

Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan) | 2025

List of Covered Drugs (Drug List or 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.



Healthy Connections
PRIME 

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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.

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, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También contamos con servicios y asistencia auxiliares adecuados para proporcionar información en formatos accesibles de manera gratuita. Llame al 1-855-735-4398 (TTY: 711) o hable con su proveedor.

注意：如果您说中文（普通话），我们将为您提供免费的语言协助服务。我们还免费提供相应的辅助工具和服务，以无障碍方式提供信息。请致电 1-855-735-4398 (TTY: 711) 或咨询您的医疗服务提供者。

注意：如果您講廣東話，您可以免費使用語言協助服務。也免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-855-735-4398 (TTY : 711) 或洽詢您的服務提供者。

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REMARQUE : si vous parlez français, un service d'assistance linguistique gratuit est à votre disposition. Des aides et des services auxiliares appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-735-4398 (TTY : 711) ou contactez votre fournisseur.

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-855-735-4398 (TTY: 711) hoặc trao đổi với nhà cung cấp của quý vị.

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For more information, visit mmp.absolutetotalcare.com.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung. Entsprechende weitere Unterstützung und Dienste zur Bereitstellung von Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an oder wenden Sie sich an Ihren Anbieter: 1-855-735-4398 (TTY: 711).

주의: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 제공 정보의 적합한 보조 지원과 서비스 또한 접근 가능한 형식으로 무료로 제공됩니다. 1-855-735-4398(TTY: 711)번으로 전화하거나 제공자에게 문의하십시오.

ВНИМАНИЕ: если вы говорите по-русски, вам доступны бесплатные услуги помощи на родном языке. Вам также бесплатно доступны соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните по номеру 1-855-735-4398 (TTY: 711) или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. تتوفر أيضًا أدوات المساعدة والخدمات الإضافية المناسبة لتقديم المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-855-735-4398 (TTY: 711) أو تحدث إلى مزود الخدمة الخاص بك.

ATTENZIONE: se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili, a titolo gratuito, adeguati servizi e supporti ausiliari per fornire le informazioni in formati accessibili. Contatti il numero 1-855-735-4398 (TTY: 711) oppure si rivolga al Suo fornitore.

ATENÇÃO: se falar português, estão disponíveis serviços de assistência gratuitos no seu idioma. Também estão disponíveis de forma gratuita materiais e serviços de apoio adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-735-4398 (TTY: 711) ou fale com o seu prestador de cuidados.

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis asistans gratis ki disponib. Epitou w ap jwenn aparèy ki bay sipò ak sèvis ki bay enfòmasyon nan fòm ki aksesib gratis. Rele nan 1-855-735-4398 (TTY: 711) oswa pale ak founisè w lan.

UWAGA: jeśli mówisz w języku polskim, możesz skorzystać z bezpłatnych usług językowych. Dostępne są również bezpłatne dodatkowe materiały pomocnicze i usługi mające na celu dostarczenie informacji w dogodnym formacie. Zadzwoń pod numer 1-855-735-4398 (TTY: 711) lub porozmawiaj ze swoim dostawcą usług.

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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.

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توجه: اگر فارسی صحبت می‌کنید، خدمات کم‌زبانی رایگان به شما ارائه می‌دهیم. کمک‌ها و خدمات تکمیلی مناسب برای ارائه اطلاعات در قالب‌های دسترس‌پذیر نیز به طور رایگان در اختیاران قرار می‌گیرد. با شماره 1-855-735-4398 (TTY: 711) تماس بگیرید یا با ارائه‌دهندگان صحبت کنید.

VËMENDJE: Nëse flisni shqip, janë të disponueshme shërbime ndihmëse gjuhësore pa pagesë. Ofrohen gjithashtu pajisje dhe shërbime ndihmëse të përshtatshme për të dhënë informacion në formate të aksesueshme pa pagesë. Telefononi në numrin 1-855-735-4398 (TTY: 711) ose flisni me ofruesin tuaj.

توجه: اگر شما به زبان دری صحبت می‌کنید، خدمات کمک زبان رایگان برای شما موجود است. کمک‌ها و خدمات کمکی مناسب برای ارائه معلومات در فارمت‌های قابل دسترس نیز به صورت رایگان در دسترس هستند. با شماره 1-855-735-4398 (TTY: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

注意：日本語を話される方は、無料で言語支援サービスを利用できます。アクセス可能なフォーマットで適切なサポートや補助サービスを無料で受けることもできます。1-855-735-4398 (TTY: 711) までお電話いただくか、プロバイダーにご相談ください。

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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.

- ❖ 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.
- ❖ This document is available for free in Spanish.
- ❖ 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.



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.

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* in section C1 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 mmp.absolutetotalcare.com/prescription-drug-part-d/formulary.html. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services to check the current *Drug List* at the number at the bottom of the page.



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

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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:

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product 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.
 - We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).

Some of these drug types may be new to you. For more information, refer to Section B14.

 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. Please talk to your doctor or other prescriber to help you decide if there is a similar drug on the *Drug List* that you can take instead.

This section is continued on the next page.



If you have questions, call 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.

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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 remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we 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 in section C1. 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 from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

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

The table of drugs in section C1 has a column labeled "Necessary actions, restrictions, or limits on use."



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.

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 the drug name is spelled. 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” in section C1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, CARDIOVASCULAR, HYPERTENSION / LIPIDS. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the *Drug List*, call Member Services at 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 (such as moving to or from a long-term care facility or hospital), we will cover one temporary 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 have questions, call Wellcare Prime at 1-855-735-4398 (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

For more information, visit mmp.absolutetotalcare.com.

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

Yes. You can ask Wellcare Prime to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

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



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.

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.

When requesting an exception, please provide the “supporting statement.” Your prescriber must give us a statement explaining the medical reasons for asking for an exception. (We call this the “supporting statement.”) Your prescriber can fax or mail the statement to us. Or your prescriber can tell us on the phone and follow up by faxing or mailing a written statement if necessary. We must accept any written request. An online form is available on our website at <https://mmp.absolutetotalcare.com/prescription-drug-part-d/coverage-determinations-exceptions.html> to submit electronically by you or your doctor or someone you have authorized to act on your behalf.

- **CALL/TTY:** 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.
- **FAX:** 1-877-941-0480
- **WRITE:**
Wellcare Prime by Absolute Total Care (Medicare-Medicaid Plan)
Medicare Pharmacy Prior Authorization Department
P.O. Box 31397
Tampa, FL 33631-3397
- **WEBSITE:** <https://mmp.absolutetotalcare.com/>

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



If you have questions, call 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.

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 generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription, depending on state laws.

Wellcare Prime covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.

B15. 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.



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.

B16. Does Wellcare Prime cover non-drug OTC products?

Wellcare Prime covers some non-drug OTC products when they are written as prescriptions by your provider. Examples of non-drug OTC products include lubricating eye ointment.

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

B17. 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.

B18. What are drug tiers?

Tiers are groups of drugs on our *Drug List*.

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

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



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

For more information, visit mmp.absolutetotalcare.com.

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Wellcare Prime. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. 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.



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

For more information, visit mmp.absolutetotalcare.com.

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

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

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Healthy Connections Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at the number at the bottom of the page. You can also read Chapter 9, of the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

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

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



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.

