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
benzoyl peroxide-erythromycin external gel 5-3 %	\$0 (Tier 1) QL (46.6 GM per 30 days)
bpo foaming cloths 6 % external (otc)	\$0 (Tier 3) NT
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (Tier 1) PA
clindamycin phosphate external gel 1 %	\$0 (Tier 1) QL (75 GM per 30 days)
clindamycin phosphate external lotion 1 %	\$0 (Tier 1) QL (60 ML per 30 days)
clindamycin phosphate external solution 1 %	\$0 (Tier 1) QL (60 ML per 30 days)
ery external pad 2 %	\$0 (Tier 1) QL (60 EA per 30 days)
erythromycin external solution 2 %	\$0 (Tier 1) QL (60 ML per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (Tier 1) PA
sulfacetamide sodium (acne) external lotion 10 %	\$0 (Tier 1) QL (118 ML per 30 days)
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	\$0 (Tier 1) PA; QL (45 GM per 30 days)
tretinoin external gel 0.01 %, 0.025 %	\$0 (Tier 1) PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (Tier 1) PA
<b>DERMATOLOGY, ANTIBIOTICS</b>	
bacitracin ointment 500 unit/gm external	\$0 (Tier 3) NT
bacitracin zinc ointment 500 unit/gm external	\$0 (Tier 3) NT
gentamicin sulfate external cream 0.1 %	\$0 (Tier 1) QL (30 GM per 30 days)
gentamicin sulfate external ointment 0.1 %	\$0 (Tier 1) QL (30 GM per 30 days)
mupirocin external ointment 2 %	\$0 (Tier 1) QL (220 GM per 30 days)
silver sulfadiazine external cream 1 %	\$0 (Tier 1)
ssd external cream 1 %	\$0 (Tier 1)
SULFAMYLON EXTERNAL CREAM 85 MG/GM	\$0 (Tier 2) QL (453.6 GM per 30 days)
triple antibiotic ointment 3.5-400-5000 external	\$0 (Tier 3) NT
triple antibiotic plus ointment 1 % external	\$0 (Tier 3) NT
<b>DERMATOLOGY, ANTIFUNGALS</b>	
ALEVAZOL OINTMENT 1 % EXTERNAL	\$0 (Tier 3) NT
antifungal powder 2 % external	\$0 (Tier 3) NT
athletes foot powder spray aerosol powder 1 % external	\$0 (Tier 3) NT
athletes foot powder spray aerosol powder 2 % external	\$0 (Tier 3) NT
athletes foot spray aerosol 1 % external	\$0 (Tier 3) NT
butenafine hcl cream 1 % external	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ciclopirox olamine external cream 0.77 %	\$0 (Tier 1) QL (90 GM per 30 days)
ciclopirox olamine external suspension 0.77 %	\$0 (Tier 1) QL (60 ML per 30 days)
clotrimazole anti-fungal cream 1 % external (otc)	\$0 (Tier 3) NT
clotrimazole external cream 1 %	\$0 (Tier 1) QL (45 GM per 30 days)
clotrimazole external solution 1 %	\$0 (Tier 1) QL (30 ML per 30 days)
clotrimazole solution 1 % external (otc)	\$0 (Tier 3) NT
clotrimazole-betamethasone external cream 1-0.05 %	\$0 (Tier 1) QL (45 GM per 30 days)
FUNGOID TINCTURE SOLUTION 2 % EXTERNAL	\$0 (Tier 3) NT
ketoconazole external cream 2 %	\$0 (Tier 1) QL (60 GM per 30 days)
miconazole nitrate cream 2 % external (otc)	\$0 (Tier 3) NT
micotrin al solution 1 % external	\$0 (Tier 3) NT
mycozyl al solution 1 % external (otc)	\$0 (Tier 3) NT
nyamyc external powder 100000 unit/gm	\$0 (Tier 1) QL (60 GM per 30 days)
nystatin external cream 100000 unit/gm	\$0 (Tier 1) QL (30 GM per 30 days)
nystatin external ointment 100000 unit/gm	\$0 (Tier 1) QL (30 GM per 30 days)
nystatin external powder 100000 unit/gm	\$0 (Tier 1) QL (60 GM per 30 days)
nystop external powder 100000 unit/gm	\$0 (Tier 1) QL (60 GM per 30 days)
terbinafine hcl cream 1 % external	\$0 (Tier 3) NT
tolnaftate antifungal cream 1 % external	\$0 (Tier 3) NT
tolnaftate powder 1 % external	\$0 (Tier 3) NT
<b>DERMATOLOGY, ANTIPSORIATICS</b>	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	\$0 (Tier 1) PA
calcipotriene external ointment 0.005 %	\$0 (Tier 1) PA; QL (120 GM per 30 days)
calcipotriene external solution 0.005 %	\$0 (Tier 1) PA; QL (120 ML per 30 days)
calcitrene external ointment 0.005 %	\$0 (Tier 1) PA; QL (120 GM per 30 days)
tazarotene external cream 0.1 %	\$0 (Tier 1) PA; QL (60 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	\$0 (Tier 2) PA; QL (60 GM per 30 days)
<b>DERMATOLOGY, ANTISEBORRHEICS</b>	
ketoconazole external shampoo 2 %	\$0 (Tier 1) QL (120 ML per 30 days)
selenium sulfide external lotion 2.5 %	\$0 (Tier 1)

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

12/01/2023

Name of Drug	What the drug will cost you (tier level)
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#### **DERMATOLOGY, CORTICOSTEROIDS**

ala-cort external cream 1 %, 2.5 %	\$0 (Tier 1)
alclometasone dipropionate external cream 0.05 %	\$0 (Tier 1) QL (60 GM per 30 days)
alclometasone dipropionate external ointment 0.05 %	\$0 (Tier 1) QL (60 GM per 30 days)
betamethasone dipropionate aug external cream 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
betamethasone dipropionate aug external gel 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
betamethasone dipropionate aug external lotion 0.05 %	\$0 (Tier 1) QL (120 ML per 30 days)
betamethasone dipropionate aug external ointment 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
betamethasone dipropionate external cream 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
betamethasone dipropionate external lotion 0.05 %	\$0 (Tier 1) QL (120 ML per 30 days)
betamethasone dipropionate external ointment 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
betamethasone valerate external cream 0.1 %	\$0 (Tier 1) QL (120 GM per 30 days)
betamethasone valerate external lotion 0.1 %	\$0 (Tier 1) QL (120 ML per 30 days)
betamethasone valerate external ointment 0.1 %	\$0 (Tier 1) QL (120 GM per 30 days)
clobetasol propionate e external cream 0.05 %	\$0 (Tier 1) QL (60 GM per 30 days)
clobetasol propionate external cream 0.05 %	\$0 (Tier 1) QL (60 GM per 30 days)
clobetasol propionate external gel 0.05 %	\$0 (Tier 1) QL (60 GM per 30 days)
clobetasol propionate external ointment 0.05 %	\$0 (Tier 1) QL (60 GM per 30 days)
clobetasol propionate external solution 0.05 %	\$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)
fluocinolone acetonide body external oil 0.01 %	\$0 (Tier 1) QL (118.28 ML per 30 days)
fluocinolone acetonide external cream 0.01 %	\$0 (Tier 1) QL (60 GM per 30 days)
fluocinolone acetonide external cream 0.025 %	\$0 (Tier 1) QL (120 GM per 30 days)
fluocinolone acetonide external ointment 0.025 %	\$0 (Tier 1) QL (120 GM per 30 days)
fluocinolone acetonide external solution 0.01 %	\$0 (Tier 1) QL (90 ML per 30 days)
fluocinolone acetonide scalp external oil 0.01 %	\$0 (Tier 1) QL (118.28 ML per 30 days)
fluocinonide emulsified base external cream 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
fluocinonide external cream 0.05 %	\$0 (Tier 1) QL (120 GM per 30 days)
fluocinonide external gel 0.05 %	\$0 (Tier 1) QL (60 GM per 30 days)
fluocinonide external ointment 0.05 %	\$0 (Tier 1) QL (60 GM per 30 days)
fluocinonide external solution 0.05 %	\$0 (Tier 1) QL (60 ML per 30 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
fluticasone propionate external cream 0.05 %	\$0 (Tier 1)
fluticasone propionate external ointment 0.005 %	\$0 (Tier 1)
halobetasol propionate external cream 0.05 %	\$0 (Tier 1) QL (50 GM per 30 days)
halobetasol propionate external ointment 0.05 %	\$0 (Tier 1) QL (50 GM per 30 days)
HYDROCORTISONE CREAM 0.5 % EXTERNAL	\$0 (Tier 3) NT
hydrocortisone cream 1 % external (otc)	\$0 (Tier 3) NT
hydrocortisone external cream 1 %, 2.5 %	\$0 (Tier 1)
hydrocortisone external lotion 2.5 %	\$0 (Tier 1)
hydrocortisone external ointment 2.5 %	\$0 (Tier 1)
hydrocortisone ointment 1 % external (otc)	\$0 (Tier 3) NT
mometasone furoate external cream 0.1 %	\$0 (Tier 1)
mometasone furoate external ointment 0.1 %	\$0 (Tier 1)
mometasone furoate external solution 0.1 %	\$0 (Tier 1)
scalpicin maximum strength solution 1 % external	\$0 (Tier 3) NT
triamcinolone acetonide external cream 0.025 %, 0.5 %	\$0 (Tier 1)
triamcinolone acetonide external cream 0.1 %	\$0 (Tier 1) QL (454 GM per 30 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	\$0 (Tier 1)
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	\$0 (Tier 1)
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>	
glydo external prefilled syringe 2 %	\$0 (Tier 1) PA; QL (60 ML per 30 days)
lidocaine external ointment 5 %	\$0 (Tier 1) PA; QL (50 GM per 30 days)
lidocaine external patch 5 %	\$0 (Tier 1) PA; QL (3 EA per 1 day)
lidocaine hcl external solution 4 %	\$0 (Tier 1) PA; QL (50 ML per 30 days)
lidocaine-prilocaine external cream 2.5-2.5 %	\$0 (Tier 1) PA; QL (30 GM per 30 days)
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>	
ammonium lactate external cream 12 %	\$0 (Tier 1)
ammonium lactate external lotion 12 %	\$0 (Tier 1)
ammonium lactate lotion 12 % external (otc)	\$0 (Tier 3) NT
anti-dandruff shampoo 1 % external	\$0 (Tier 3) NT
anti-itch lotion 0.5-0.5 % external	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
arthritis pain relieving cream 0.075 % external	\$0 (Tier 3) NT
atrix medicated formula cream 2 % external	\$0 (Tier 3) NT
azelaic acid external gel 15 %	\$0 (Tier 1) QL (50 GM per 30 days)
BALNEOL LOTION EXTERNAL	\$0 (Tier 3) NT
BETADINE ANTISEPTIC CREAM 5 % EXTERNAL	\$0 (Tier 3) NT
BETADINE SOLUTION 5 % EXTERNAL	\$0 (Tier 3) NT
BETADINE SURGICAL SCRUB SOLUTION 7.5 % EXTERNAL	\$0 (Tier 3) NT
BETADINE SWABSTICKS SWAB 10 % EXTERNAL	\$0 (Tier 3) NT
bexarotene external gel 1 %	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
CALAMINE LOTION 8-8 % EXTERNAL	\$0 (Tier 3) NT
calamine plus lotion 1-8 % external	\$0 (Tier 3) NT
CAMPHOTREX GEL 10-4 % EXTERNAL	\$0 (Tier 3) NT
capsaicin cream 0.025 % external	\$0 (Tier 3) NT
capsaicin cream 0.1 % external	\$0 (Tier 3) NT
capsaicin heat patch patch 0.025 % external	\$0 (Tier 3) NT
CETAPHIL GENTLE CLEANSER LIQUID EXTERNAL	\$0 (Tier 3) NT
CETAPHIL MOISTURIZING LOTION EXTERNAL	\$0 (Tier 3) NT
corn & callus remover liquid 17 % external	\$0 (Tier 3) NT
COZIMA CREAM 24 % EXTERNAL	\$0 (Tier 3) NT
dermacinrx atrix antibac wash liquid 2 % external	\$0 (Tier 3) NT
dermacinrx atrix clarify toner liquid 2 % external	\$0 (Tier 3) NT
diaper rash ointment 40 % external	\$0 (Tier 3) NT
diclofenac sodium external gel 1 %	\$0 (Tier 1) QL (1000 GM per 30 days)
diphenhydramine-zinc acetate cream 2-0.1 % external	\$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)
FIRST AID ANTISEPTIC OINTMENT 10 % EXTERNAL	\$0 (Tier 3) NT
fluorouracil external cream 5 %	\$0 (Tier 1) QL (40 GM per 30 days)
fluorouracil external solution 2 %, 5 %	\$0 (Tier 1) QL (10 ML per 30 days)
gnp caldyphen lotion 1-8 % external	\$0 (Tier 3) NT
GNP CAPSAICIN LIQUID 0.15 % EXTERNAL	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
gnp scalp relief liquid 3 % external	\$0 (Tier 3) NT
hemorrhoidal cream 1-0.25-14.4-15 % external	\$0 (Tier 3) NT
hemorrhoidal pad 50 % external	\$0 (Tier 3) NT
hemorrhoidal suppository 0.25-88.44 % rectal	\$0 (Tier 3) NT
hm witch hazel liquid external	\$0 (Tier 3) NT
hydrocortisone (perianal) external cream 1 %, 2.5 %	\$0 (Tier 1)
hydrogen peroxide solution 3 % external	\$0 (Tier 3) NT
hysept solution 0.25 % external	\$0 (Tier 3) NT
hysept solution 0.5 % external	\$0 (Tier 3) NT
imiquimod external cream 5 %	\$0 (Tier 1) QL (24 EA per 30 days)
IONIL-T SHAMPOO 1 % EXTERNAL	\$0 (Tier 3) NT
itch relief extra strength liquid 2-0.1 % external	\$0 (Tier 3) NT
medicated callus removers pad 40 % external	\$0 (Tier 3) NT
medi-pads pad 50 % external	\$0 (Tier 3) NT
metronidazole external cream 0.75 %	\$0 (Tier 1) QL (45 GM per 30 days)
metronidazole external gel 0.75 %	\$0 (Tier 1) QL (45 GM per 30 days)
metronidazole external lotion 0.75 %	\$0 (Tier 1) QL (59 ML per 30 days)
NORITATE EXTERNAL CREAM 1 %	\$0 (Tier 2) QL (60 GM per 30 days); ^
PANRETIN EXTERNAL GEL 0.1 %	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
podofilox external solution 0.5 %	\$0 (Tier 1) QL (7 ML per 28 days)
POISON IVY WASH LOTION 1 % EXTERNAL	\$0 (Tier 3) NT
povidone-iodine solution 10 % external	\$0 (Tier 3) NT
pramoxine hcl (perianal) foam 1 % external	\$0 (Tier 3) NT
procto-med hc external cream 2.5 %	\$0 (Tier 1)
proctosol hc external cream 2.5 %	\$0 (Tier 1)
proctozone-hc external cream 2.5 %	\$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 (Tier 3) NT
SEBEX SHAMPOO 2-2 % EXTERNAL	\$0 (Tier 3) NT
sm anti-dandruff coal tar shampoo 0.5 % external	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
sm caldyphen lotion 1-8 % external	\$0 (Tier 3) NT
tacrolimus external ointment 0.03 %, 0.1 %	\$0 (Tier 1) QL (100 GM per 30 days)
THERAPEUTIC DANDRUFF SHAMPOO 3 % EXTERNAL	\$0 (Tier 3) NT
VALCHLOR EXTERNAL GEL 0.016 %	\$0 (Tier 2) PA-NS; LA; QL (60 GM per 30 days); ^
vitamins a & d ointment external	\$0 (Tier 3) NT
wart remover maximum strength strip 40 % external	\$0 (Tier 3) NT
Z-BUM CREAM 22 % EXTERNAL	\$0 (Tier 3) NT
zinc oxide ointment 20 % external	\$0 (Tier 3) NT
ZINC OXIDE OINTMENT 25 % EXTERNAL	\$0 (Tier 3) NT
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	\$0 (Tier 2) QL (7.5 GM per 28 days); ^
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>	
malathion external lotion 0.5 %	\$0 (Tier 1) QL (59 ML per 30 days)
permethrin external cream 5 %	\$0 (Tier 1) QL (60 GM per 30 days)
<b>DERMATOLOGY, WOUND CARE AGENTS</b>	
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)
sodium chloride irrigation solution 0.9 %	\$0 (Tier 1)
sterile water for irrigation irrigation solution	\$0 (Tier 1)
<b>MOUTH/THROAT/DENTAL AGENTS</b>	
CEPACOL INSTAMAX LOZENGE 15-20 MG MOUTH/THROAT	\$0 (Tier 3) NT
CEPACOL LOZENGE 15-2.3 MG MOUTH/THROAT	\$0 (Tier 3) NT
cevimeline hcl oral capsule 30 mg	\$0 (Tier 1)
chlorhexidine gluconate mouth/throat solution 0.12 %	\$0 (Tier 1)
clotrimazole mouth/throat troche 10 mg	\$0 (Tier 1) QL (150 EA per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %	\$0 (Tier 1)
MUCINEX INSTASOOTHE THROAT/PN LIQUID 7-1 % MOUTH/THROAT	\$0 (Tier 3) NT
nystatin mouth/throat suspension 100000 unit/ml	\$0 (Tier 1)
periogard mouth/throat solution 0.12 %	\$0 (Tier 1)
pilocarpine hcl oral tablet 5 mg, 7.5 mg	\$0 (Tier 1)
sore throat lozenge 15-2.6 mg mouth/throat	\$0 (Tier 3) NT

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

12/01/2023

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
sore throat lozenge 15-3.6 mg mouth/throat	\$0 (Tier 3) NT
sore throat lozenges lozenge 15-3.6 mg mouth/throat	\$0 (Tier 3) NT
triamcinolone acetonide mouth/throat paste 0.1 %	\$0 (Tier 1)
<b>OTIC</b>	
ear drops solution 6.5 % otic	\$0 (Tier 3) NT
SWIM EAR LIQUID 95 % OTIC	\$0 (Tier 3) NT

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

12/01/2023

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

12/01/2023

## D. Index of Covered Drugs

<i>abacavir sulfate</i>	21	<i>aliskiren fumarate</i>	47	<i>antacid ultra strength</i>	83
<i>abacavir sulfate-lamivudine</i>	23	<i>allergy</i>	111	<i>anti-dandruff</i>	119
<i>ABELCET</i>	18	<i>allopurinol</i>	15	<i>anti-diarrheal</i>	83
<i>ABILIFY MAINTENA</i>	56	<i>alosetron hcl</i>	87	<i>antifungal</i>	116
<i>abiraterone acetate</i>	31	<i>ALPHAGAN P</i>	106	<i>anti-itch</i>	119
<i>ABRYSVO</i>	97	<i>alprazolam</i>	48	<i>APOKYN</i>	55
<i>acamprosate calcium</i>	64	<i>ALREX</i>	108	<i>apomorphine hcl</i>	55
<i>acarbose</i>	68	<i>altavera</i>	72	<i>aprepitant</i>	83
<i>accutane</i>	115	<i>ALTOPREV</i>	43	<i>apri</i>	72
<i>acebutolol hcl</i>	44	<i>alum &amp; mag hydroxide-simeth</i>	83	<i>APTIOM</i>	48
<i>acetaminophen-codeine</i>	16	<i>alumina-magnesia-simethicone</i>	83	<i>APTIVUS</i>	21
<i>acetazolamide</i>	46	<i>ALUNBRIG</i>	34	<i>AQUADEKS</i>	104
<i>acetazolamide er</i>	46	<i>alyacen 1/35</i>	72	<i>ARALAST NP</i>	113
<i>acetic acid</i>	89, 110	<i>alyacen 7/7/7</i>	72	<i>aranelle</i>	72
<i>acetylcysteine</i>	113	<i>alyq</i>	48	<i>ARCALYST</i>	96
<i>acid gone</i>	82	<i>amabelz</i>	77	<i>AREXVY</i>	97
<i>acitretin</i>	117	<i>amantadine hcl</i>	55	<i>arformoterol tartrate</i>	112
<i>ACNE MEDICATION 10</i>	115	<i>ambrisentan</i>	48	<i>ariprazole</i>	56, 57
<i>ACNE MEDICATION 5</i>	115	<i>amethia</i>	72	<i>ARISTADA</i>	57
<i>ACTHIB</i>	97	<i>amikacin sulfate</i>	19	<i>ARISTADA INITIO</i>	57
<i>ACTIMMUNE</i>	96	<i>amiloride hcl</i>	46	<i>armodafinil</i>	64
<i>acyclovir</i>	24	<i>amiloride-hydrochlorothiazide</i>	46	<i>ARNUITY ELLIPTA</i>	114
<i>acyclovir sodium</i>	24	<i>amiodarone hcl</i>	42	<i>arthritis pain relieving</i>	120
<i>ADACEL</i>	97	<i>amitriptyline hcl</i>	53	<i>artificial tears</i>	108
<i>adapalene</i>	115	<i>amlodipine besy-benazepril hcl</i>	40	<i>artificial tears pf</i>	108
<i>ADCIRCA</i>	48	<i>amlodipine besylate</i>	45	<i>asenapine maleate</i>	57
<i>adefovir dipivoxil</i>	24	<i>amlodipine besylate-valsartan</i>	41	<i>ashlyna</i>	72
<i>ADEMPAS</i>	48	<i>amlodipine-atorvastatin</i>	47	<i>ASPIRIN</i>	15
<i>ADRENALIN</i>	47	<i>amlodipine-olmesartan</i>	41	<i>aspirin</i>	15
<i>ADVAIR DISKUS</i>	115	<i>ammonium lactate</i>	119	<i>aspirin low dose</i>	15
<i>ADVAIR HFA</i>	115	<i>amnesteem</i>	115	<i>aspirin-dipyridamole er</i>	92
<i>afirmelle</i>	72	<i>amoxapine</i>	53	<i>atazanavir sulfate</i>	21
<i>AIMOVIG</i>	62	<i>amoxicillin</i>	28	<i>atenolol</i>	44
<i>ala-cort</i>	118	<i>amoxicillin-pot clavulanate</i>	28	<i>atenolol-chlorthalidone</i>	44
<i>ALAHIST PE</i>	112	<i>amoxicillin-pot clavulanate er</i>	28	<i>athletes foot powder spray</i>	116
<i>albendazole</i>	19	<i>amphetamine-dextroamphet er</i>	60	<i>athletes foot spray</i>	116
<i>albuterol sulfate</i>	112	<i>amphetamine-</i>		<i>atomoxetine hcl</i>	60
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	111, 112	<i>dextroamphetamine</i>	60	<i>atorvastatin calcium</i>	43
<i>alclometasone dipropionate</i>	118	<i>amphotericin b</i>	18	<i>atovaquone</i>	19
<i>ALCOHOL SWABS</i>	66	<i>amphotericin b liposome</i>	18	<i>atovaquone-proguanil hcl</i>	21
<i>ALDURAZYME</i>	79	<i>ampicillin</i>	28	<i>atrix medicated formula</i>	120
<i>ALECENSA</i>	34	<i>ampicillin sodium</i>	28	<i>atropine sulfate</i>	109
<i>alendronate sodium</i>	70	<i>ampicillin-sulbactam sodium</i>	29	<i>ATROPINE SULFATE</i>	109
<i>ALEVAZOL</i>	116	<i>anagrelide hcl</i>	92	<i>ATROVENT HFA</i>	110
<i>alfuzosin hcl er</i>	89	<i>anastrozole</i>	31	<i>AUBAGIO</i>	64
		<i>ANORO ELLIPTA</i>	110	<i>aura eq</i>	72
		<i>antacid calcium</i>	83	<i>aurovela 1/20</i>	72