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ANTI - INFECTIVES	
ANTIFUNGAL AGENTS	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 2) B/D
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (Tier 1) B/D
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	\$0 (Tier 1)
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (Tier 1)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	\$0 (Tier 2) PA; ^
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 1)
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (Tier 2) PA; ^
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 1)
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1) PA; QL (120 EA per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1) PA
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	\$0 (Tier 2)
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (Tier 1)
<i>nystatin oral tablet 500,000 unit</i>	\$0 (Tier 1)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	\$0 (Tier 2) PA; QL (96 EA per 30 days); ^
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)
<i>voriconazole intravenous recon soln 200 mg</i>	\$0 (Tier 2) PA; ^
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	\$0 (Tier 2) PA; ^
<i>voriconazole oral tablet 200 mg</i>	\$0 (Tier 1) PA; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	\$0 (Tier 1) PA; QL (480 EA per 30 days)
ANTIVIRALS	
<i>abacavir oral solution 20 mg/ml</i>	\$0 (Tier 1)
<i>abacavir oral tablet 300 mg</i>	\$0 (Tier 1)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)
<i>acyclovir oral suspension 200 mg/5 ml</i>	\$0 (Tier 1)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1) B/D
<i>adefovir oral tablet 10 mg</i>	\$0 (Tier 2)
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 2) ^
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (Tier 2) ^
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (Tier 2) ^
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 2) ^
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 2) ^
<i>darunavir oral tablet 600 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days); ^
<i>darunavir oral tablet 800 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days); ^
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 2) ^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 2) ^
EDURANT ORAL TABLET 25 MG	\$0 (Tier 2) ^
<i>efavirenz oral tablet 600 mg</i>	\$0 (Tier 1)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	\$0 (Tier 2) ^
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (Tier 2) ^
<i>emtricitabine oral capsule 200 mg</i>	\$0 (Tier 1)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days); ^
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)
<i>etravirine oral tablet 100 mg, 200 mg</i>	\$0 (Tier 2) ^
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 2) ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>fosamprenavir oral tablet 700 mg</i>	\$0 (Tier 2)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 (Tier 2) ^
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (Tier 2) ^
INTELENCE ORAL TABLET 25 MG	\$0 (Tier 2)
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 2) ^
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 (Tier 2) ^
ISENTRESS ORAL TABLET 400 MG	\$0 (Tier 2) ^
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	\$0 (Tier 2) ^
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	\$0 (Tier 2)
JULUCA ORAL TABLET 50-25 MG	\$0 (Tier 2) ^
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	\$0 (Tier 1)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 1)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	\$0 (Tier 2) PA; QL (28 EA per 28 days); ^
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)
LIVTENCITY ORAL TABLET 200 MG	\$0 (Tier 2) PA; LA; QL (120 EA per 30 days); ^
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	\$0 (Tier 1)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	\$0 (Tier 1)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0 (Tier 2) ^
<i>nevirapine oral suspension 50 mg/5 ml</i>	\$0 (Tier 1)
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	\$0 (Tier 1)
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 (Tier 2)
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 2) ^
<i>oseltamivir oral capsule 30 mg</i>	\$0 (Tier 1) QL (168 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	\$0 (Tier 1) QL (84 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	\$0 (Tier 1) QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	\$0 (Tier 2) \$0 Cost Sharing; QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0 (Tier 2) \$0 Cost Sharing; QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	\$0 (Tier 2) ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (Tier 2) ^
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (Tier 2) QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	\$0 (Tier 2) QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (Tier 2) QL (480 EA per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 (Tier 2) QL (120 EA per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (Tier 2) ^
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)
<i>rimantadine oral tablet 100 mg</i>	\$0 (Tier 1)
<i>ritonavir oral tablet 100 mg</i>	\$0 (Tier 1)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 (Tier 2) ^
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (Tier 2) ^
SELZENTRY ORAL TABLET 25 MG	\$0 (Tier 2)
SELZENTRY ORAL TABLET 75 MG	\$0 (Tier 2) ^
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	\$0 (Tier 2) PA; QL (28 EA per 28 days); ^
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (Tier 2) ^
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	\$0 (Tier 2) ^
SYM TUZA ORAL TABLET 800-150-200-10 MG	\$0 (Tier 2)
<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 FOR SUSPENSION 5 MG	\$0 (Tier 2) ^
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 2) ^
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	\$0 (Tier 2)
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0 (Tier 2) ^
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	\$0 (Tier 1)
<i>valganciclovir oral recon soln 50 mg/ml</i>	\$0 (Tier 2) ^
<i>valganciclovir oral tablet 450 mg</i>	\$0 (Tier 1)
VEMLIDY ORAL TABLET 25 MG	\$0 (Tier 2) ^
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (Tier 2) ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (Tier 2) ^
VIREAD ORAL TABLET 150 MG, 250 MG	\$0 (Tier 2) ^
VIREAD ORAL TABLET 200 MG	\$0 (Tier 2)
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)
<i>zidovudine oral syrup 10 mg/ml</i>	\$0 (Tier 1)
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)
CEPHALOSPORINS	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	\$0 (Tier 1)
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	\$0 (Tier 1)
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)
<i>cefixime oral capsule 400 mg</i>	\$0 (Tier 1)
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	\$0 (Tier 1)
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (Tier 1)
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (Tier 1)
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (Tier 1)
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (Tier 2) ^
ERYTHROMYCINS / OTHER MACROLIDES	
<i>azithromycin intravenous recon soln 500 mg</i>	\$0 (Tier 1)
<i>azithromycin oral packet 1 gram</i>	\$0 (Tier 1)
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (Tier 1)
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)
DIFICID ORAL TABLET 200 MG	\$0 (Tier 2) QL (20 EA per 10 days); ^
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	\$0 (Tier 1)
<i>erythrocin (as stearate) oral tablet 250 mg</i>	\$0 (Tier 1)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 2)
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	\$0 (Tier 1)
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	\$0 (Tier 1)
MISCELLANEOUS ANTIINFECTIVES	
<i>albendazole oral tablet 200 mg</i>	\$0 (Tier 2) ^
<i>amikacin injection solution 500 mg/2 ml</i>	\$0 (Tier 1)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	\$0 (Tier 2) PA; LA; ^
<i>atovaquone oral suspension 750 mg/5 ml</i>	\$0 (Tier 1)
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (Tier 1)
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (Tier 2) PA; LA; QL (84 ML per 56 days); ^
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	\$0 (Tier 1)
<i>clindamycin phosphate injection solution 150 mg/ml</i>	\$0 (Tier 1)
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 2)
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	\$0 (Tier 1) QL (30 EA per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)
<i>daptomycin intravenous recon soln 500 mg</i>	\$0 (Tier 2) ^
EMVERM ORAL TABLET,CHEWABLE 100 MG	\$0 (Tier 2) ^
<i>ertapenem injection recon soln 1 gram</i>	\$0 (Tier 1) QL (14 EA per 14 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	\$0 (Tier 1)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	\$0 (Tier 1)
<i>gentamicin injection solution 40 mg/ml</i>	\$0 (Tier 1)
<i>hydroxychloroquine oral tablet 200 mg</i>	\$0 (Tier 1)
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>isoniazid oral solution 50 mg/5 ml</i>	\$0 (Tier 1)
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)
<i>ivermectin oral tablet 3 mg</i>	\$0 (Tier 1) PA; QL (20 EA per 30 days)
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	\$0 (Tier 1)
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	\$0 (Tier 2) QL (1800 ML per 30 days); ^
<i>linezolid oral tablet 600 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>mefloquine oral tablet 250 mg</i>	\$0 (Tier 1)
<i>meropenem intravenous recon soln 1 gram</i>	\$0 (Tier 1) QL (30 EA per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	\$0 (Tier 1) QL (10 EA per 10 days)
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	\$0 (Tier 1)
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>neomycin oral tablet 500 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>nitazoxanide oral tablet 500 mg</i>	\$0 (Tier 2) QL (12 EA per 30 days); ^
<i>pentamidine inhalation recon soln 300 mg</i>	\$0 (Tier 1) B/D; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	\$0 (Tier 1)
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 1)
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 2)
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	\$0 (Tier 2)
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 1)
<i>pyrimethamine oral tablet 25 mg</i>	\$0 (Tier 1) PA; ^
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1) PA
<i>rifabutin oral capsule 150 mg</i>	\$0 (Tier 1)
<i>rifampin intravenous recon soln 600 mg</i>	\$0 (Tier 1)
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (Tier 2) PA; LA; ^
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	\$0 (Tier 1) QL (60 EA per 30 days)
<i>tigecycline intravenous recon soln 50 mg</i>	\$0 (Tier 2) ^
<i>tinidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	\$0 (Tier 2) PA; QL (280 ML per 28 days); ^
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)
TRECTOR ORAL TABLET 250 MG	\$0 (Tier 2)
<i>vancomycin intravenous recon soln 1,000 mg</i>	\$0 (Tier 1) QL (20 EA per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	\$0 (Tier 1) QL (2 EA per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	\$0 (Tier 1) QL (10 EA per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	\$0 (Tier 1) QL (27 EA per 10 days)
<i>vancomycin oral capsule 125 mg</i>	\$0 (Tier 1) QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	\$0 (Tier 1) QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
PENICILLINS	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	\$0 (Tier 1)
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</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 extended release 12 hr 1,000-62.5 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 recon soln 1 gram, 10 gram, 125 mg</i>	\$0 (Tier 1)
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	\$0 (Tier 1)
<i>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</i>	\$0 (Tier 2)
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)
<i>nafcillin injection recon soln 10 gram</i>	\$0 (Tier 2) ^
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)
<i>PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML</i>	\$0 (Tier 2)
<i>penicillin g potassium injection recon soln 20 million unit</i>	\$0 (Tier 1)
<i>penicillin g sodium injection recon soln 5 million unit</i>	\$0 (Tier 1)
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0 (Tier 1)
QUINOLONES	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0 (Tier 1)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>moxifloxacin oral tablet 400 mg</i>	\$0 (Tier 1)
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	\$0 (Tier 1)
SULFA'S / RELATED AGENTS	
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 2)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	\$0 (Tier 1)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (Tier 1)
TETRACYCLINES	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)
<i>doxy-100 intravenous recon soln 100 mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (Tier 1)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
URINARY TRACT AGENTS	
<i>methenamine hippurate oral tablet 1 gram</i>	\$0 (Tier 1)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (Tier 2)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	\$0 (Tier 2)
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	
ADJUNCTIVE AGENTS	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)
MESNEX ORAL TABLET 400 MG	\$0 (Tier 2) ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (Tier 2) B/D; ^
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	
<i>abiraterone oral tablet 250 mg</i>	\$0 (Tier 1) PA-NS; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
ALECENSA ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; LA; QL (240 EA per 30 days); ^
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
ALUNBRIG ORAL TABLET 30 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 180 days); ^
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 1)
AUGTYRO ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; QL (240 EA per 30 days); ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>azathioprine oral tablet 50 mg</i>	\$0 (Tier 1) B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (Tier 2) PA-NS; LA; ^
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 2) PA-NS; ^
<i>bexarotene topical gel 1 %</i>	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 1)
BOSULIF ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; QL (180 EA per 30 days); ^
BOSULIF ORAL CAPSULE 50 MG	\$0 (Tier 2) PA-NS; QL (330 EA per 30 days); ^
BOSULIF ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
BRUKINSA ORAL CAPSULE 80 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
CALQUENCE ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 300 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0 (Tier 2) PA-NS; LA; QL (56 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0 (Tier 2) PA-NS; LA; QL (112 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0 (Tier 2) PA-NS; LA; QL (84 EA per 28 days); ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 2) PA-NS; LA; QL (63 EA per 28 days); ^
<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
<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
DAURISMO ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
DAURISMO ORAL TABLET 25 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (Tier 2)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 (Tier 2) PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 (Tier 2) PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 (Tier 2) PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 (Tier 2) PA-NS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (Tier 2) B/D
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 240 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 60 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
<i>erlotinib oral tablet 25 mg</i>	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>everolimus (antineoplastic) 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 (antineoplastic) oral tablet for suspension 2 mg</i>	\$0 (Tier 2) PA-NS; QL (150 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	\$0 (Tier 2) B/D

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (Tier 2) B/D; ^
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)
EXKIVITY ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0 (Tier 2) PA-NS; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0 (Tier 2) PA-NS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (Tier 2) PA-NS; QL (84 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (Tier 2) PA-NS; QL (21 EA per 28 days); ^
GAVRETO ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
<i>gefitinib oral tablet 250 mg</i>	\$0 (Tier 1) PA-NS; QL (30 EA per 30 days); ^
<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
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0 (Tier 2)
GLEOSTINE ORAL CAPSULE 100 MG	\$0 (Tier 2) ^
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)
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); ^
<i>imatinib oral tablet 100 mg</i>	\$0 (Tier 2) PA-NS; QL (180 EA per 30 days); ^
<i>imatinib oral tablet 400 mg</i>	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (324 ML per 30 days); ^
IMBRUVICA ORAL TABLET 420 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
INQOVI ORAL TABLET 35-100 MG	\$0 (Tier 2) PA-NS; LA; QL (5 EA per 28 days); ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
INREBIC ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
IWILFIN ORAL TABLET 192 MG	\$0 (Tier 2) PA-NS; LA; QL (240 EA per 30 days); ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0 (Tier 2) PA-NS; QL (49 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	\$0 (Tier 2) PA-NS; QL (70 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	\$0 (Tier 2) PA-NS; QL (91 EA per 28 days); ^
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (Tier 2) PA-NS; QL (21 EA per 28 days); ^
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0 (Tier 2) PA-NS; QL (42 EA per 28 days); ^
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0 (Tier 2) PA-NS; QL (63 EA per 28 days); ^
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	\$0 (Tier 2) PA; ^
KRAZATI ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>lapatinib oral tablet 250 mg</i>	\$0 (Tier 2) PA-NS; QL (180 EA per 30 days); ^
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	\$0 (Tier 1) PA-NS; LA; QL (28 EA per 28 days); ^
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 1)
LEUKERAN ORAL TABLET 2 MG	\$0 (Tier 2) ^
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0 (Tier 1) PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (Tier 2) PA-NS; LA; ^
LORBRENA ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
LORBRENA ORAL TABLET 25 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
LUMAKRAS ORAL TABLET 120 MG	\$0 (Tier 2) PA-NS; LA; QL (240 EA per 30 days); ^
LUMAKRAS ORAL TABLET 320 MG	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	\$0 (Tier 2) PA-NS; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 2) ^
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	\$0 (Tier 2) PA-NS; QL (84 EA per 28 days); ^
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	\$0 (Tier 2) PA-NS; QL (112 EA per 28 days); ^
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	\$0 (Tier 2) PA-NS; QL (140 EA per 28 days); ^
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 2) LA; ^
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	\$0 (Tier 2) PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (Tier 2)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	\$0 (Tier 2) PA-NS; QL (1200 ML per 30 days); ^
MEKINIST ORAL TABLET 0.5 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
MEKINIST ORAL TABLET 2 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
MEKTOVI ORAL TABLET 15 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 1) B/D
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1) B/D
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolate mofetil oral suspension for reconstitution 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 (dr/ec) 180 mg, 360 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolic acid dr 180 mg tb</i>	\$0 (Tier 1) B/D; mycophenolate sodium = mycophenolic acid
<i>mycophenolic acid dr 360 mg tb</i>	\$0 (Tier 1) B/D; mycophenolate sodium = mycophenolic acid
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 2) ^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 2) PA-NS; QL (3 EA per 28 days); ^
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 2) PA; ^
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0 (Tier 1) PA
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2) PA-NS; QL (56 EA per 28 days); ^
OGSIVEO ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; QL (180 EA per 30 days); ^
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	\$0 (Tier 2) PA-NS; QL (96 ML per 28 days); ^
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	\$0 (Tier 2) PA-NS; QL (16 EA per 28 days); ^
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	\$0 (Tier 2) PA-NS; QL (20 EA per 28 days); ^
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	\$0 (Tier 2) PA-NS; QL (24 EA per 28 days); ^
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 28 days); ^
ORSERDU ORAL TABLET 345 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
ORSERDU ORAL TABLET 86 MG	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>pazopanib oral tablet 200 mg</i>	\$0 (Tier 1) PA-NS; QL (120 EA per 30 days); ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (Tier 2) PA-NS; LA; QL (28 EA per 28 days); ^
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (Tier 2) PA-NS; QL (28 EA per 28 days); ^
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0 (Tier 2) PA-NS; QL (56 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); ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (Tier 2) B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (Tier 2) ^
QINLOCK ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
RETEVMO ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
RETEVMO ORAL CAPSULE 80 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
RETEVMO ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
REZUROCK ORAL TABLET 200 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (150 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	\$0 (Tier 2) PA-NS; QL (336 EA per 28 days); ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 2) PA-NS; QL (224 EA per 28 days); ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (Tier 2) B/D
SCEMBLIX ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; QL (120 EA per 30 days); ^
SCEMBLIX ORAL TABLET 20 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
SCEMBLIX ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; QL (300 EA per 30 days); ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 (Tier 2) PA; LA; ^
<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
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 (Tier 2)
<i>sorafenib oral tablet 200 mg</i>	\$0 (Tier 2) PA-NS; QL (120 EA per 30 days); ^
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
SPRYCEL ORAL TABLET 20 MG, 70 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
STIVARGA ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; QL (84 EA per 28 days); ^
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	\$0 (Tier 2) PA-NS; QL (28 EA per 28 days); ^
TABLOID ORAL TABLET 40 MG	\$0 (Tier 2)
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2) PA-NS; ^
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1) B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	\$0 (Tier 2) PA-NS; QL (840 EA per 28 days); ^
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2) PA-NS; QL (112 EA per 28 days); ^
TASIGNA ORAL CAPSULE 50 MG	\$0 (Tier 2) PA-NS; QL (120 EA per 30 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
TAZVERIK ORAL TABLET 200 MG	\$0 (Tier 2) PA-NS; LA; ^
TEPMETKO ORAL TABLET 225 MG	\$0 (Tier 2) PA-NS; LA; ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2) PA-NS; LA; QL (56 EA per 28 days); ^
TIBSOVO ORAL TABLET 250 MG	\$0 (Tier 2) PA-NS; LA; ^
<i>toremifene oral tablet 60 mg</i>	\$0 (Tier 2)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0 (Tier 2) ^
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0 (Tier 2) PA-NS; QL (64 EA per 28 days); ^
TUKYSA ORAL TABLET 150 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
TUKYSA ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; LA; QL (300 EA per 30 days); ^
TURALIO ORAL CAPSULE 125 MG	\$0 (Tier 2) PA; LA; QL (120 EA per 30 days); ^
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (Tier 2) PA-NS; QL (56 EA per 28 days); ^
VENCLEXTA ORAL TABLET 10 MG	\$0 (Tier 2) PA-NS; LA; QL (14 EA per 7 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 (7 EA per 7 days); ^
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 (Tier 2) PA-NS; LA; QL (42 EA per 180 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
VITRAKVI ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
VITRAKVI ORAL CAPSULE 25 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (300 ML per 30 days); ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
VONJO ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
WELIREG ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
XALKORI ORAL PELLETT 150 MG	\$0 (Tier 2) PA-NS; QL (180 EA per 30 days); ^
XALKORI ORAL PELLETT 20 MG, 50 MG	\$0 (Tier 2) PA-NS; QL (120 EA per 30 days); ^
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 2)
XERMELO ORAL TABLET 250 MG	\$0 (Tier 2) PA; LA; QL (84 EA per 28 days); ^
XOSPATA ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	\$0 (Tier 2) PA-NS; LA; QL (8 EA per 28 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	\$0 (Tier 2) PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	\$0 (Tier 2) PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	\$0 (Tier 2) PA-NS; LA; QL (32 EA per 28 days); ^
XTANDI ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 80 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 200 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 2) PA-NS; LA; QL (240 EA per 30 days); ^
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; QL (120 EA per 30 days); ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
ZYKADIA ORAL TABLET 150 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^