aurovela 24 fe .....	72	BETADINE SURGICAL SCRUB .....	120	bupropion hcl .....	53
aurovela fe 1.5/30.....	72	BETADINE SWABSTICKS .....	120	bupropion hcl er ( <i>smoking det</i> )	65
aurovela fe 1/20.....	72	betaine .....	79	bupropion hcl er ( <i>sr</i> ) .....	53
AUSTEDO .....	63	betamethasone dipropionate ...	118	bupropion hcl er ( <i>xl</i> ) .....	53
AUSTEDO XR .....	63	betamethasone dipropionate		buspirone hcl .....	48
AUSTEDO XR PATIENT		aug .....	118	butenafine hcl .....	116
TITRATION .....	63	betamethasone valerate .....	118	butorphanol tartrate .....	17
AUVELITY .....	53	BETASERON .....	64	BYDUREON BCISE .....	68
aviane .....	72	betaxolol hcl .....	106	BYETTA 10 MCG PEN .....	68
ayuna .....	72	bethanechol chloride .....	89	BYETTA 5 MCG PEN .....	68
AYVAKIT .....	34	BETOPTIC-S .....	106	c-500 .....	104
azacitidine .....	31	BEVESPI AEROSPHERE .....	110	cabergoline .....	79
azathioprine .....	96	bexarotene .....	32, 120	CABOMETYX .....	34
azelaic acid .....	120	BEXZERO .....	97	CALAMINE .....	120
azelastine hcl .....	106, 111	bicalutamide .....	31	calamine plus .....	120
azithromycin .....	27	BICILLIN L-A .....	29	calcipotriene .....	117
aztreonam .....	19	BIKTARVY .....	23	calcitonin ( <i>salmon</i> ) .....	70
azurette .....	72	bisacodyl .....	85	calcitrat e .....	102
bacitracin .....	107, 116	bisacodyl ec .....	85	calcitrene .....	117
bacitracin zinc .....	116	bisoprolol fumarate .....	44	calcitriol .....	82
bacitracin-polymyxin b .....	107	bisoprolol-hydrochlorothiazide ..	44	calcium 500/d .....	102
bacitra-neomycin-polymyxin-hc	107	BIVIGAM .....	95	calcium 600+d3 .....	103
baclofen .....	64	blisovi 24 fe .....	72	calcium acetate .....	81
BALNEOL .....	120	blisovi fe 1.5/30 .....	72	calcium acetate ( <i>phos binder</i> ) ..	81
balsalazide disodium .....	85	BOOST BREEZE .....	103	calcium antacid extra strength ..	83
BALVERSA .....	34	BOOSTRIX .....	97	calcium carb-cholecalciferol ..	103
balziva .....	72	BORTEZOMIB .....	34	calcium carbonate .....	103
BARACLUDÉ .....	24	bortezomib .....	34	CALCIUM CARBONATE .....	103
BASAGLAR KWIKPEN .....	66	bosentan .....	48	calcium carbonate antacid .....	83
BCG VACCINE .....	97	BOSULIF .....	34	CALCIUM CARBONATE ANTACID	83
b-complex/b-12 .....	104	bpo foaming cloths .....	116	calcium citrate + d3 maximum ..	103
BELSOMRA .....	61	BRAFTOVI .....	34	calcium-vitamin d3 .....	103
benazepril hcl .....	40	BREO ELLIPTA .....	115	CALQUENCE .....	34
benazepril-hydrochlorothiazide ..	40	BREZTRI AEROSPHERE .....	110	camila .....	72
BENDEKA .....	30	briellyn .....	72	CAMPHOTREX .....	120
BENLYSTA .....	96	BRILINTA .....	92	camrese .....	72
benzefoam .....	115	brimonidine tartrate .....	106	camrese lo .....	72
benzonataate .....	112	brinzolamide .....	106	candesartan cilexetil .....	42
benzoyl peroxide .....	115	BRIVIACT .....	48, 49	candesartan cilexetil-hctz .....	41
BENZOYL PEROXIDE CLEANSER.	115	bromfenac sodium ( <i>once-daily</i> )	108	CAPLYTA .....	57
benzoyl peroxide wash .....	115	bromocriptine mesylate .....	55	CAPRELSA .....	34
benzoyl peroxide-erythromycin	116	BROMSITE .....	108	capsaicin .....	120
benztropine mesylate .....	55	BRUKINSA .....	34	capsaicin heat patch .....	120
BERINERT .....	92	budesonide .....	85, 114	captopril .....	40
BESIVANCE .....	107	budesonide er .....	85	captopril-hydrochlorothiazide ..	40
BESREMI .....	32	bumetanide .....	46	CARAFATE .....	87
BETADINE .....	120	buprenorphine hcl .....	65	carbamazepine .....	49
BETADINE ANTISEPTIC .....	120	buprenorphine hcl-naloxone hcl .	65	carbamazepine er .....	49

<i>carbidopa</i> .....	56	<i>chocolated laxative</i> .....	85	<i>co q-10</i> .....	103
<i>carbidopa-levodopa</i> .....	56	<i>cholestyramine</i> .....	43	COARTEM.....	21
<i>carbidopa-levodopa er</i> .....	56	<i>cholestyramine light</i> .....	43	COLACE CLEAR.....	85
<i>carbidopa-levodopa-</i> <i>entacapone</i> .....	56	<i>ciclopirox olamine</i> .....	117	<i>colchicine</i> .....	15
<i>carboplatin</i> .....	30	<i>cilostazol</i> .....	92	<i>colchicine-probenecid</i> .....	15
<i>carboxymethylcellulose sodium</i> 109		<i>CILOXAN</i> .....	107	<i>colesevelam hcl</i> .....	43
<i>carglumic acid</i> .....	79	<i>CIMDUO</i> .....	23	<i>colestipol hcl</i> .....	43
<i>carteolol hcl</i> .....	106	<i>cinacalcet hcl</i> .....	80	<i>colistimethate sodium (cba)</i> .....	19
<i>cartia xt</i> .....	45	<i>CIPRO</i> .....	28	COMBIGAN.....	106
<i>carvedilol</i> .....	44	<i>CIPRO HC</i> .....	110	COMBIVENT RESPIMAT.....	110
<i>caspofungin acetate</i> .....	18	<i>CIPRODEX</i> .....	110	COMETRIQ (100 MG DAILY	
<i>CAYSTON</i> .....	19	<i>ciprofloxacin hcl</i> .....	28, 107	DOSE) .....	34
<i>cefaclor</i> .....	25	<i>ciprofloxacin in d5w</i> .....	28	COMETRIQ (140 MG DAILY	
<i>CEFACLOR ER</i> .....	25	<i>cisplatin</i> .....	30	DOSE) .....	34
<i>cefadroxil</i> .....	25	<i>citalopram hydrobromide</i> .....	54	COMETRIQ (60 MG DAILY	
<i>cefazolin sodium</i> .....	26	<i>claravis</i> .....	116	DOSE) .....	34
<i>CEFAZOLIN SODIUM</i> .....	26	<i>clarithromycin</i> .....	27	COMPLERA.....	23
<i>CEFAZOLIN SODIUM-DEXTROSE</i> . 26		<i>clarithromycin er</i> .....	27	<i>compro</i> .....	83
<i>cefdinir</i> .....	26	<i>clindamycin hcl</i> .....	19	<i>constulose</i> .....	85
<i>cefepime hcl</i> .....	26	<i>clindamycin palmitate hcl</i> .....	19	COPIKTRA.....	34
<i>cefixime</i> .....	26	<i>clindamycin phosphate</i> . 19, 90, 116		CORLANOR.....	47
<i>cefoxitin sodium</i> .....	26	<i>clindamycin phosphate in d5w</i> ... 19		<i>corn &amp; callus remover</i> .....	120
<i>cefpodoxime proxetil</i> .....	26	CLINDAMYCIN PHOSPHATE IN		COTELLIC.....	34
<i>cefprozil</i> .....	26	NACL.....	19	COZIMA.....	120
<i>ceftazidime</i> .....	26	CLINIMIX/DEXTROSE (4.25/10).102		CREON.....	88
<i>ceftriaxone sodium</i> .....	26	CLINIMIX/DEXTROSE (4.25/5)...102		<i>cromolyn sodium</i> .....87, 106, 113	
<i>cefuroxime axetil</i> .....	26	CLINIMIX/DEXTROSE (5/15).....102		<i>cryselle-28</i> .....	72
<i>cefuroxime sodium</i> .....	26	CLINIMIX/DEXTROSE (5/20).....102		<i>cyanocobalamin</i> .....	104
<i>celecoxib</i> .....	15	CLINIMIX/DEXTROSE (6/5).....102		<i>cyclobenzaprine hcl</i> .....	64
<i>CELONTIN</i> .....	49	CLINIMIX/DEXTROSE (8/10).....102		<i>cyclophosphamide</i> .....	30
<i>CEPACOL</i> .....	122	CLINIMIX/DEXTROSE (8/14).....102		CYCLOPHOSPHAMIDE.....	30
<i>CEPACOL INSTAMAX</i> .....	122	<i>clinisol sf</i> .....	102	<i>cycloserine</i> .....	24
<i>cephalexin</i> .....	26, 27	CLINOLIPID.....	102	<i>cyclosporine</i> .....	96
<i>CERDELGA</i> .....	80	<i>clobazam</i> .....	49	<i>cyclosporine modified</i> .....	96
<i>CEREZYME</i> .....	80	<i>clobetasol propionate</i> .....	118	<i>cyproheptadine hcl</i> .....	111
<i>certavite/antioxidants</i> .....	104	<i>clobetasol propionate e</i> .....	118	<i>cyred eq</i> .....	72
<i>CETAPHIL GENTLE CLEANSER</i> ....120		<i>clomipramine hcl</i> .....	54	CYSTADROPS.....	109
<i>CETAPHIL MOISTURIZING</i> .....	120	<i>clonazepam</i> .....	49	CYSTAGON.....	80
<i>cetirizine hcl</i> .....	111	<i>clonidine</i> .....	47	CYSTARAN.....	109
<i>cevimeline hcl</i> .....	122	<i>clonidine hcl</i> .....	47	<i>cytarabine</i> .....	31
<i>chateal</i> .....	72	<i>clopidogrel bisulfate</i> .....	92	<i>dalfampridine er</i> .....	64
<i>CHEMET</i> .....	71	<i>clorazepate dipotassium</i> .....	49	<i>danazol</i> .....	77
<i>chest rub</i> .....	112	<i>clotrimazole</i> .....	90, 117, 122	<i>dantrolene sodium</i> .....	64
<i>chlorhexidine gluconate</i> .....	122	<i>clotrimazole 3</i> .....	90	<i>dapsone</i> .....	19
<i>chloroquine phosphate</i> .....	21	<i>clotrimazole anti-fungal</i> .....	117	DAPTACEL.....	97
<i>chlorpromazine hcl</i> .....	57	<i>clotrimazole-betamethasone</i> .....	117	<i>daptomycin</i> .....	19
<i>chlorthalidone</i> .....	46	<i>clozapine</i> .....	57	DAPTO MYCIN .....	19
		<i>co q10</i> .....	103	<i>darifenacin hydrobromide er</i> .....	89