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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 ORAL SOLUTION 10 MG/ML	\$0 (Tier 2) QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (Tier 1)
<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, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1) QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (Tier 2) PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 250 MG	\$0 (Tier 2) PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 500 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	\$0 (Tier 1)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0 (Tier 2)
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	\$0 (Tier 2)
DILANTIN ORAL CAPSULE 30 MG	\$0 (Tier 2)
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	\$0 (Tier 2)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (Tier 1)
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 2) PA-NS; LA
<i>epitol oral tablet 200 mg</i>	\$0 (Tier 1)
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (Tier 2) PA-NS
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)
<i>ethosuximide oral solution 250 mg/5 ml</i>	\$0 (Tier 1)
<i>felbamate oral suspension 600 mg/5 ml</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) QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	\$0 (Tier 1) QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	\$0 (Tier 1) PA; QL (180 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<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 oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (Tier 1)
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	\$0 (Tier 1)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 2) PA-NS; QL (10 EA per 30 days); ^
<i>methsuximide oral capsule 300 mg</i>	\$0 (Tier 1)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (Tier 2) PA-NS; QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	\$0 (Tier 1)
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 2) PA-NS
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (Tier 2) PA-NS
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)
<i>phenytoin oral tablet, chewable 50 mg</i>	\$0 (Tier 1)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	\$0 (Tier 2)
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (Tier 1)
<i>roweepra oral tablet 500 mg</i>	\$0 (Tier 1)
<i>rufinamide oral suspension 40 mg/ml</i>	\$0 (Tier 2) PA-NS; QL (2400 ML per 30 days); ^
<i>rufinamide oral tablet 200 mg</i>	\$0 (Tier 1) PA-NS; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	\$0 (Tier 2) PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (Tier 2)
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
SYMPAZAN ORAL FILM 5 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days)
<i>tiagabine 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>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 1)
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0 (Tier 2) PA-NS; QL (10 EA per 30 days)
<i>vigabatrin oral powder in 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 powder in 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 1) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigpoder oral powder in packet 500 mg</i>	\$0 (Tier 1) PA-NS; LA; QL (180 EA per 30 days); ^
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0 (Tier 2) QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	\$0 (Tier 2) QL (28 EA per 180 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0 (Tier 2) QL (28 EA per 180 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5 ML	\$0 (Tier 2) PA-NS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2) PA-NS; QL (1100 ML per 30 days); ^
ANTIPARKINSONISM AGENTS	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2) PA
<i>bromocriptine oral capsule 5 mg</i>	\$0 (Tier 1)
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (Tier 1)
<i>carbidopa oral tablet 25 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	\$0 (Tier 1)
<i>entacapone oral tablet 200 mg</i>	\$0 (Tier 1)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	\$0 (Tier 2)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (Tier 1)
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg</i>	\$0 (Tier 1)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (Tier 1)
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 2) PA
MIGRAINE / CLUSTER HEADACHE THERAPY	
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 2) PA; QL (1 ML per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	\$0 (Tier 2) PA; QL (8 ML per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (Tier 1) QL (40 EA per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	\$0 (Tier 1) QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	\$0 (Tier 2) PA; QL (16 EA per 30 days); ^
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	\$0 (Tier 1) QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	\$0 (Tier 1) QL (18 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1) QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	\$0 (Tier 1) QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	\$0 (Tier 1) QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	\$0 (Tier 1) QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (18 EA per 28 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (18 EA per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY	
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (Tier 2) PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	\$0 (Tier 2) PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	\$0 (Tier 2) PA; QL (28 EA per 180 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	\$0 (Tier 2) PA; QL (42 EA per 28 days); ^
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	\$0 (Tier 1) PA; QL (14 EA per 7 days); ^
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	\$0 (Tier 1) PA; QL (120 EA per 180 days); ^
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days); ^
<i>donepezil oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>donepezil oral tablet 23 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>fingolimod oral capsule 0.5 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days); ^
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	\$0 (Tier 1)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	\$0 (Tier 2) PA; QL (30 ML per 30 days); ^
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	\$0 (Tier 2) PA; QL (12 ML per 28 days); ^
<i>glatopa subcutaneous syringe 20 mg/ml</i>	\$0 (Tier 2) PA; QL (30 ML per 30 days); ^
<i>glatopa subcutaneous syringe 40 mg/ml</i>	\$0 (Tier 2) PA; QL (12 ML per 28 days); ^
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (Tier 1) PA
<i>memantine oral solution 2 mg/ml</i>	\$0 (Tier 1) PA
<i>memantine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) PA
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	\$0 (Tier 2)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (Tier 2)
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	\$0 (Tier 2) PA; ^
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
<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); ^
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY	
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) PA
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (Tier 1)
<i>tizanidine oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)
NARCOTIC ANALGESICS	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (Tier 1) QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>endocet oral tablet 10-325 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 2) PA; QL (120 EA per 30 days); ^
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	\$0 (Tier 1) PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0 (Tier 1) PA; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	\$0 (Tier 1) QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	\$0 (Tier 1) QL (600 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	\$0 (Tier 1) PA; QL (450 ML per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>methadone oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 1) QL (180 ML per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>oxycodone oral capsule 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	\$0 (Tier 1) QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
NON-NARCOTIC ANALGESICS	
<i>acetaminophen pm caplet 25-500 mg</i>	\$0 (Tier 3) NT
<i>all day pain relief 220 mg tab</i>	\$0 (Tier 3) NT
<i>all day pain rlf 220 mg caplet</i>	\$0 (Tier 3) NT
<i>all day pain rlf 220 mg caplet caplet</i>	\$0 (Tier 3) NT
<i>all day relief 220 mg caplet</i>	\$0 (Tier 3) NT
<i>all day relief 220 mg caplet caplet, gluten-free</i>	\$0 (Tier 3) NT
<i>all day relief 220 mg tablet</i>	\$0 (Tier 3) NT
<i>all day relief 220 mg tablet gluten-free</i>	\$0 (Tier 3) NT
<i>aspirin 300 mg suppository</i>	\$0 (Tier 3) NT
<i>aspirin 325 mg tablet</i>	\$0 (Tier 3) NT
<i>aspirin 325 mg tablet regular strength</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet adult low dose</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet child low dose</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet gluten-free, orange</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet low dose</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>aspirin 81 mg chewable tablet low dose, cherry</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet tab chew,cherry</i>	\$0 (Tier 3) NT
<i>aspirin 81 mg chewable tablet tab chew,orange</i>	\$0 (Tier 3) NT
<i>aspirin ec 325 mg tablet</i>	\$0 (Tier 3) NT
<i>aspirin ec 325 mg tablet bulk</i>	\$0 (Tier 3) NT
<i>aspirin ec 325 mg tablet regular strength</i>	\$0 (Tier 3) NT
<i>aspirin ec 81 mg tablet</i>	\$0 (Tier 3) NT
<i>aspirin ec 81 mg tablet adult low dose</i>	\$0 (Tier 3) NT
<i>aspirin ec 81 mg tablet low strength</i>	\$0 (Tier 3) NT
<i>aspirin regimen 81 mg ec tab</i>	\$0 (Tier 3) NT
<i>buffered aspirin 325 mg tb</i>	\$0 (Tier 3) NT
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<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>child aspirin 81 mg tab chew</i>	\$0 (Tier 3) NT
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 1)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>diclofenac sodium topical gel 1 %</i>	\$0 (Tier 1) QL (1000 GM per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	\$0 (Tier 1) QL (224 GM per 28 days)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	\$0 (Tier 1)
<i>diflunisal oral tablet 500 mg</i>	\$0 (Tier 1)
<i>ecotrin ec 325 mg tablet safety coated</i>	\$0 (Tier 3) NT
<i>ecotrin ec 81 mg tablet sfty coated,low str</i>	\$0 (Tier 3) NT
<i>eql migraine formula caplet 250-250-65 mg</i>	\$0 (Tier 3) NT
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (Tier 1)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)
<i>extraprin 250-250-65 mg caplet</i>	\$0 (Tier 3) NT
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)
<i>ft all day pain 220 mg caplet</i>	\$0 (Tier 3) NT
<i>ft aspirin 325 mg tablet</i>	\$0 (Tier 3) NT
<i>ft aspirin ec 325 mg tablet</i>	\$0 (Tier 3) NT
<i>ft aspirin ec 81 mg tablet</i>	\$0 (Tier 3) NT
<i>ft migraine 250-250-65 mg cplt</i>	\$0 (Tier 3) NT
<i>ft naproxen sodium 220 mg cap</i>	\$0 (Tier 3) NT
<i>ft pain reliever pm 500-25 mg geltab 25-500 mg</i>	\$0 (Tier 3) NT
<i>gnp aspirin 325 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp aspirin ec 81 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp headache relief caplet 250-250-65 mg</i>	\$0 (Tier 3) NT
<i>gnp naproxen sod 220 mg caplet</i>	\$0 (Tier 3) NT
<i>gnp naproxen sod 220 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp pain rlf pm 25-500 mg cplt</i>	\$0 (Tier 3) NT
<i>gs aspirin 325 mg tablet</i>	\$0 (Tier 3) NT
<i>gs aspirin 81 mg chewable tab</i>	\$0 (Tier 3) NT
<i>gs migraine 250-250-65 mg cplt</i>	\$0 (Tier 3) NT
<i>gs naproxen sod 220 mg caplet</i>	\$0 (Tier 3) NT
<i>gs naproxen sod 220 mg tablet</i>	\$0 (Tier 3) NT
<i>headache relief caplet 250-250-65 mg</i>	\$0 (Tier 3) NT
<i>headache rlf 250-250-65 mg cplt</i>	\$0 (Tier 3) NT
<i>ibu oral tablet 600 mg, 800 mg</i>	\$0 (Tier 1)
<i>ibuprofen oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)
<i>kro aspirin 81 mg chewable tab low dose, orange</i>	\$0 (Tier 3) NT
<i>mediproxen 220 mg tablet outer, f/c</i>	\$0 (Tier 3) NT
<i>mediproxen 220 mg tablet u-d, 50's</i>	\$0 (Tier 3) NT
<i>meloxicam oral tablet 15 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>meloxicam oral tablet 7.5 mg</i>	\$0 (Tier 1)
<i>migraine 250-250-65 mg cplt</i>	\$0 (Tier 3) NT
<i>migraine 250-250-65 mg cplt coated</i>	\$0 (Tier 3) NT
<i>migraine 250-250-65 mg geltab</i>	\$0 (Tier 3) NT
<i>migraine formula caplet caplet 250-250-65 mg</i>	\$0 (Tier 3) NT
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (Tier 1)
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	\$0 (Tier 1)
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	\$0 (Tier 1)
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (Tier 1)
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>naproxen sodium 220 mg caplet</i>	\$0 (Tier 3) NT
<i>naproxen sodium 220 mg capsule</i>	\$0 (Tier 3) NT
<i>naproxen sodium 220 mg tablet</i>	\$0 (Tier 3) NT
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier 1)
<i>oxaprozin oral tablet 600 mg</i>	\$0 (Tier 1)
<i>pain reliever pls 250-250-65 mg</i>	\$0 (Tier 3) NT
<i>pain relievr 250-250-65 mg cplt</i>	\$0 (Tier 3) NT
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>qc aspirin 325 mg tablet</i>	\$0 (Tier 3) NT
<i>qc aspirin 81 mg chewable tab</i>	\$0 (Tier 3) NT
<i>qc aspirin ec 325 mg tablet</i>	\$0 (Tier 3) NT
<i>qc aspirin ec 81 mg tablet</i>	\$0 (Tier 3) NT
<i>qc headache relief tablet extra strength 250-250-65 mg</i>	\$0 (Tier 3) NT
<i>qc naproxen sod 220 mg caplet</i>	\$0 (Tier 3) NT
<i>qc naproxen sod 220 mg tablet</i>	\$0 (Tier 3) NT
<i>sm aspirin ec 81 mg tablet</i>	\$0 (Tier 3) NT
<i>sm aspirin ec 81 mg tablet adult low strength</i>	\$0 (Tier 3) NT
<i>sm child aspirin 81 mg chw tab children's</i>	\$0 (Tier 3) NT
<i>sm migraine 250-250-65 mg cplt</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sm naproxen sod 220 mg caplet gluten free, caplet</i>	\$0 (Tier 3) NT
<i>st. joseph aspirin 81 mg chew</i>	\$0 (Tier 3) NT
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)
TENSION HEADACHE CAPLET 500-65 MG	\$0 (Tier 3) NT
<i>tramadol oral tablet 50 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>tri-buffered aspirin 325 mg boxed</i>	\$0 (Tier 3) NT
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	\$0 (Tier 2)
PSYCHOTHERAPEUTIC DRUGS	
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	\$0 (Tier 2) QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	\$0 (Tier 2) QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (Tier 2) QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 2) QL (1 EA per 28 days)
<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>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 (Tier 2) QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (Tier 2) QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 (Tier 2) QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 (Tier 2) QL (2.4 ML per 28 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 (Tier 2) QL (3.2 ML per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	\$0 (Tier 2) ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (Tier 2)
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (Tier 1)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2) PA-NS
<i>clorazepate dipotassium oral tablet 15 mg</i>	\$0 (Tier 1) PA-NS; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	\$0 (Tier 1) PA-NS; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	\$0 (Tier 1) PA-NS; QL (360 EA per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>clozapine oral tablet,disintegrating 100 mg</i>	\$0 (Tier 1) QL (270 EA per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i>	\$0 (Tier 1)
<i>clozapine oral tablet,disintegrating 150 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	\$0 (Tier 2) QL (120 EA per 30 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 1) PA-NS; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1) PA-NS; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1) PA-NS; QL (120 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 2)
<i>doxepin oral tablet 3 mg, 6 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG</i>	\$0 (Tier 2)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR</i>	\$0 (Tier 2) QL (30 EA per 30 days); ^
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</i>	\$0 (Tier 2) ST; QL (60 EA per 30 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	\$0 (Tier 2) ST; QL (8 EA per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (Tier 2) QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>ft sleep aid 25 mg tablet</i>	\$0 (Tier 3) NT
<i>gs sleep aid 25 mg tablet</i>	\$0 (Tier 3) NT
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 3 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<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)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)
<i>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML</i>	\$0 (Tier 2) QL (3.5 ML per 180 days)
<i>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML</i>	\$0 (Tier 2) QL (5 ML per 180 days)
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML</i>	\$0 (Tier 2) QL (0.75 ML per 28 days)
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML</i>	\$0 (Tier 2) QL (1 ML per 28 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0 (Tier 2) QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0 (Tier 2) QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0 (Tier 2) QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	\$0 (Tier 2) QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	\$0 (Tier 2) QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0 (Tier 2) QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	\$0 (Tier 2) QL (2.63 ML per 90 days)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 40 mg, 50 mg, 60 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<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)
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 1)
<i>lithium citrate oral solution 8 meq/5 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 tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 2)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1) QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)
<i>modafinil oral tablet 100 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (Tier 2)
NUPLAZID ORAL CAPSULE 34 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
NUPLAZID ORAL TABLET 10 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>olanzapine intramuscular recon soln 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, disintegrating 10 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	\$0 (Tier 2) QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 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>phenelzine oral tablet 15 mg</i>	\$0 (Tier 1)