dasetta 1/35.....	73	diazoxide.....	79	doxy 100.....	29
dasetta 7/7/7.....	73	diclofenac potassium.....	15	doxycycline hyclate.....	29
DAURISMO.....	34	diclofenac sodium.....	15, 108, 120	doxycycline monohydrate.....	30
daysee.....	73	diclofenac sodium er.....	15	driminate.....	83
DAYVIGO.....	61	diclofenac-misoprostol.....	15	DRIZALMA SPRINKLE.....	54
deblitane.....	73	dicloxacillin sodium.....	29	dronabinol.....	83
DECARA.....	104	dicyclomine hcl.....	84	drospiren-eth estrad-levomefol..	73
deferasirox.....	71	DIFICID.....	27	drospirenone-ethinyl estradiol....	73
deferasirox granules.....	71	diflunisal.....	15	DROXIA.....	92
DELESTROGEN.....	77	dilfluprednate.....	108	droxidopa.....	47
DELSTRIGO.....	23	digoxin.....	47	duloxetine hcl.....	54
DENGVAXIA.....	97	dihydroergotamine mesylate .....	62	DUPIXENT.....	93
depo-testosterone.....	66	DILANTIN.....	49, 50	dutasteride.....	89
dermacinrx atrix antibac wash.	120	DILANTIN INFATABS.....	49	dutasteride-tamsulosin hcl.....	89
dermacinrx atrix clarify toner...	120	diltiazem hcl.....	45	e.e.s. 400.....	27
DESCOVY.....	23	diltiazem hcl er.....	45	e-200.....	104
desipramine hcl.....	54	diltiazem hcl er beads.....	45	ear drops.....	123
desloratadine.....	111	diltiazem hcl er coated beads....	45	ec-naproxen.....	15
desmopressin ace spray refrig....	80	dilt-xr.....	45	ed a-hist.....	112
desmopressin acetate.....	80	diphenhydramine hcl.....	111	ed chlorped jr.....	111
desmopressin acetate pf.....	80	diphenhydramine-zinc acetate .	120	EDARBI.....	42
desmopressin acetate spray.....	80	diphenoxylate-atropine .....	87	EDARBYCLOR.....	41
desogestrel-ethinyl estradiol.....	73	DIPHThERIA-TETANUS TOXOIDS		EDURANT.....	21
desvenlafaxine succinate er.....	54	DT.....	97	efavirenz.....	21
dexamethasone.....	78	dipyridamole.....	92	efavirenz-emtricitab-tenofo df...	23
DEXAMETHASONE INTENSOL.....	78	disopyramide phosphate.....	42	efavirenz-lamivudine-tenofovir...23	
dexamethasone sod phosphate		disulfiram.....	65	eldertonic.....	104
pf.....	78	divalproex sodium.....	50	ELIGARD.....	31
dexamethasone sodium		divalproex sodium er.....	50	elinest.....	73
phosphate.....	79, 108	DOCETAXEL.....	33	ELIQUIS.....	90
dexbrompheniramine-		docetaxel.....	33	ELIQUIS DVT/PE STARTER PACK..90	
phenyleph.....	112	docusate calcium.....	85	ELLENCE.....	31
dexlansoprazole.....	88	docusate sodium.....	85	eluryng.....	73
dexmethylphenidate hcl.....	60	DOCUSOL KIDS.....	85	EMCYT.....	31
dextrose.....	102	DOCUSOL PLUS MINI-ENEMA....	85	EMGALITY.....	62
DEXTROSE 5%/ELECTROLYTE		dofetilide.....	42	EMGALITY (300 MG DOSE).....	62
#48.....	99	dok.....	85	emoquette.....	73
dextrose in lactated ringers.....	99	donepezil hcl.....	53	EMSAM.....	54
DEXTROSE-NACL.....	99	DOPTELET.....	92	emtricitabine.....	21
dextrose-nacl.....	99	dorzolamide hcl.....	106	emtricitabine-tenofovir df.....	23
dextrose-sodium chloride.....	100	dorzolamide hcl-timolol mal....	106	EMTRIVA.....	21
DIACOMIT.....	49	dotti.....	77	EMVERM.....	19
DIALYVITE 800.....	104	DOVATO.....	23	enalapril maleate.....	40
DIALYVITE 800-ZINC 15.....	104	doxazosin mesylate .....	41	enalapril-hydrochlorothiazide .....	40
dialyvite vitamin d3 max.....	104	doxepin hcl.....	54, 61	ENBREL.....	93
diaper rash.....	120	doxercalciferol.....	82	ENBREL MINI.....	93
diazepam.....	49	doxorubicin hcl.....	30	ENBREL SURECLICK.....	93
diazepam intensol.....	49	doxorubicin hcl liposomal .....	31	ENDARI.....	92

<i>endocet</i>	17	<i>etodolac</i>	16	FIASP PENFILL	66
<i>enema</i>	85	<i>etodolac er</i>	15	FIASP PUMPCART	66
<i>enema mineral oil</i>	85	<i>etonogestrel-ethinyl estradiol</i>	73	<i>fiber</i>	86
<i>enemeez mini</i>	85	<i>etoposide</i>	33	FINACEA	120
ENGERIX-B	97	<i>etravirine</i>	21	<i>finasteride</i>	89
<i>enilloring</i>	73	EULEXIN	32	<i>fingolimod hcl</i>	64
<i>exoxaparin sodium</i>	90	<i>euthyrox</i>	82	FINTEPLA	50
<i>empresse-28</i>	73	<i>everolimus</i>	34, 35, 96	<i>finzala</i>	73
<i>enskyce</i>	73	EVOTAZ	23	FIRST AID ANTISEPTIC	120
ENSTILAR	118	<i>exemestane</i>	32	<i>fish oil</i>	103
ENSURE CLEAR	103	EXKIVITY	35	<i>flac</i>	110
<i>entacapone</i>	56	EYE-SCRUB	120	FLAREX	108
<i>entecavir</i>	24	EZALLOR SPRINKLE	43	FLEBOGAMMA DIF	95
<i>enteric fish oil</i>	103	<i>ezetimibe</i>	43	<i>flecainide acetate</i>	42
ENTRESTO	41	<i>ezetimibe-simvastatin</i>	44	FLEET BISACODYL	86
<i>enulose</i>	86	FABRAZYME	80	FLEET LIQUID GLYCERIN SUPP	86
EPCLUSA	24	<i>falmina</i>	73	FLEET PEDIATRIC	86
EPIDIOLEX	50	<i>famciclovir</i>	24	FLOVENT DISKUS	114, 115
<i>epinephrine</i>	113	<i>famotidine</i>	84	FLOVENT HFA	115
<i>epinephrine (anaphylaxis)</i>	47	<i>famotidine (pf)</i>	84	<i>fluconazole</i>	18
<i>epitol</i>	50	<i>famotidine premixed</i>	85	<i>fluconazole in sodium chloride</i>	18
EPIVIR HBV	24	FANAPT	57	<i>flucytosine</i>	18
<i>eplerenone</i>	41	FANAPT TITRATION PACK	57	<i>fludrocortisone acetate</i>	79
EPRONTIA	50	FARXIGA	68	<i>flunisolide</i>	114
<i>ergocalciferol</i>	104	FASENRA	113	<i>fluocinolone acetonide</i>	110, 118
<i>ergotamine-caffeine</i>	62	FASENRA PEN	113	<i>fluocinolone acetonide body</i>	118
ERIVEDGE	34	<i>febuxostat</i>	15	<i>fluocinolone acetonide scalp</i>	118
ERLEADA	31	<i>felbamate</i>	50	<i>fluocinonide</i>	118
<i>erlotinib hcl</i>	34	<i>felodipine er</i>	45	<i>fluocinonide emulsified base</i>	118
<i>errin</i>	73	<i>femynor</i>	73	<i>fluorometholone</i>	108
<i>ertapenem sodium</i>	19	<i>fenofibrate</i>	43	<i>fluorouracil</i>	31, 120
<i>ery</i>	116	<i>fenofibrate micronized</i>	43	<i>fluoxetine hcl</i>	54
<i>ery-tab</i>	27	<i>fenofibric acid</i>	43	<i>fluphenazine decanoate</i>	57
ERYTHROCIN LACTOBIONATE	27	<i>fentanyl</i>	16	<i>fluphenazine hcl</i>	57, 58
<i>erythrocin stearate</i>	27	<i>fentanyl citrate</i>	17	<i>flurbiprofen</i>	16
<i>erythromycin</i>	27, 107, 116	<i>ferate</i>	91	<i>flurbiprofen sodium</i>	108
<i>erythromycin base</i>	27	FERRIMIN 150	91	<i>fluticasone propionate</i>	114, 119
<i>erythromycin ethylsuccinate</i>	27	<i>ferrous fumarate</i>	91	<i>fluvastatin sodium</i>	43
<i>erythromycin lactobionate</i>	27	<i>ferrous gluconate</i>	91	<i>fluvastatin sodium er</i>	43
<i>escitalopram oxalate</i>	54	FERROUS GLUCONATE	91	<i>fluvoxamine maleate</i>	48
<i>esomeprazole magnesium</i>	88	<i>ferrous sulfate</i>	91, 92	<i>foltabs 800</i>	104
<i>estarrylla</i>	73	FERROUS SULFATE	91, 92	<i>fondaparinux sodium</i>	90
<i>estradiol</i>	78	<i>fesoterodine fumarate er</i>	89	<i>formoterol fumarate</i>	112
<i>estradiol valerate</i>	78	FETZIMA	54	FORTEO	71
<i>estradiol-norethindrone acet</i>	78	FETZIMA TITRATION	54	FOSAMAX PLUS D	71
<i>ethambutol hcl</i>	24	<i>fexofenadine hcl</i>	111	<i>fosamprenavir calcium</i>	22
<i>ethosuximide</i>	50	FIASP	66	<i>fosinopril sodium</i>	40
<i>ethynodiol diac-eth estradiol</i>	73	FIASP FLEXTOUCH	66	<i>fosinopril sodium-hctz</i>	40

FOTIVDA.....	35	GLEOSTINE .....	30	heparin sod (porcine) in d5w.....	90
FRESHKOTE PF.....	109	glimepiride .....	68	heparin sodium (porcine).....	91
fruity c.....	104	glipizide .....	68	HEPLISAV-B.....	98
fulvestrant.....	32	glipizide er.....	68	HERCEPTIN.....	35
FUNGOID TINCTURE.....	117	glipizide xl.....	68, 69	HERCEPTIN HYLECTA.....	35
furosemide.....	46	glipizide-metformin hcl.....	69	HERZUMA.....	35
FUZEON.....	22	glycerin adult.....	86	HIBERIX.....	98
fyavolv.....	78	glycerin childrens.....	86	hm witch hazel.....	121
FYCOMPA.....	50	glycopyrrolate.....	84	HUMIRA.....	93
gabapentin.....	50	glydo.....	119	HUMIRA PEDIATRIC CROHNS	
galantamine hydrobromide.....	53	GLYXAMBI.....	69	START.....	93
galantamine hydrobromide er....	53	gnp allergy relief.....	111	HUMIRA PEN.....	93
GAMASTAN.....	95	gnp calyphen.....	120	HUMIRA PEN-CD/UC/HS	
GAMMAGARD.....	95	GNP CAPSAICIN.....	120	STARTER.....	93
GAMMAGARD S/D LESS IGA.....	95	gnp fiber.....	86	HUMIRA PEN-PEDIATRIC UC	
GAMMAKED.....	95	gnp iron.....	92	START.....	93
GAMMAPLEX.....	95	gnp natural fiber.....	86	HUMIRA PEN-PS/UV/ADOL HS	
GAMUNEX-C.....	95	gnp nausea relief.....	83	START.....	93
ganciclovir sodium.....	25	gnp one daily womens health...104		HUMIRA PEN-PSOR/UVEIT	
GARDASIL 9.....	97	gnp pink bismuth.....	83	STARTER.....	93
GAS RELIEF.....	87	gnp scalp relief.....	121	HUMULIN R U-500	
gas relief.....	87	gnp sinus & allergy pe.....	112	(CONCENTRATED).....	66
gas relief extra strength.....	87	GOLYTELY.....	86	HUMULIN R U-500 KWIKPEN.....	66
gas relief ultra strength.....	87	GONAK.....	109	hydralazine hcl.....	47
gatifloxacin.....	107	goodsense lubricant eye drops.	109	hydrochlorothiazide.....	46
GATTEX.....	87	GRALISE.....	63	hydrocodone-acetaminophen....	17
GAUZE PADS 2" X 2" .....	66	granisetron hcl.....	84	hydrocodone-ibuprofen.....	17
gavilyte-c.....	86	griseofulvin microsize.....	18	hydrocortisone .....	79, 85, 119
gavilyte-g.....	86	griseofulvin ultramicrosize .....	18	HYDROCORTISONE.....	119
GAVRETO.....	35	guanfacine hcl.....	47	hydrocortisone (perianal).....	121
gefitinib.....	35	guanfacine hcl er.....	60, 61	hydrogen peroxide .....	121
gemcitabine hcl.....	31	GVOKE HYPOPEN 2-PACK.....	79	hydromorphone hcl.....	17
gemfibrozil.....	43	GVOKE KIT.....	79	hydroxychloroquine sulfate .....	95
GEMTESA.....	89	GVOKE PFS.....	79	hydroxyurea.....	33
generlac.....	86	HAEGARDA.....	92	hydroxyzine hcl.....	111
gengraf.....	96	hailey 1.5/30.....	73	hydroxyzine pamoate .....	111
GENOTROPIN.....	80	hailey 24 fe.....	73	hysept.....	121
GENOTROPIN MINIQUICK.....	80	halobetasol propionate .....	119	HYSINGLA ER.....	16
gentak.....	107	haloette .....	73	ibandronate sodium.....	71
gentamicin in saline.....	19	haloperidol .....	58	IBRANCE.....	35
gentamicin sulfate.....	19, 107, 116	haloperidol decanoate .....	58	ibu .....	16
GENTEAL SEVERE.....	109	haloperidol lactate .....	58	ibuprofen .....	16
genteal tears.....	109	HARVONI.....	25	icaps .....	104
GENVOYA.....	23	HAVRIX.....	98	ICAPS LUTEIN & ZEAXANTHIN...104	
GERITOL TONIC.....	104	heartburn relief ex st .....	83	icatibant acetate .....	92
GILOTRIF.....	35	heather.....	73	iclevia .....	73
glatiramer acetate.....	64	hemorrhoidal.....	121	ICLUSIG .....	35
glatopa.....	64	HEPARIN (PORCINE) IN NACL.....	90	IDHIFA.....	35