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2) PA-NS; QL (600 ML per 30 days); ^
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	\$0 (Tier 1)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (Tier 2) PA-NS; QL (28 EA per 365 days); ^
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (Tier 2) PA-NS; QL (14 EA per 365 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (Tier 2) PA-NS; QL (2 EA per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS	
ANTIARRHYTHMIC AGENTS	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (Tier 2)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 1)
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 2)
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0 (Tier 1)
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (Tier 1)
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ANTIHYPERTENSIVE THERAPY	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>aliskiren oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>amlodipine-benazepril 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)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (Tier 1)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)
<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>betaxolol oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 1)
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (Tier 1)	
<i>chlorthalidone oral tablet 25 mg, 50 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/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	\$0 (Tier 1)	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 2)	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (Tier 1)
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 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>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)
<i>losartan oral tablet 100 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (Tier 1)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>metyrosine oral capsule 250 mg</i>	\$0 (Tier 2) PA; ^
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>nebivolol oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>nebivolol oral tablet 20 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>nimodipine oral capsule 30 mg</i>	\$0 (Tier 1)	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>olmesartan oral tablet 5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0 (Tier 1)	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>tiadyt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (Tier 1)
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 1)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0 (Tier 1)
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)
COAGULATION THERAPY	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (Tier 1)
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 2)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)
<i>clopidogrel oral tablet 75 mg</i>	\$0 (Tier 1)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	\$0 (Tier 2) PA; LA; ^
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	\$0 (Tier 2) PA; LA; ^
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	\$0 (Tier 2) PA; LA; ^
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 (Tier 2) QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (Tier 2) QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (Tier 2) QL (74 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	\$0 (Tier 1)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	\$0 (Tier 2) ^
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	\$0 (Tier 1)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (Tier 1)
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (Tier 1)
PHYTONADIONE 1 MG/0.5 ML SYR P/F,SDV	\$0 (Tier 3) NT
PHYTONADIONE 1 MG/0.5 ML VIAL INNER, SUV	\$0 (Tier 3) NT
PHYTONADIONE 1 MG/0.5 ML VIAL OUTER, SUV	\$0 (Tier 3) NT
<i>phytonadione 10 mg/ml ampul suv,inner</i>	\$0 (Tier 3) NT
<i>phytonadione 10 mg/ml ampul suv,outer</i>	\$0 (Tier 3) NT
<i>phytonadione 10 mg/ml vial inner, suv</i>	\$0 (Tier 3) NT
<i>phytonadione 10 mg/ml vial outer, suv</i>	\$0 (Tier 3) NT
<i>phytonadione 5 mg tablet</i>	\$0 (Tier 3) NT
<i>prasugrel oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	\$0 (Tier 2) PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL POWDER IN PACKET 25 MG	\$0 (Tier 2) PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
<i>vitamin k-1 1 mg/0.5 ml ampul suv, inner</i>	\$0 (Tier 3) NT
<i>vitamin k-1 1 mg/0.5 ml ampul suv, outer</i>	\$0 (Tier 3) NT
<i>vitamin k-1 10 mg/ml ampul suv, inner</i>	\$0 (Tier 3) NT
<i>vitamin k-1 10 mg/ml ampul suv, outer</i>	\$0 (Tier 3) NT
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	\$0 (Tier 2) QL (51 EA per 180 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	\$0 (Tier 2) QL (775 ML per 28 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2) QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (Tier 2) QL (60 EA per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS	
<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) QL (30 EA per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	\$0 (Tier 1)
<i>cholestyramine light oral powder in packet 4 gram</i>	\$0 (Tier 1)
<i>colesevelam oral powder in packet 3.75 gram</i>	\$0 (Tier 1)
<i>colesevelam oral tablet 625 mg</i>	\$0 (Tier 1)
<i>colestipol oral packet 5 gram</i>	\$0 (Tier 1)
<i>colestipol oral tablet 1 gram</i>	\$0 (Tier 1)
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	\$0 (Tier 1)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0 (Tier 1)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0 (Tier 1)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	\$0 (Tier 1)
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 (Tier 2) PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	\$0 (Tier 1)
<i>rosuvastatin 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)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	\$0 (Tier 2)
MISCELLANEOUS CARDIOVASCULAR AGENTS	
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (Tier 2) QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (Tier 1)
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	\$0 (Tier 1) QL (60 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	\$0 (Tier 1)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	\$0 (Tier 2) PA
NITRATES	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)
<i>nitro-bid transdermal ointment 2 %</i>	\$0 (Tier 2)
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (Tier 1)
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (Tier 1)
DERMATOLOGICALS/TOPICAL THERAPY	
ANTIPSORIATIC / ANTISEBORRHEIC	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1)
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 2) PA; QL (10 ML per 28 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (Tier 2) PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (Tier 2) PA; QL (2.5 ML per 28 days); ^
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	\$0 (Tier 2) PA; QL (10 ML per 28 days); ^
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (Tier 1)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (Tier 2) PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 2) PA; QL (6 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 (Tier 2) PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0 (Tier 2) PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	\$0 (Tier 2) PA; QL (1 ML per 28 days); ^
TREMIFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (Tier 2) PA; QL (2 ML per 28 days); ^
TREMIFYA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 (Tier 2) PA; QL (2 ML per 28 days); ^
KERATOLYTICS	
<i>callus removers patch 40 %</i>	\$0 (Tier 3) NT
<i>compound w liquid 17 %</i>	\$0 (Tier 3) NT
<i>corn remover 40% patch</i>	\$0 (Tier 3) NT
DERMACINRX ATRIX 2% CREAM	\$0 (Tier 3) NT
DERMACINRX ATRIX 2% WASH	\$0 (Tier 3) NT
<i>liquid corn-callus remover 17 %</i>	\$0 (Tier 3) NT
<i>liquid wart remover 17% liquid</i>	\$0 (Tier 3) NT
<i>sebex shampoo 2-2 %</i>	\$0 (Tier 3) NT
<i>therapeutic 3% dandruff shmp</i>	\$0 (Tier 3) NT
<i>wart remover 17% liquid</i>	\$0 (Tier 3) NT
MISCELLANEOUS DERMATOLOGICALS	
<i>ammonium lactate topical cream 12 %</i>	\$0 (Tier 1)
<i>ammonium lactate topical lotion 12 %</i>	\$0 (Tier 1)
<i>anti-itch 2% cream extra strength 2-0.1 %</i>	\$0 (Tier 3) NT
<i>anti-itch 2%-0.1% cream 2-0.1 %</i>	\$0 (Tier 3) NT
<i>baby skin protectant 41% oint</i>	\$0 (Tier 3) NT
<i>banophen anti-itch 2% cream 2-0.1 %</i>	\$0 (Tier 3) NT
BURN RELIEF 1% GEL	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>calamine lotion 8-8 %</i>	\$0 (Tier 3) NT
<i>calamine suspension 8-8 %</i>	\$0 (Tier 3) NT
CEPACOL THROAT 15-2.6 MG LOZ	\$0 (Tier 3) NT
<i>diaper rash 40% ointment</i>	\$0 (Tier 3) NT
DOLOGESIC PAIN RLF 4% ROLL-ON	\$0 (Tier 3) NT
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	\$0 (Tier 2) PA; QL (4.56 ML per 28 days); ^
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 (Tier 2) PA; QL (1.34 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	\$0 (Tier 2) PA; QL (4.56 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
<i>fluorouracil topical cream 5 %</i>	\$0 (Tier 1) QL (40 GM per 30 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	\$0 (Tier 1) QL (10 ML per 30 days)
GNP ITCH RELIEF 2%-0.1% SPRAY 2-0.1 %	\$0 (Tier 3) NT
GNP LIDOCAINE HCL 4% CREAM	\$0 (Tier 3) NT
<i>gnp zinc oxide 20% ointment (otc)</i>	\$0 (Tier 3) NT
<i>gs hair regrowth treatment 5 %</i>	\$0 (Tier 3) NT
<i>gs itch relief 2%-0.1% cream 2-0.1 %</i>	\$0 (Tier 3) NT
<i>imiquimod topical cream in packet 5 %</i>	\$0 (Tier 1) QL (24 EA per 28 days)
<i>itch relief 2%-0.1% cream 2-0.1 %</i>	\$0 (Tier 3) NT
ITCH RELIEF 2%-0.1% SPRAY 2-0.1 %	\$0 (Tier 3) NT
LIDAFLEX 4% PATCH	\$0 (Tier 3) NT
LIDOCAINE HCL 4% CREAM	\$0 (Tier 3) NT
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (Tier 1) QL (50 ML per 30 days)
LIDOCAINE PAIN RLF 4% LIQUID	\$0 (Tier 3) NT
<i>lidocaine topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	\$0 (Tier 1)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
MUCINEX INSTASOOTH 7%-1% SPRY 7-1 %	\$0 (Tier 3) NT
PANRETIN TOPICAL GEL 0.1 %	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
<i>petrolatum 42% ointment</i>	\$0 (Tier 3) NT
<i>pimecrolimus topical cream 1 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (Tier 1) QL (7 ML per 28 days)
POISON IVY WASH 1% CLEANSER	\$0 (Tier 3) NT
<i>qc anti-itch 2%-0.1% cream 2-0.1 %</i>	\$0 (Tier 3) NT
REGRANEX TOPICAL GEL 0.01 %	\$0 (Tier 2) QL (15 GM per 30 days); ^
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (Tier 2) QL (180 GM per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	\$0 (Tier 1)
<i>sm anti-itch 2% cream extra strength 2-0.1 %</i>	\$0 (Tier 3) NT
<i>sm calamine lotion 8-8 %</i>	\$0 (Tier 3) NT
SORE THROAT 15-3.6 MG LOZENGE	\$0 (Tier 3) NT
<i>ssd topical cream 1 %</i>	\$0 (Tier 1)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>tridacaine topical adhesive patch,medicated 5 %</i>	\$0 (Tier 2) PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	\$0 (Tier 2) PA-NS; LA; QL (60 GM per 30 days); ^
Z-BUM 22% DIAPER RASH CREAM	\$0 (Tier 3) NT
<i>zinc oxide 20% ointment (otc)</i>	\$0 (Tier 3) NT
<i>zinc oxide 20% ointment (rx)</i>	\$0 (Tier 3) NT
<i>zinc oxide 25% ointment</i>	\$0 (Tier 3) NT
<i>zinc oxide 25% ointment inner</i>	\$0 (Tier 3) NT
<i>zinc oxide 25% ointment outer</i>	\$0 (Tier 3) NT
ZINCTRAL 20% PASTE	\$0 (Tier 3) NT
THErapy FOR ACNE	
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>acne medication 10% gel</i>	\$0 (Tier 3) NT
ACNE MEDICATION 10% LOTION	\$0 (Tier 3) NT
<i>acne medication 2.5% gel</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ACNE MEDICATION 5% LOTION	\$0 (Tier 3) NT
<i>acneclear gel 10 %</i>	\$0 (Tier 3) NT
<i>adapalene 0.1% gel (otc)</i>	\$0 (Tier 3) NT
<i>adapalene topical cream 0.1 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>adapalene topical gel 0.3 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>amneesteem oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>azelaic acid topical gel 15 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
BENZEFOAM TOPICAL FOAM 5.3 %	\$0 (Tier 3) NT
<i>benzoyl peroxide 10% gel (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide 10% gel aqueous (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide 10% wash (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide 2.5% gel (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide 5% gel (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide 5% gel aqueous (otc)</i>	\$0 (Tier 3) NT
<i>benzoyl peroxide 5% wash (otc)</i>	\$0 (Tier 3) NT
<i>bp wash 10% liquid</i>	\$0 (Tier 3) NT
<i>bp wash 5% liquid</i>	\$0 (Tier 3) NT
<i>bpo 6% foaming cloths inner (otc)</i>	\$0 (Tier 3) NT
<i>bpo 6% foaming cloths outer (otc)</i>	\$0 (Tier 3) NT
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)
<i>clindamycin phosphate topical gel 1 %</i>	\$0 (Tier 1) QL (75 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	\$0 (Tier 1) QL (75 ML per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
DERMACINRX ATRIX 2% TONER	\$0 (Tier 3) NT
<i>ery pads topical swab 2 %</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	\$0 (Tier 1)
<i>lintera 10% wash</i>	\$0 (Tier 3) NT
<i>metronidazole topical cream 0.75 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>metronidazole topical lotion 0.75 %</i>	\$0 (Tier 1) QL (59 ML per 30 days)
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>persa-gel 10% 12's,max-strength</i>	\$0 (Tier 3) NT
<i>tazarotene topical cream 0.1 %</i>	\$0 (Tier 1) PA; QL (60 GM per 30 days)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	\$0 (Tier 1) PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	\$0 (Tier 1) PA; QL (50 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1) PA; QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	\$0 (Tier 1) PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)
TOPICAL ANTIBACTERIALS	
<i>bacitracin 500 unit/gm ointmnt 500 unit/gram</i>	\$0 (Tier 3) NT
<i>bacitracin 500 unit/gm ointmnt inner 500 unit/gram</i>	\$0 (Tier 3) NT
<i>bacitracin 500 unit/gm ointmnt inner 500 unit/gram</i>	\$0 (Tier 3) NT
<i>bacitracin 500 unit/gm ointmnt outer 500 unit/gram</i>	\$0 (Tier 3) NT
<i>bacitracin 500 unit/gm ointmnt outer 500 unit/gram</i>	\$0 (Tier 3) NT
<i>bacitracin zn 500 unit/gm oint 500 unit/gram</i>	\$0 (Tier 3) NT
<i>bacitracin zn 500 unit/gm oint 500 unit/gram</i>	\$0 (Tier 3) NT
<i>bacitracin zn 500 unit/gm oint inner 500 unit/gram</i>	\$0 (Tier 3) NT
<i>bacitracin zn 500 unit/gm oint inner 500 unit/gram</i>	\$0 (Tier 3) NT
<i>bacitracin zn 500 unit/gm oint outer 500 unit/gram</i>	\$0 (Tier 3) NT
<i>bacitracin zn 500 unit/gm oint outer 500 unit/gram</i>	\$0 (Tier 3) NT
<i>bacitracin zn 500 unit/gm oint usp 500 unit/gram</i>	\$0 (Tier 3) NT
BETADINE 5% SPRAY	\$0 (Tier 3) NT
BETADINE 7.5% SCRUB SURGICAL SCRUB	\$0 (Tier 3) NT
BETADINE SURGICAL SCRUB 7.5 %	\$0 (Tier 3) NT
BETADINE SWABSTICKS 200'S 10 %	\$0 (Tier 3) NT
BETADINE SWABSTICKS 50'S 10 %	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FIRST AID ANTISEPTIC 10% OINT	\$0 (Tier 3) NT
<i>gentamicin topical cream 0.1 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>gnp povidone-iodine 10% soln</i>	\$0 (Tier 3) NT
<i>mupirocin topical ointment 2 %</i>	\$0 (Tier 1) QL (44 GM per 30 days)
<i>povidone-iodine 10% solution</i>	\$0 (Tier 3) NT
<i>povidone-iodine 10% solution usp</i>	\$0 (Tier 3) NT
<i>qc povidone-iodine 10% soln</i>	\$0 (Tier 3) NT
<i>sm antibiotic 500 unit/gm oint 500 unit/gram</i>	\$0 (Tier 3) NT
<i>sm double antibiotic oint 500-10,000 unit/gram</i>	\$0 (Tier 3) NT
<i>sm povidone-iodine 10% soln</i>	\$0 (Tier 3) NT
<i>sm triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram</i>	\$0 (Tier 3) NT
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (Tier 1)
<i>triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram</i>	\$0 (Tier 3) NT
<i>triple antibiotic ointment inner 3.5mg-400 unit- 5,000 unit/gram</i>	\$0 (Tier 3) NT
<i>triple antibiotic ointment outer 3.5mg-400 unit- 5,000 unit/gram</i>	\$0 (Tier 3) NT
<i>triple antibiotic ointment pkt outer (otc) 3.5-400-5,000 mg-unit-unit</i>	\$0 (Tier 3) NT
TOPICAL ANTIFUNGALS	
ALEVAZOL 1% OINTMENT	\$0 (Tier 3) NT
<i>antifungal 1% liquid</i>	\$0 (Tier 3) NT
<i>antifungal 1% topical cream</i>	\$0 (Tier 3) NT
<i>antifungal 1% topical cream inner</i>	\$0 (Tier 3) NT
<i>antifungal 1% topical cream outer</i>	\$0 (Tier 3) NT
<i>antifungal 2% powder</i>	\$0 (Tier 3) NT
<i>antifungal 2% powder inner</i>	\$0 (Tier 3) NT
<i>antifungal 2% powder outer</i>	\$0 (Tier 3) NT
<i>athlete's foot 1% cream</i>	\$0 (Tier 3) NT
<i>athlete's foot 1% powder spray</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>athlete's foot 2% powder spray</i>	\$0 (Tier 3) NT
<i>baza antifungal 2% cream</i>	\$0 (Tier 3) NT
<i>blis-to-sol 1% liquid</i>	\$0 (Tier 3) NT
<i>butenafine hcl 1% cream</i>	\$0 (Tier 3) NT
<i>ciclopirox topical cream 0.77 %</i>	\$0 (Tier 1) QL (90 GM per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	\$0 (Tier 1) QL (100 GM per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	\$0 (Tier 1) QL (60 ML per 28 days)
<i>clotrimazole 1% solution (otc)</i>	\$0 (Tier 3) NT
<i>clotrimazole 1% topical cream (otc)</i>	\$0 (Tier 3) NT
<i>clotrimazole topical cream 1 %</i>	\$0 (Tier 1) QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	\$0 (Tier 1) QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (Tier 1) QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	\$0 (Tier 1) QL (60 ML per 28 days)
<i>cvs jock itch 1% cream</i>	\$0 (Tier 3) NT
<i>desenex 2% powder</i>	\$0 (Tier 3) NT
<i>ft antifungal 1% cream</i>	\$0 (Tier 3) NT
<i>ft antifungal 2% topical cream</i>	\$0 (Tier 3) NT
<i>ft athlete's foot 1% cream</i>	\$0 (Tier 3) NT
<i>fungoid 2% tincture</i>	\$0 (Tier 3) NT
<i>gnp athlete's foot 1% cream</i>	\$0 (Tier 3) NT
<i>gnp miconazorb af 2% powder</i>	\$0 (Tier 3) NT
<i>gs athlete's foot 1% cream</i>	\$0 (Tier 3) NT
<i>ketoconazole topical cream 2 %</i>	\$0 (Tier 1) QL (60 GM per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	\$0 (Tier 1) QL (120 ML per 28 days)
<i>micomitin antifungal 1% liquid</i>	\$0 (Tier 3) NT
<i>miconazole 2% topical cream</i>	\$0 (Tier 3) NT
MICONAZOLE NITRATE 2% SOLUTION	\$0 (Tier 3) NT
MICONI-AL 2% LIQUID	\$0 (Tier 3) NT
<i>micotrin ac 1% topical cream</i>	\$0 (Tier 3) NT
<i>micotrin al 1% liquid</i>	\$0 (Tier 3) NT
<i>micotrin ap 2% powder</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>mycozyl ac 1% topical cream</i>	\$0 (Tier 3) NT
<i>mycozyl al 1% liquid</i>	\$0 (Tier 3) NT
<i>mycozyl ap 2% powder</i>	\$0 (Tier 3) NT
<i>naftifine topical cream 1 %</i>	\$0 (Tier 1) QL (90 GM per 28 days)
<i>naftifine topical cream 2 %</i>	\$0 (Tier 1) QL (60 GM per 28 days)
<i>naftifine topical gel 2 %</i>	\$0 (Tier 1) QL (60 GM per 28 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (Tier 1) QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (Tier 1) QL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>qc antifungal 1% cream</i>	\$0 (Tier 3) NT
<i>sm antifungal 1% cream</i>	\$0 (Tier 3) NT
<i>sm antifungal 1% topical cream</i>	\$0 (Tier 3) NT
<i>sm miconazole 2% topical cream</i>	\$0 (Tier 3) NT
<i>terbinafine 1% cream</i>	\$0 (Tier 3) NT
<i>terbinafine 1% cream antifungal</i>	\$0 (Tier 3) NT
<i>tm-clotrimazole 1% top cream (otc)</i>	\$0 (Tier 3) NT
<i>tm-tolnaftate 1% liquid</i>	\$0 (Tier 3) NT
<i>tm-tolnaftate lr 1% liquid</i>	\$0 (Tier 3) NT
<i>tolnafi-al 1% liquid</i>	\$0 (Tier 3) NT
<i>tolnaftate 1% cream</i>	\$0 (Tier 3) NT
<i>tolnaftate 1% powder</i>	\$0 (Tier 3) NT
VOTRIZA-AL 1% LOTION	\$0 (Tier 3) NT
TOPICAL CORTICOSTEROIDS	
<i>ala-cort topical cream 1 %, 2.5 %</i>	\$0 (Tier 1)
<i>alclometasone topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>alclometasone topical ointment 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (Tier 1) QL (135 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (Tier 1) QL (135 GM per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (Tier 1) QL (135 GM per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (Tier 1) QL (135 GM per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (Tier 1) QL (150 GM per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (Tier 1) QL (150 GM per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	\$0 (Tier 1) QL (150 GM per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	\$0 (Tier 1) QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	\$0 (Tier 1) QL (118 ML per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 28 days)
<i>clodan topical shampoo 0.05 %</i>	\$0 (Tier 1) QL (118 ML per 28 days)
<i>desonide topical lotion 0.05 %</i>	\$0 (Tier 1) QL (118 ML per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	\$0 (Tier 1) QL (118.28 ML per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	\$0 (Tier 1)
<i>gs anti-itch 1% cream</i>	\$0 (Tier 3) NT
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
<i>hydrocortisone 0.5% cream (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% cream (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% cream max str, w/aloe (otc)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>hydrocortisone 1% cream maximum strength (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% cream moisturizer,max. str (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% ointment (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone 1% ointment maximum strength (otc)</i>	\$0 (Tier 3) NT