ILEVRO	108	ISOLYTE-S PH 7.4	100	KISQALI (200 MG DOSE)	36
<i>imatinib mesylate</i>	35	<i>isoniazid</i>	24	KISQALI (400 MG DOSE)	36
IMBRUVICA	35	ISOPTO TEARS	109	KISQALI (600 MG DOSE)	36
<i>imipenem-cilastatin</i>	20	<i>isosorbide dinitrate</i>	47	KISQALI FEMARA (200 MG	
<i>imipramine hcl</i>	54	<i>isosorbide mononitrate</i>	47	DOSE)	33
<i>imiQuimod</i>	121	<i>isosorbide mononitrate er</i>	47	KISQALI FEMARA (400 MG	
IMOVAZ RABIES	98	<i>isotretinoin</i>	116	DOSE)	33
IMVEXXY MAINTENANCE PACK..	78	<i>isradipine</i>	45	KISQALI FEMARA (600 MG	
IMVEXXY STARTER PACK	78	<i>itch relief extra strength</i>	121	DOSE)	33
<i>incassia</i>	73	<i>itraconazole</i>	18	<i>klor-con</i>	101
INCRELEX	80	<i>ivermectin</i>	20	<i>klor-con 10</i>	101
INCRUSE ELLIPTA	111	IXIARO	98	<i>klor-con m10</i>	101
<i>indapamide</i>	46	JAKAFI	35	<i>klor-con m15</i>	101
INFANRIX	98	<i>jantoven</i>	91	<i>klor-con m20</i>	101
<i>infants gas relief</i>	87	JANUMET	69	KONSYL DAILY FIBER	86
INFLIXIMAB	94	JANUMET XR	69	KORLYM	80
INGREZZA	63	JANUVIA	69	KRAZATI	36
INLYTA	35	JARDIANCE	69	<i>kurvelo</i>	74
INQOVI	31	<i>jasmiel</i>	74	<i>labetalol hcl</i>	44
INREBIC	35	<i>javygtor</i>	80	<i>lacosamide</i>	50
INSULIN PEN NEEDLE	66	JAYPIRCA	35	<i>lactated ringers</i>	100
INSULIN SYRINGE (DISP) U-100 0.3 ML	66	JENTADUETO	69	<i>lactobacillus</i>	83
INSULIN SYRINGE (DISP) U-100 1 ML	66	JENTADUETO XR	69	<i>lactulose</i>	86
INSULIN SYRINGE (DISP) U-100 1/2 ML	66	<i>jinteli</i>	78	<i>lactulose encephalopathy</i>	86
INTELENCE	22	<i>jolessa</i>	74	<i>lamivudine</i>	22, 25
INTRALIPID	102	<i>juleber</i>	74	<i>lamivudine-zidovudine</i>	23
INTRON A	96	JULUCA	23	<i>lamotrigine</i>	50
<i>introscale</i>	73	<i>junel 1.5/30</i>	74	<i>lamotrigine er</i>	50
INVEGA HAFYERA	58	<i>junel 1/20</i>	74	<i>lansoprazole</i>	88
INVEGA SUSTENNA	58	<i>junel fe 1.5/30</i>	74	LANTUS	67
INVEGA TRINZA	58	<i>junel fe 1/20</i>	74	LANTUS SOLOSTAR	66
IONIL-T	121	<i>junel fe 24</i>	74	<i>lapatinib ditosylate</i>	36
IOPOL	98	KADCYLA	35	<i>larin 1.5/30</i>	74
<i>ipratropium bromide</i>	111	<i>kaitlib fe</i>	74	<i>larin 1/20</i>	74
<i>ipratropium-albuterol</i>	110	KALYDECO	113	<i>larin 24 fe</i>	74
<i>irbesartan</i>	42	KANJINTI	36	<i>larin fe 1.5/30</i>	74
<i>irbesartan-hydrochlorothiazide</i>	41	<i>kariva</i>	74	<i>larin fe 1/20</i>	74
IRESSA	35	<i>kcl in dextrose-nacl</i>	100	<i>latanoprost</i>	106
<i>irinotecan hcl</i>	33	KCL IN DEXTROSE-NACL	100	LATUDA	58
<i>iron 100 plus</i>	92	<i>kelnor 1/35</i>	74	<i>laxative max str</i>	86
ISENTRESS	22	<i>kelnor 1/50</i>	74	<i>laxative regular strength</i>	86
ISENTRESS HD	22	KERENDIA	41	<i>layolis fe</i>	74
<i>isibloom</i>	73	<i>ketoconazole</i>	18, 117	leena	74
ISOLYTE-P IN D5W	100	<i>ketorolac tromethamine</i>	108	<i>leflunomide</i>	95
ISOLYTE-S	100	<i>ketotifen fumarate</i>	106	<i>lenalidomide</i>	32
		KEVZARA	94	LENVIMA (10 MG DAILY DOSE)	36
		KEYTRUDA	36	LENVIMA (12 MG DAILY DOSE)	36
		KINRIX	98	LENVIMA (14 MG DAILY DOSE)	36

LENVIMA (18 MG DAILY DOSE) ...	36	LIVALO .....	43	magnesium oxide -mg supplement .....
LENVIMA (20 MG DAILY DOSE) ...	36	loestrin 1.5/30 (21).....	74	103 magnesium sulfate .....
LENVIMA (24 MG DAILY DOSE) ...	36	loestrin 1/20 (21).....	74	100 MAGNESIUM SULFATE .....
LENVIMA (4 MG DAILY DOSE) ....	36	loestrin fe 1.5/30.....	75	100 magnesium sulfate in d5w .....
LENVIMA (8 MG DAILY DOSE) ....	36	loestrin fe 1/20.....	75	MAGNESIUM SULFATE IN D5W 100
<i>lessina</i> .....	74	LOKELMA .....	71	<i>malathion</i> .....
<i>letrozole</i> .....	32	LONSURF .....	31	122 <i>maraviroc</i> .....
<i>leucovorin calcium</i> .....	40	loperamide hcl.....	83, 87	22 <i>marlissa</i> .....
LEUKERAN .....	30	lopinavir-ritonavir .....	23	75 MARPLAN .....
<i>leuprolide acetate</i> .....	32	lorazepam .....	48	54 MATULANE .....
<i>levalbuterol hcl</i> .....	112	lorazepam intensol .....	48	33 LORBRENA .....
<i>levalbuterol tartrate</i> .....	112	LOTEMAX .....	108	45 <i>matzim la</i> .....
LEVEMIR .....	67	lovastatin .....	43	25 MAVYRET .....
LEVEMIR FLEXPEN .....	67	loxapine succinate .....	58	84 meclizine hcl .....
LEVEMIR FLEXTOUCH .....	67	lubiprostone .....	87	medicated callus removers .....
<i>levetiracetam</i> .....	51	lubricant eye drops .....	109	121 medi-pads .....
<i>levetiracetam er</i> .....	51	lubricating eye drops .....	109	medroxyprogesterone acetate .....
<i>levetiracetam in nacl</i> .....	51	lubricating plus eye drops .....	109	75, 81 mefloquine hcl .....
<i>levobunolol hcl</i> .....	106	LUMAKRAS .....	36	21 megestrol acetate .....
<i>levocarnitine</i> .....	80	LUMIGAN .....	106	37 MEKINIST .....
<i>levocetirizine dihydrochloride</i> ...	111	LUMIZYME .....	80	103 MEKTOVI .....
<i>levofloxacin</i> .....	28	LUPRON DEPOT (1-MONTH)....	32	16 melatonin .....
<i>levofloxacin in d5w</i> .....	28	LUPRON DEPOT (3-MONTH)....	32	memantine hcl .....
<i>levonest</i> .....	74	LUPRON DEPOT-PED (1-MONTH).....	80	53 memantine hcl er .....
<i>levonorgest-eth est &amp; eth est</i> ....	74	LUPRON DEPOT-PED (3-MONTH).....	80	53 MENACTRA .....
<i>levonorgest-eth estrad 91-day</i> ...	74	LUPRON DEPOT-PED (6-MONTH).....	80	98 MENQUADFI .....
<i>levonorgestrel-ethynodiol estrad</i> ....	74	<i>lurasidone hcl</i> .....	58, 59	98 MENVEO .....
<i>levonorg-eth estrad triphasic</i> ....	74	<i>lutera</i> .....	75	31 mercaptopurine .....
<i>levora 0.15/30 (28)</i> .....	74	<i>lyeq</i> .....	75	20 meropenem .....
<i>levo-t</i> .....	82	<i>lyllana</i> .....	78	85 mesalamine .....
<i>levothyroxine sodium</i> .....	82	LYNPARZA .....	36	85 mesalamine er .....
<i>levoxyl</i> .....	82	LYRICA CR .....	63	85 mesalamine-cleanser .....
LEXIVA .....	22	LYSODREN .....	32	40 MESNEX .....
<i>lidocaine</i> .....	119	LYTGOBI (12 MG DAILY DOSE)....	36	61 metadate er .....
<i>lidocaine hcl</i> .....	18, 119	LYTGOBI (16 MG DAILY DOSE)....	36	104 METAFOLBIC PLUS .....
<i>lidocaine hcl (pf)</i> .....	18	LYTGOBI (20 MG DAILY DOSE)....	37	69 metformin hcl .....
<i>lidocaine viscous hcl</i> .....	122	<i>lyza</i> .....	75	69 metformin hcl er .....
<i>lidocaine-prilocaine</i> .....	119	<i>magnesium citrate</i> .....	86	16 methadone hcl .....
<i>linezolid</i> .....	20	<i>magnesium oxide</i> .....	83	46 methazolamide .....
<i>linezolid in sodium chloride</i> .....	20	<i>methenamine hippurate</i> .....	20	20 methimazole .....
LINZESS .....	87	<i>methotrexate sodium</i> .....	31, 95	82 methotrexate sodium (pf) .....
<i>liothyronine sodium</i> .....	82	<i>methylsuccimide</i> .....	51	31 methotrexate sodium er .....
<i>lisdexamfetamine dimesylate</i> .....	61			
<i>lisinopril</i> .....	40			
<i>lisinopril-hydrochlorothiazide</i> .....	40			
LITHIUM .....	63			
<i>lithium carbonate</i> .....	63			
<i>lithium carbonate er</i> .....	63			

<i>methylphenidate hcl</i>	61	<i>montelukast sodium</i>	113	<i>neomycin-polymyxin-gramicidin</i>
<i>methylphenidate hcl er</i>	61	<i>morphine sulfate</i>	17	.....107
<i>methylprednisolone</i>	79	<i>morphine sulfate (concentrate)</i>	17	<i>neomycin-polymyxin-hc</i> ....107, 110
<i>methylprednisolone acetate</i>	79	<i>MORPHINE SULFATE (PF)</i>	17	<i>neo-polycin</i> .....107
<i>methylprednisolone sodium succ</i>	79	<i>morphine sulfate er</i>	16	<i>neo-polycin hc</i> .....107
<i>metoclopramide hcl</i>	84	<i>MOVANTIK</i>	88	<i>NERLYNX</i> .....37
<i>metolazone</i>	46	<i>moxifloxacin hcl</i>	28, 107	<i>NEUPRO</i> .....56
<i>metoprolol succinate er</i>	44	<i>MUCINEX INSTASOOTHE THROAT/PN</i>	122	<i>nevirapine</i> .....22
<i>metoprolol tartrate</i>	44	<i>MULTAQ</i>	42	<i>nevirapine er</i> .....22
<i>metoprolol-hydrochlorothiazide</i>	44	<i>multiple electro type 1 ph 5.5</i> ...100		<i>NEXAVAR</i> .....37
<i>metronidazole</i>	20, 90, 121	<i>multiple electro type 1 ph 7.4</i> ...100		<i>niacin</i> .....104
<i>metyrosine</i>	47	<i>mupirocin</i>	116	<i>niacin er</i> .....104
<i>mibelas 24 fe</i>	75	<i>MURO 128</i>	109	<i>niacin er (antihyperlipidemic)</i> ....44
<i>micafungin sodium</i>	18	<i>MVASI</i>	37	<i>nicardipine hcl</i> .....45
<i>miconazole 1</i>	90	<i>mycophenolate mofetil</i>	96	<i>NICOTINE</i> .....65
<i>miconazole 3 applicator</i>	90	<i>mycophenolate sodium</i>	96	<i>nicotine</i> .....65
<i>miconazole 3 combo-supp</i>	90	<i>mycozyl al</i>	117	<i>nicotine mini</i> .....65
<i>miconazole 7</i>	90	<i>MYRBETRIQ</i>	89	<i>nicotine polacrilex</i> .....65
<i>miconazole nitrate</i>	90, 117	<i>na sulfate-k sulfate-mg sulf</i>	86	<i>NICOTROL</i> .....65
<i>micotrin al</i>	117	<i>nabumetone</i>	16	<i>NICOTROL NS</i> .....65
<i>microgestin 1.5/30</i>	75	<i>nadolol</i>	44	<i>nifedipine er</i> .....45
<i>microgestin 1/20</i>	75	<i>nafcillin sodium</i>	29	<i>nifedipine er osmotic release</i> ....45
<i>microgestin 24 fe</i>	75	<i>NAGLAZYME</i>	81	<i>night time sleep aid</i> .....65
<i>microgestin fe 1.5/30</i>	75	<i>nalbuphine hcl</i>	17	<i>nikki</i> .....75
<i>microgestin fe 1/20</i>	75	<i>naloxone hcl</i>	65	<i>nilutamide</i> .....32
<i>midodrine hcl</i>	47	<i>naltrexone hcl</i>	65	<i>nimodipine</i> .....45
<i> miglustat</i>	80	<i>NAMZARIC</i>	53	<i>NINLARO</i> .....37
<i>migraine relief</i>	15	<i>NAPHCON-A</i>	106	<i>nisoldipine er</i> .....45
<i> mili</i>	75	<i>naproxen</i>	16	<i>nitazoxanide</i> .....20
<i> milk of magnesia</i>	86	<i>naproxen sodium</i>	16	<i>nitisinone</i> .....81
<i> milk of magnesia concentrate</i>	86	<i>naratriptan hcl</i>	62	<i>NITRO-BID</i> .....47
<i> mimvey</i>	78	<i>nasal decongestant spray</i>	112	<i>nitrofurantoin macrocrystal</i> .....20
<i> mineral oil</i>	86	<i>NASCOBAL</i>	104	<i>nitrofurantoin monohyd macro</i> ..20
<i> minocycline hcl</i>	30	<i>NATACYN</i>	107	<i>nitroglycerin</i> .....47, 48
<i> minoxidil</i>	47	<i>nateglinide</i>	69	<i>nizatidine</i> .....85
<i> mintox plus</i>	83	<i>NATPARA</i>	71	<i>nohist-lq</i> .....113
<i> mirtazapine</i>	54	<i>natural psyllium seed</i>	86	<i>nora-be</i> .....75
<i> misoprostol</i>	87	<i>NAYZILAM</i>	51	<i>norethdin ace-eth estrad-fe</i> .....75
<i> MITIGARE</i>	15	<i>nebivolol hcl</i>	44	<i>norethindrone</i> .....75
<i> M-M-R II</i>	98	<i>necon 0.5/35 (28)</i>	75	<i>norethindrone acetate</i> .....82
<i> M-NATAL PLUS</i>	101	<i>NEEDLES, INSULIN DISP., SAFETY</i>	67	<i>norethindrone acet-ethinyl est</i> ...75
<i> modafinil</i>	64	<i>nefazodone hcl</i>	54	<i>norethindrone-eth estradiol</i> .....78
<i> moexipril hcl</i>	40	<i>neomycin sulfate</i>	20	<i>norethindron-ethinyl estrad-fe</i> ....75
<i> molindone hcl</i>	59	<i>neomycin-bacitracin zn-polymyx</i>	107	<i>norethin-eth estradiol-fe</i> .....75
<i> mometasone furoate</i>	114, 119			<i>norgestimate-eth estradiol</i> .....76
<i> MONJUVI</i>	37			<i>norgestim-eth estrad triphasic</i> ... 76
<i> mono-linyah</i>	75			<i>NORITATE</i> .....121
				<i>norlyroc</i> .....76

NORPACE CR.....	42	OMEGA-3 .....	103	<i>paricalcitol</i> .....	82
<i>nortrel 0.5/35 (28)</i> .....	76	<i>omeprazole</i> .....	88	<i>paromomycin sulfate</i> .....	20
<i>nortrel 1/35 (21)</i> .....	76	OMNARIS.....	114	<i>paroxetine hcl</i> .....	55
<i>nortrel 1/35 (28)</i> .....	76	OMNIPOD 5 G6 INTRO (GEN 5) ..	67	<i>paroxetine hcl er</i> .....	55
<i>nortrel 7/7/7</i> .....	76	OMNIPOD 5 G6 POD (GEN 5).....	67	PEDIA-LAX.....	86
<i>nortriptyline hcl</i> .....	54	OMNIPOD CLASSIC PDM (GEN		PEDIARIX.....	98
NORVIR.....	22	3).....	67	PEDVAX HIB.....	98
NOVOLIN 70/30.....	67	OMNIPOD CLASSIC PODS (GEN		<i>peg 3350-kcl-na bicarb-nacl</i> .....	86
NOVOLIN 70/30 FLEXPEN.....	67	3).....	67	<i>peg-3350/electrolytes</i> .....	86
NOVOLIN N.....	67	OMNIPOD DASH INTRO (GEN 4) ..	67	PEGASYS.....	25
NOVOLIN N FLEXPEN.....	67	OMNIPOD DASH PODS (GEN 4) ..	67	PEMAZYRE.....	37
NOVOLIN R.....	67	OMNIPOD GO .....	68	<i>pemetrexed disodium</i> .....	31
NOVOLIN R FLEXPEN.....	67	<i>ondansetron</i> .....	84	<i>penicillamine</i> .....	71
NOVOLOG.....	67	<i>ondansetron hcl</i> .....	84	PENICILLIN G POT IN DEXTROSE ..	29
NOVOLOG FLEXPEN.....	67	ONTRUZANT.....	37	<i>penicillin g potassium</i> .....	29
NOVOLOG MIX 70/30.....	67	ONUREG .....	31	PENICILLIN G PROCAINE .....	29
NOVOLOG MIX 70/30 FLEXPEN ..	67	OPSUMIT .....	48	<i>penicillin g sodium</i> .....	29
NOVOLOG PENFILL.....	67	ORGOVYX .....	32	<i>penicillin v potassium</i> .....	29
NOXAFILE.....	18	ORKAMBI .....	113	PENTACEL.....	98
NUBEQA.....	32	ORSERDU .....	32	<i>pentamidine isethionate</i> .....	20
NUEDEXTA.....	63	<i>os-cal extra d3</i> .....	103	<i>pentoxifylline er</i> .....	92
NULOJIX.....	97	<i>oseltamivir phosphate</i> .....	25	<i>peptic relief</i> .....	83
NUPLAZID.....	59	OTEZLA .....	94	<i>perindopril erbumine</i> .....	40
NURTEC.....	62	<i>oxacillin sodium</i> .....	29	<i>periogard</i> .....	122
NUTRILIPID.....	102	<i>oxaliplatin</i> .....	30	<i>permethrin</i> .....	122
NUZYRA.....	30	<i>oxaprozin</i> .....	16	<i>perphenazine</i> .....	59
<i>nyamyc</i> .....	117	<i>oxcarbazepine</i> .....	51	PERSERIS.....	59
<i>nylia 1/35</i> .....	76	<i>oxybutynin chloride</i> .....	89	PETROLATUM .....	99
<i>nylia 7/7/7</i> .....	76	<i>oxybutynin chloride er</i> .....	89	<i>pfizerpen</i> .....	29
NYMALIZE.....	45	<i>oxycodone hcl</i> .....	17	<i>phenelzine sulfate</i> .....	55
<i>nymyo</i> .....	76	<i>oxycodone-acetaminophen</i> ..	17, 18	<i>phenobarbital</i> .....	51
nystatin.....	18, 117, 122	<i>oyster shell calcium</i> .....	103	<i>phenobarbital sodium</i> .....	51
nystop.....	117	<i>oyster shell calcium w/d</i> .....	103	PHENYTEK .....	51
<i>ocella</i> .....	76	<i>oyster shell calcium/vitamin d</i> ..	103	<i>phenytoin</i> .....	51
OCREVUS.....	64	OZEMPIK (0.25 OR 0.5		<i>phenytoin sodium</i> .....	51
OCTAGAM.....	95	MG/DOSE) .....	69	<i>phenytoin sodium extended</i> .....	51
<i>octreotide acetate</i> .....	81	OZEMPIK (1 MG/DOSE) .....	69	PHESGO .....	37
ODEFSEY.....	23	OZEMPIK (2 MG/DOSE) .....	70	<i>philith</i> .....	76
ODOMZO.....	37	<i>pacerone</i> .....	42	<i>phytonadione</i> .....	104
OFEV.....	113	<i>paclitaxel</i> .....	33	PIFELTRO .....	22
<i>ofloxacin</i> .....	108, 110	<i>paclitaxel protein-bound part</i> ..	33	<i>pilocarpine hcl</i> .....	106, 122
OGIVRI.....	37	<i>paliperidone er</i> .....	59	<i>pimozide</i> .....	59
<i>olanzapine</i> .....	59	<i>pamidronate disodium</i> .....	71	<i>pimtrea</i> .....	76
<i>olmesartan medoxomil</i> .....	42	PAMIDRONATE DISODIUM .....	71	<i>pindolol</i> .....	44
<i>olmesartan medoxomil-hctz</i> .....	41	PANRETIN .....	121	<i>pioglitazone hcl</i> .....	70
<i>olmesartan-amlodipine-hctz</i> .....	41	<i>pantoprazole sodium</i> .....	88	<i>pioglitazone hcl-glimepiride</i> .....	70
<i>olopatadine hcl</i> .....	106, 111	PANZYGA .....	96	<i>pioglitazone hcl-metformin hcl</i> .....	70
<i>omega 3</i> .....	103	<i>paraplatin</i> .....	30	<i>piperacillin sod-tazobactam so</i> .....	29

PIQRAY (200 MG DAILY DOSE) ....	37	PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8		QUADRACEL .....	98
PIQRAY (250 MG DAILY DOSE) ....	37	MG ORAL TABLET .....	102	<i>quetiapine fumarate</i> .....	59
PIQRAY (300 MG DAILY DOSE) ....	37	PRESERVISION AREDS.....	104, 105	<i>quetiapine fumarate er</i> .....	59
<i>pirfenidone</i> .....	113	PRESERVISION AREDS 2.....	104	<i>quinapril hcl</i> .....	41
<i>pirmella 1/35</i> .....	76	<i>prevalite</i> .....	44	<i>quinapril-hydrochlorothiazide</i> ....	40
<i>piroxicam</i> .....	16	PREVYMIS .....	25	<i>quinidine sulfate</i> .....	42
PLASMA-LYTE 148.....	100	PREZCOBIX .....	24	<i>quinine sulfate</i> .....	21
PLASMA-LYTE A.....	100	PREZISTA .....	22	RABAVERT .....	98
<i>plenamine</i> .....	102	PRIFTIN .....	24	<i>rabeprazole sodium</i> .....	88
PLENVU .....	87	PRILOSEC .....	88	<i>raloxifene hcl</i> .....	81
<i>podofilox</i> .....	121	PRIMAQUINE PHOSPHATE .....	21	<i>ramipril</i> .....	41
POISON IVY WASH.....	121	<i>primaquine phosphate</i> .....	21	<i>ranolazine er</i> .....	47
<i>polycin</i> .....	108	<i>primidone</i> .....	51	<i>rasagiline mesylate</i> .....	56
<i>polyethylene glycol 3350</i> .....	87	PRIORIX .....	98	RAYALDEE .....	82
<i>polymyxin b-trimethoprim</i> .....	108	PRIVIGEN .....	96	<i>reclipsen</i> .....	76
POMALYST .....	32	<i>probenecid</i> .....	15	RECOMBIVAX HB .....	98
<i>portia-28</i> .....	76	<i>prochlorperazine</i> .....	84	RECTIV .....	121
<i>posaconazole</i> .....	18	<i>prochlorperazine edisylate</i> .....	84	REFRESH .....	109
POTASSIUM CHLORIDE .....	101	<i>prochlorperazine maleate</i> .....	84	<i>refresh celluvisc</i> .....	109
<i>potassium chloride</i> .....	101, 102	PROCIT .....	91	REFRESH CONTACTS DROPS....	109
<i>potassium chloride crys er</i> .....	101	<i>procto-med hc</i> .....	121	REFRESH OPTIVE .....	109
<i>potassium chloride er</i> .....	101, 102	<i>proctosol hc</i> .....	121	REFRESH OPTIVE ADVANCED....	109
<i>potassium chloride in nacl</i> .....	101	<i>protozone-hc</i> .....	121	REFRESH OPTIVE MEGA-3.....	109
POTASSIUM CHLORIDE IN NACL .....	101	PROGRAF .....	97	REFRESH OPTIVE PF .....	109
<i>potassium citrate er</i> .....	89	PROLASTIN-C .....	113	REFRESH RELIEVA PF .....	109
<i>potassium cl in dextrose 5%</i> .....	101	PROLENSA .....	108	REGRANEX .....	122
<i>povidone-iodine</i> .....	121	PROLIA .....	71	RELENZA DISKHALER .....	25
PRALUENT .....	44	PROMACTA .....	92	RELISTOR .....	88
<i>pramipexole dihydrochloride</i> .....	56	<i>promethazine hcl</i> .....	84	REMICADE .....	94
<i>pramipexole dihydrochloride er</i> .....	56	<i>propafenone hcl</i> .....	42	<i>renal-vite</i> .....	105
<i>pramoxine hcl (perianal)</i> .....	121	<i>propafenone hcl er</i> .....	42	RENFLEXIS .....	94
<i>prasugrel hcl</i> .....	93	<i>proparacaine hcl</i> .....	109	<i>repaglinide</i> .....	70
<i>pravastatin sodium</i> .....	43	<i>propranolol hcl</i> .....	44, 45	RESTASIS .....	109
<i>praziquantel</i> .....	20	<i>propranolol hcl er</i> .....	44	RESTASIS MULTIDOSE .....	109
<i>prazosin hcl</i> .....	41	<i>propylthiouracil</i> .....	82	RETEVMO .....	37
<i>prednisolone</i> .....	79	PROQUAD .....	98	REVIMID .....	32
<i>prednisolone acetate</i> .....	108	PROSOL .....	102	REYATAZ .....	22
<i>prednisolone sodium phosphate</i> .....	79	<i>protriptyline hcl</i> .....	55	REZLIDHIA .....	37
PREDNISOLONE SODIUM PHOSPHATE .....	108	PULMICORT FLEXHALER .....	115	REZUROCK .....	97
<i>prednisone</i> .....	79	PULMOZYME .....	113	RHOPRESSA .....	106
PREDNISONE INTENSOL .....	79	PURIXAN .....	31	<i>ribavirin</i> .....	25
<i>pregabalin</i> .....	51	<i>pyrazinamide</i> .....	24	<i>rifabutin</i> .....	24
PREHEVBARIO .....	98	<i>pyridostigmine bromide</i> .....	63	<i>rifampin</i> .....	24
PREMASOL .....	102	QC CALAMINE .....	121	<i>riluzole</i> .....	63
		<i>qc pain reliever pm ex st</i> .....	65	<i>rimantadine hcl</i> .....	25
		QINLOCK .....	37	RINVOQ .....	94
		QUAD-PROBIOTIC .....	83	RISA-BID PROBIOTIC .....	83

RISAMINE	121	silace	87	sps	72
risedronate sodium	71	sildenafil citrate	48	sronyx	76
RISPERDAL CONSTA	59	silodosin	89	ssd	116
risperidone	59, 60	silver sulfadiazine	116	STELARA	94
ritonavir	22	SIMBRINZA	106	sterile water for irrigation	122
rivastigmine	53	simethicone drops infants	88	STIVARGA	38
rivastigmine tartrate	53	simliya	76	stomach relief	83
rivelsa	76	simpesse	76	stomach relief extra strength	83
rizatriptan benzoate	62	simvastatin	43	stool softener	87
ROCKLATAN	106	sirolimus	97	stool softener plus laxative	87
roflumilast	114	SIRTURO	24	streptomycin sulfate	20
ropinirole hcl	56	SIVEXTRO	20	STRIBILD	24
ropinirole hcl er	56	SKYRIZI	94	subvenite	52
rosuvastatin calcium	43	SKYRIZI PEN	94	sucralfate	88
ROTARIX	99	sleep aid	65	sulfacetamide sodium	108
ROTATEQ	99	sleep-aid	65	sulfacetamide sodium (acne)	116
roweepra	51	SLOW-MAG	103	sulfacetamide-prednisolone	107
ROZLYTREK	37	sm anti-dandruff coal tar	121	sulfadiazine	20
RUBRACA	37	sm calyphen	122	sulfamethoxazole-trimethoprim	20, 21
rufinamide	51	sm omega-3 fish oil	103	SULFAMYRON	116
RUKOBIA	22	sodium bicarbonate	83	sulfasalazine	85
RYBELSUS	70	sodium chloride	101, 122	sulindac	16
RYDAPT	37	sodium chloride (hypertonic)	109, 110	sumatriptan	62
sajazir	92	sodium fluoride chew, tab, 1.1		sumatriptan succinate	62
SANDIMMUNE	97	(0.5 f) mg/ml soln	102	sumatriptan succinate refill	62
SANTYL	122	SODIUM OXYBATE	64	summers eve disp medicated	90
sapropterin dihydrochloride	81	sodium phenylbutyrate	81	sunitinib malate	38
SAVELLA	63	sodium polystyrene sulfonate	72	SUNLENCA	22
SAVELLA TITRATION PACK	63	solifenacin succinate	89	SUPREP BOWEL PREP KIT	87
scalpicin maximum strength	119	SOLIQUA	68	SWIM EAR	123
SCEMBLIX	37, 38	SOLTAMOX	32	syeda	76
scopolamine	84	soluble fiber therapy	87	SYMBICORT	115
SEBEX	121	SOLU-CORTEF	79	SYMDEKO	114
SECUADO	60	soluvita e	105	SYMPAZAN	52
selegiline hcl	56	SOMATULINE DEPOT	81	SYMTUZA	24
selenium sulfide	117	SOMAVERT	81	SYNAREL	77
SELZENTRY	22	sorafenib tosylate	38	SYNJARDY	70
senna	87	sore throat	122, 123	SYNJARDY XR	70
SENNA PLUS	87	sore throat lozenges	123	SYNRIBO	33
senna-lax	87	sorine	42	SYNTHROID	82
senokot extra strength	87	sotalol hcl	42	SYSTANE	110
SEREVENT DISKUS	112	sotalol hcl (af)	42	tab-a-vite	105
sertraline hcl	55	spironolactone	41	tab-a-vite/iron	105
setlakin	76	spironolactone-hctz	46	TABLOID	31
sevelamer carbonate	81	sprintec 28	76	TABRECTA	38
sharobel	76	SPRITAM	51, 52	tacrolimus	97, 122
SHINGRIX	99	SPRYCEL	38	tadalafil (pah)	48
SIGNIFOR	81				

TADLIQ.....	48	tiadylt er.....	46	trifluoperazine hcl.....	60
TAFINLAR.....	38	tiagabine hcl.....	52	trifluridine .....	108
TAGRISSO.....	38	TIBSOVO.....	38	trihexyphenidyl hcl.....	56
TALTZ.....	94	TICOVAC.....	99	TRIARDY XR.....	70
TALZENNA.....	38	tigecycline .....	30	TRIKAFTA.....	114
tamoxifen citrate.....	32	TIGECYCLINE.....	30	tri-legest fe.....	76
tamsulosin hcl.....	89	tilia fe.....	76	tri-linyah.....	76
tarina 24 fe.....	76	timolol maleate .....	45, 106	tri-lo-estarrylla .....	77
tarina fe 1/20 eq.....	76	TIVICAY .....	23	tri-lo-marzia .....	77
TASIGNA.....	38	TIVICAY PD.....	23	tri-lo-mili .....	77
tasimelteon.....	61	tizanidine hcl.....	64	tri-lo-sprintec .....	77
tazarotene.....	117	TOBRADEX.....	107	trimethoprim .....	21
tazicef.....	27	TOBRADEX ST.....	107	tri-mili .....	77
TAZORAC.....	117	tobramycin.....	21, 108	trimipramine maleate .....	55
taztia xt.....	46	tobramycin sulfate .....	21	TRINTELLIX.....	55
TAZVERIK.....	38	tobramycin-dexamethasone .....	107	tri-nymyo .....	77
TDVAX.....	99	tolnaftate .....	117	triple antibiotic .....	116
TECENTRIQ.....	38	tolnaftate antifungal .....	117	triple antibiotic plus .....	116
TECFIDERA.....	64	tolterodine tartrate .....	89	tri-sprintec .....	77
TEFLARO.....	27	tolterodine tartrate er.....	89	TRIUMEQ.....	24
telmisartan.....	42	topiramate .....	52	TRIUMEQ PD.....	24
telmisartan-amlodipine .....	41	toremifene citrate .....	32	trivora (28).....	77
telmisartan-hctz.....	41	torsemide .....	46	tri-vylibra .....	77
temazepam.....	61	TOUJEO MAX SOLOSTAR.....	68	tri-vylibra lo .....	77
TENIVAC.....	99	TOUJEO SOLOSTAR.....	68	TRIZIVIR.....	24
tenofovir disoproxil fumarate .....	23	TPN ELECTROLYTES.....	101	TROGARZO .....	23
tension headache.....	15	TRADJENTA.....	70	TROPHAMINE .....	102
TEPMETKO.....	38	tramadol hcl.....	18	trospium chloride .....	90
terazosin hcl.....	41	tramadol-acetaminophen .....	18	TRULICITY .....	70
terbinafine hcl.....	19, 117	trandolapril .....	41	TRUMENBA .....	99
terbutaline sulfate .....	112	tranexamic acid .....	92	TRUSELTIQ (100MG DAILY DOSE) .....	38
terconazole.....	90	tranylcypromine sulfate .....	55	TRUSELTIQ (125MG DAILY DOSE) .....	38
TERIPARATIDE (RECOMBINANT) .....	71	TRAVASOL.....	102	TRUSELTIQ (50MG DAILY DOSE) .....	38
testosterone .....	66	travoprost (bak free) .....	106	TRUSELTIQ (75MG DAILY DOSE) .....	38
testosterone cypionate .....	66	TRAZIMERA.....	38	TRECATOR .....	24
testosterone enanthate .....	66	trazodone hcl.....	55	TRELEGY ELLIPTA .....	110
tetrabenazine .....	63	TRECATOR.....	24	TUKYSA .....	38
tetracycline hcl .....	30	TRELEGY ELLIPTA.....	110	TURALIO .....	38
THALOMID .....	32	treprostinil .....	48	TWINRIX .....	99
THEO-24.....	114	TRESIBA .....	68	TYBOST .....	23
theophylline .....	114	TRESIBA FLEXTOUCH .....	68	tretinooin .....	33, 116
theophylline er .....	114	tretinoin .....	33, 116	tydemy .....	77
THERA.....	105	TREXALL.....	95	TYMLOS .....	71
THERAPEUTIC DANDRUFF .....	122	triamcinolone acetonide .....	119, 123	TYPHIM VI .....	99
thiamine hcl .....	105	triamterene-hctz .....	46	TYR COOLER .....	103
thiamine mononitrate .....	105	tri-buffered aspirin .....	15	TYRVAYA .....	110
thioridazine hcl .....	60	trientine hcl .....	72	unithroid .....	82
thiothixene .....	60	tri-estarrylla .....	76	ursodiol .....	88

<i>valacyclovir hcl</i>	25	VIRACEPT	23	XIGDUO XR	70
VALCHLOR	122	VIREAD	23	XOLAIR	114
<i>valganciclovir hcl</i>	25	<i>vitamin a</i>	105	XOSPATA	39
<i>valproate sodium</i>	52	<i>vitamin b12</i>	105	XPOVIO (100 MG ONCE	
<i>valproic acid</i>	52	<i>vitamin b-12</i>	105	WEEKLY)	39
<i>valsartan</i>	42	<i>vitamin c</i>	105	XPOVIO (40 MG ONCE WEEKLY)	.39
<i>valsartan-hydrochlorothiazide</i>	42	<i>vitamin d</i>	105	XPOVIO (40 MG TWICE	
VALTOCO 10 MG DOSE	52	<i>vitamin d (cholecalciferol)</i>	105	WEEKLY)	39
VALTOCO 15 MG DOSE	52	<i>vitamin d (ergocalciferol)</i>	105	XPOVIO (60 MG ONCE WEEKLY)	.39
VALTOCO 20 MG DOSE	52	<i>vitamin d3</i>	105	XPOVIO (60 MG TWICE	
VALTOCO 5 MG DOSE	52	<i>vitamin d3 ultra strength</i>	105	WEEKLY)	39
<i>vancomycin hcl</i>	21	<i>vitamin e</i>	105	XPOVIO (80 MG ONCE WEEKLY)	.39
VANCOMYCIN HCL IN NAACL	21	<i>vitamin k1</i>	105	XPOVIO (80 MG TWICE	
VANFLYTA	39	<i>vitamin supplement e-400</i>	106	WEEKLY)	39
VAQTA	99	<i>vitamins a &amp; d</i>	122	XTANDI	32
<i>varenicline tartrate</i>	65	VITRAKVI	39	xulane	77
<i>varenicline tartrate (starter)</i>	65	VIVITROL	66	XULTOPHY	68
VARIVAX	99	VIZIMPRO	39	XYREM	64
VASCEPA	44	VONJO	39	YF-VAX	99
<i>velivet</i>	77	<i>voriconazole</i>	19	<i>yuvafem</i>	78
VELPHORO	81	VOSEVI	25	<i>zafemy</i>	77
VELTASSA	72	VOTRIENT	39	<i>zaflurkast</i>	113
VEMLIDY	25	VRAYLAR	60	ZARXIO	91
VENCLEXTA	39	VUMERTY	64	Z-BUM	122
VENCLEXTA STARTING PACK	39	<i>vyfemla</i>	77	ZEJULA	39
<i>venlafaxine hcl</i>	55	<i>vylibra</i>	77	ZELBORAF	39
<i>venlafaxine hcl er</i>	55	VYVANSE	61	ZEMAIRA	114
VENTAVIS	48	VYZULTA	107	<i>zenatane</i>	116
VENTOLIN HFA	112	<i>warfarin sodium</i>	91	ZENPEP	88
<i>verapamil hcl</i>	46	<i>wart remover maximum</i>		ZERVIATE	106
<i>verapamil hcl er</i>	46	<i>strength</i>	122	<i>zidovudine</i>	23
VERSACLOZ	60	WELIREG	33	ZIEXTENZO	91
VERZENIO	39	<i>wera</i>	77	<i>zinc oxide</i>	122
vestura	77	WEST-VITE W/FOLIC ACID	106	ZINC OXIDE	122
V-GO 20	68	<i>wymzya fe</i>	77	<i>zinc sulfate</i>	103
V-GO 30	68	XALKORI	39	<i>ziprasidone hcl</i>	60
V-GO 40	68	XARELTO	91	<i>ziprasidone mesylate</i>	60
VICTOZA	70	XARELTO STARTER PACK	91	ZIRABEV	39
vienna	77	XATMEP	95	ZIRGAN	108
<i>vigabatrin</i>	52	XCOPRI	52	<i>zoledronic acid</i>	71
<i>vigadrone</i>	52	XCOPRI (250 MG DAILY DOSE)	52	ZOLINZA	40
VIIBRYD	55	XCOPRI (350 MG DAILY DOSE)	52	<i>zolmitriptan</i>	62
VIIBRYD STARTER PACK	55	XELJANZ	95	<i>zolpidem tartrate</i>	62
<i>vilazodone hcl</i>	55	XELJANZ XR	95	ZONISADE	52
VIMPAT	52	XERMELO	88	<i>zonisamide</i>	53
<i>vincristine sulfate</i>	33	XGEVA	71	<i>zovia 1/35 (28)</i>	77
<i>vinorelbine tartrate</i>	33	XHANCE	114	ZTALMY	53
<i>violele</i>	77	XIFAXAN	88	<i>zumandimine</i>	77

ZYCLARA PUMP .....	122
ZYDELIG .....	40
ZYKADIA .....	40
ZYLET .....	107
ZYPITAMAG .....	43
ZYPREXA RELPREVV .....	60

## **Multi-Language Insert**

### **Multi-Language Interpreter Services**

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al **1-855-735-4398** (TTY: **711**), de 8 a.m. a 8 p.m., de lunes a viernes. Despues del horario de atención, los fines de semana y días feriados federales, es posible que se le solicite dejar un mensaje. Se le devolverá la llamada el siguiente día hábil. La llamada es gratuita.

注意：如果您說中文，您可以免費獲得語言協助服務。請致電 **1-855-735-4398** (TTY : **711**)，服務時間為週一至週五，從早上 8 點到晚上 8 點。非服務時間、週末和聯邦假日，您可能會需要留言。我們將在下一個工作日內回電給您。此為免付費專線。

ATTENTION : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le **1-855-735-4398** (TTY : **711**) du lundi au vendredi, de 8 h à 20 h. En dehors des heures d'ouverture et durant le week-end et les jours fériés, il vous sera peut-être demandé de laisser un message. Vous serez rappelé le jour ouvrable suivant. L'appel est gratuit.

LUU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi **1-855-735-4398** (TTY: **711**), từ 8 a.m. đến 8 p.m., Thứ Hai đến Thứ Sáu. Sau giờ làm việc, vào cuối tuần và ngày lễ liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Cuộc gọi của quý vị sẽ được trả lời vào ngày làm việc tiếp theo. Cuộc gọi này được miễn phí.

HINWEIS: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Übersetzungsdiensst zur Verfügung. Wählen Sie dafür **1-855-735-4398** (TTY: **711**) von Montag bis Freitag zwischen 8 und 20 Uhr. Außerhalb dieser Zeiten, an Wochenenden und gesetzlichen Feiertagen werden Sie möglicherweise gebeten, eine Nachricht zu hinterlassen. Ihr Anruf wird innerhalb des nächsten Arbeitstages beantwortet. Der Anruf ist kostenlos.

ВНИМАНИЕ: если вы говорите на русском языке, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-855-735-4398** (TTY: **711**), с 8 а.м. до 8 п.м. с понедельника по пятницу. В нерабочее время, в выходные дни и государственные праздники вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Звонки бесплатные.

انتباہ: في حال کنت تتحدث اللغة العربية، توفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم **1-855-735-4398** (TTY: **711**)، من الساعة 8 صباحاً ولغاية الساعة 8 مساءً من الاثنين إلى الجمعة. وقد يُطلب منك ترك رسالة بعد انتهاء ساعات العمل وفي عطلات نهاية الأسبوع والإجازات الفيدرالية. وستتم معاودة الاتصال بك خلال يوم العمل التالي. والاتصال مجاني.

ATENÇÃO: se falar português, estão disponíveis serviços de assistência gratuitos no seu idioma. Ligue para o número **1-855-735-4398** (TTY: **711**) de segunda-feira a sexta-feira, das 8:00 às 20:00. Se ligar fora deste horário, num fim de semana ou num feriado federal, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. A chamada é gratuita.

ATANSYON: Si ou pale Kreyòl-Franse, sèvis asistans lang disponib gratis pou ou. Rele **1-855-735-4398** (TTY: **711**), soti lendi pou rive vandredi, de 8 è am. pou 8 è pm. Apre lè travay, nan wikenn ak jou konje federal yo, yo ka mande w pou kite yon mesaj. Y ap retounen w apèl la nan pwochen jou ouvrab la. Apèl la gratis.

УВАГА: якщо ви володієте українською мовою, вам безкоштовно доступні послуги мовної підтримки. Телефонуйте за номером **1-855-735-4398** (TTY: **711**) з 8:00 до 20:00 з понеділка по п'ятницю. У неробочий час, у вихідні та державні свята вас можуть попросити залишити повідомлення. Ваш дзвінок буде оброблено протягом наступного робочого дня. Дзвінок безкоштовний.

توجه: اگر پیشتو صحبت می کنید، خدمات کمک زبان، رایگان، در دسترس شما است. با شماره **1-855-735-4398** تماس بگیرید (TTY: **711**)، از 8 صبح تا 8 بعد از ظهر، از دوشنبه تا جمعه. پس از ساعات کاری، در تعطیلات آخر هفته و در تعطیلات فدرال، ممکن است از شما خواسته شود که پیامی بگذارید. تماس شما ظرف یک روز کاری آینده برگردانده خواهد شد. تماس رایگان است.

মনে রাখবেন: আপনি বাংলা ভাষাতে কথা বললে আপনার জন্য ভাষা সহায়তা পরিষেবাটি নিখরচায় আপনার জন্য রয়েছে। সামৰাব থেকে শুক্ৰবাৰ, সকাল ৪টা থেকে রাত্ৰি ৪টা অবধি **1-855-735-4398** (TTY: **711**), নষ্টৰে ফোন কৰুন। নিৰ্ধাৰিত সময়ের পৰে, সপ্তাহাত্তেৰ এবং ফেডেৱাল ছুটিৰ দিনগুলিতে আপনাকে মেসেজ রেখে যতে বলা হতে পাৰে। পৱেত্তি কাজেৰ দিনে আপনাকে রিটাৰ্ন কল কৰা হবে। এই কলটি নিঃশুল্ক।

توجه: اگر فارسی صحبت می کنید، خدمات کمک زبان به صورت رایگان در اختیار شما قرار می گیرد. با شماره **1-855-735-4398** تماس بگیرید (TTY: **711**)، از 8 صبح تا 8 بعد از ظهر، از دوشنبه تا جمعه. پس از ساعات کاری، در تعطیلات آخر هفته و در تعطیلات فدرال، ممکن است از شما خواسته شود که پیامی بگذارید. تماس شما ظرف یک روز کاری آینده برگردانده خواهد شد. تماس رایگان است.

VINI RE: Nëse flisni shqip, ju ofrohen shërbime të assistencës gjuhësore, pa pagesë. Telefononi numrin **1-855-735-4398** (TTY: **711**), nga ora 8:00 deri në 20:00, nga e hëna në të premte. Pas këtij orari, gjatë fundjavave dhe pushimeve zyrtare federale, mund t'ju kërcohët të lini një mesazh. Telefonata juaj do të marrë përgjigje brenda ditës vijuese të punës. Telefonata është pa pagesë.

توجه: اگر به زبان دری صحبت می کنید، خدمات کمک زبان به صورت رایگان در دسترس شما است. از دوشنبه تا جمعه، از 8 صبح تا 8 بعد از ظهر، با شماره **1-855-735-4398** (TTY: **711**) تماس بگیرید. در رخصتی های آخر هفته و در رخصتی های فدرال ایالتی، ممکن است از شما خواسته شود که پیام بگذارید. تماس شما ظرف یک روز کاری آینده برگردانده خواهد شد. تماس رایگان است.

**Updated on 12/01/2023**

**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**.

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