<i>hydrocortisone topical cream 1 %</i>	\$0 (Tier 1)
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	\$0 (Tier 1)
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (Tier 1)
<i>hydrocortisone-aloe 1% cream</i>	\$0 (Tier 3) NT
<i>mometasone topical cream 0.1 %</i>	\$0 (Tier 1)
<i>mometasone topical ointment 0.1 %</i>	\$0 (Tier 1)
<i>mometasone topical solution 0.1 %</i>	\$0 (Tier 1)
<i>sm hydrocortisone 1% ointment maximum strength (otc)</i>	\$0 (Tier 3) NT
<i>sm hydrocortisone plus 1% crm</i>	\$0 (Tier 3) NT
<i>sm hydrocortisone-aloe 1% crm</i>	\$0 (Tier 3) NT
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)
<i>triderm topical cream 0.5 %</i>	\$0 (Tier 1)
TOPICAL SCABICIDES / PEDICULICIDES	
<i>ft lice killing shampoo 0.33-4 %</i>	\$0 (Tier 3) NT
<i>gs lice killing shampoo w/nit comb 0.33-4 %</i>	\$0 (Tier 3) NT
<i>lice treatment shampoo 1 nit comb included 0.33-4 %</i>	\$0 (Tier 3) NT
<i>malathion topical lotion 0.5 %</i>	\$0 (Tier 1)
<i>permethrin topical cream 5 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
<i>sb lice killing shampoo maximum strength 0.33-4 %</i>	\$0 (Tier 3) NT
VANALICE GEL 0.3-3.5 %	\$0 (Tier 3) NT
DIAGNOSTICS / MISCELLANEOUS AGENTS	
ENZYMES	
<i>co q-10 200 mg capsule (rx)</i>	\$0 (Tier 3) NT
<i>co q-10 200 mg capsule bonus size, p/f (rx)</i>	\$0 (Tier 3) NT
<i>co q-10 200 mg softgel (rx)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>co q-10 200 mg softgel p/f, no lactose (rx)</i>	\$0 (Tier 3) NT
<i>co q-10 200 mg softgel softgel (rx)</i>	\$0 (Tier 3) NT
<i>co q-10 30 mg capsule p/f,y/f (rx)</i>	\$0 (Tier 3) NT
<i>co q-10 50 mg capsule (rx)</i>	\$0 (Tier 3) NT
<i>co q-10 50 mg softgel p/f,lact/f, softgel (rx)</i>	\$0 (Tier 3) NT
<i>co q-10 50 mg softgel softgel (rx)</i>	\$0 (Tier 3) NT
<i>coenzyme q-10 30 mg softgel (rx)</i>	\$0 (Tier 3) NT
<i>coenzyme q-10 100 mg softgel lac-gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>coenzyme q10 200 mg capsule (rx)</i>	\$0 (Tier 3) NT
<i>coenzyme q-10 200 mg softgel (rx)</i>	\$0 (Tier 3) NT
<i>coenzyme q10 50 mg capsule (rx)</i>	\$0 (Tier 3) NT
<i>coenzyme q10 50 mg softgel softgel (rx)</i>	\$0 (Tier 3) NT
<i>cvs co q-10 200 mg softgel (rx)</i>	\$0 (Tier 3) NT
<i>gnp co q-10 200 mg capsule (rx)</i>	\$0 (Tier 3) NT
<i>q-sorb co q-10 100 mg softgel softgel</i>	\$0 (Tier 3) NT
<i>q-sorb co q-10 200 mg softgel p/f,gluten-free</i>	\$0 (Tier 3) NT
<i>ra coenzyme q10 200 mg softgel softgel,p/f,d/f (rx)</i>	\$0 (Tier 3) NT
<i>sm co q-10 100 mg softgel (rx)</i>	\$0 (Tier 3) NT
<i>sm co q-10 200 mg softgel (rx)</i>	\$0 (Tier 3) NT
<i>sv co q-10 50 mg softgel softgel,p/f,gluten-f (rx)</i>	\$0 (Tier 3) NT
<i>sv q-sorb co q-10 200 mg sftgl p/f,gluten-free</i>	\$0 (Tier 3) NT
<i>sv q-sorb co q-10 200 mg sftgl softgel</i>	\$0 (Tier 3) NT
MISCELLANEOUS AGENTS	
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	\$0 (Tier 1)
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)
<i>carglumic acid oral tablet, dispersible 200 mg</i>	\$0 (Tier 2) PA; LA; ^
<i>cevimeline oral capsule 30 mg</i>	\$0 (Tier 1)
CHEMET ORAL CAPSULE 100 MG	\$0 (Tier 2)
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2) B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 2)
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)
<i>deferasirox oral granules in 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 1) PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	\$0 (Tier 2) PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	\$0 (Tier 1) PA; ^
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	\$0 (Tier 2)
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (Tier 1)
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	\$0 (Tier 1)
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	\$0 (Tier 1)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<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)
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 (Tier 2) PA; LA; ^
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	\$0 (Tier 1) PA; ^
<i>gnp melatonin 3 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>gnp melatonin 5 mg tablet maximum strength (rx)</i>	\$0 (Tier 3) NT
<i>hysept 0.25% solution</i>	\$0 (Tier 3) NT
<i>hysept 0.50% solution 0.5 %</i>	\$0 (Tier 3) NT
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (Tier 2) PA; LA; ^
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (Tier 1)
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	\$0 (Tier 1)
<i>levocarnitine oral tablet 330 mg</i>	\$0 (Tier 1)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 (Tier 2)
<i>melatonin 3 mg tablet (rx)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>melatonin 3 mg tablet gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>melatonin 3 mg tablet inner (rx)</i>	\$0 (Tier 3) NT
<i>melatonin 3 mg tablet outer (rx)</i>	\$0 (Tier 3) NT
<i>melatonin 3 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>melatonin 5 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>melatonin 5 mg tablet max str,gluten-f,p/f (rx)</i>	\$0 (Tier 3) NT
<i>melatonin 5 mg tablet n,p/f (rx)</i>	\$0 (Tier 3) NT
<i>melatonin 5 mg tablet outer (rx)</i>	\$0 (Tier 3) NT
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 2) PA; ^
<i>nitisinone oral capsule 20 mg</i>	\$0 (Tier 1) PA; ^
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	\$0 (Tier 2) PA; LA; ^
<i>riluzole oral tablet 50 mg</i>	\$0 (Tier 1)
<i>risedronate oral tablet 30 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (Tier 1)
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	\$0 (Tier 2) PA; ^
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (Tier 2) PA; ^
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (Tier 1)
<i>trientine oral capsule 250 mg</i>	\$0 (Tier 2) PA; ^
SMOKING DETERRENTS	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (Tier 1)
<i>gnp nicotine 2 mg chewing gum</i>	\$0 (Tier 3) NT
<i>gnp nicotine 2 mg mini lozenge</i>	\$0 (Tier 3) NT
<i>gnp nicotine 21 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>gnp nicotine 4 mg chewing gum</i>	\$0 (Tier 3) NT
<i>gnp nicotine 4 mg mini lozenge</i>	\$0 (Tier 3) NT
<i>gs nicotine 2 mg chewing gum</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>nicotine 21 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 21 mg/24hr patch inner (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 21 mg/24hr patch outer (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 21 mg/24hr patch outer, clear, step 1 (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum coated</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum coated fruit</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum coated,cinnamon</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum cool mint/coated</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum original</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum refill</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg chewing gum starter kit</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg lozenge</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg lozenge inner</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg lozenge mint</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg lozenge mint, 3 quittube</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg lozenge outer</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg mini lozenge</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg mini lozenge inner</i>	\$0 (Tier 3) NT
<i>nicotine 4 mg mini lozenge outer</i>	\$0 (Tier 3) NT
<i>nicotine 7 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 7 mg/24hr patch inner (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 7 mg/24hr patch outer (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 7 mg/24hr patch outer, clear, step 3 (otc)</i>	\$0 (Tier 3) NT
<i>nicotine 7 mg/24hr patch step 3 (otc)</i>	\$0 (Tier 3) NT
<i>nicotine transdermal system step 1,2,3 21-14-7 mg/24 hr</i>	\$0 (Tier 3) NT
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (Tier 2)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 (Tier 2)
<i>sm nicotine 14 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>sm nicotine 2 mg chewing gum</i>	\$0 (Tier 3) NT
<i>sm nicotine 2 mg lozenge</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sm nicotine 21 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>sm nicotine 4 mg chewing gum</i>	\$0 (Tier 3) NT
<i>sm nicotine 4 mg lozenge</i>	\$0 (Tier 3) NT
<i>sm nicotine 7 mg/24hr patch (otc)</i>	\$0 (Tier 3) NT
<i>varenicline oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	\$0 (Tier 1)
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0 (Tier 1)
EAR, NOSE / THROAT MEDICATIONS	
MISCELLANEOUS AGENTS	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)
<i>ft nasal spray 0.05%</i>	\$0 (Tier 3) NT
<i>gnp sore throat 1.4% spray</i>	\$0 (Tier 3) NT
<i>gs nasal spray 0.05%</i>	\$0 (Tier 3) NT
<i>gs no drip 0.05% nasal spray</i>	\$0 (Tier 3) NT
<i>gs sinus nasal spray 0.05%</i>	\$0 (Tier 3) NT
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	\$0 (Tier 1) QL (30 ML per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	\$0 (Tier 1) QL (45 ML per 30 days)
<i>kourzeq dental paste 0.1 %</i>	\$0 (Tier 1)
<i>mucinex sinus-max nasal spray 0.05 %</i>	\$0 (Tier 3) NT
<i>nasal decongestant 0.05% spray</i>	\$0 (Tier 3) NT
<i>nasal spray 0.05%</i>	\$0 (Tier 3) NT
<i>nasal spray 0.05% 12 hour,no drip</i>	\$0 (Tier 3) NT
<i>nasal spray 0.05% 12 hour,original</i>	\$0 (Tier 3) NT
<i>nasal spray 0.05% 12 hour,sinus</i>	\$0 (Tier 3) NT
<i>nasal spray 0.05% 12hr, original</i>	\$0 (Tier 3) NT
<i>nasal spray original 0.05% 12 hr relief</i>	\$0 (Tier 3) NT
<i>no drip 0.05% nasal spray</i>	\$0 (Tier 3) NT
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	\$0 (Tier 1)
<i>periogard mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>phenaseptic 1.4% spray</i>	\$0 (Tier 3) NT
<i>sm nasal 0.05% spray 12 hour, original</i>	\$0 (Tier 3) NT
<i>sm nasal spray 0.05%</i>	\$0 (Tier 3) NT
<i>sm nasal spray sinus 0.05 %</i>	\$0 (Tier 3) NT
<i>sm sore throat 1.4% spray cherry</i>	\$0 (Tier 3) NT
<i>sore throat 1.4% spray</i>	\$0 (Tier 3) NT
<i>sore throat 1.4% spray cherry</i>	\$0 (Tier 3) NT
<i>triamcinolone acetamide dental paste 0.1 %</i>	\$0 (Tier 1)
MISCELLANEOUS OTIC PREPARATIONS	
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 1)
<i>ear drops 6.5%</i>	\$0 (Tier 3) NT
EAR DROPS FOR SWIMMERS 95-5 %	\$0 (Tier 3) NT
<i>ear wax removal 6.5% drop</i>	\$0 (Tier 3) NT
<i>ear wax removal 6.5% kit</i>	\$0 (Tier 3) NT
<i>flac otic oil otic (ear) drops 0.01 %</i>	\$0 (Tier 1)
<i>fluocinolone acetamide oil otic (ear) drops 0.01 %</i>	\$0 (Tier 1)
<i>ft ear wax removal 6.5% drop</i>	\$0 (Tier 3) NT
<i>ft ear wax removal 6.5% kit</i>	\$0 (Tier 3) NT
<i>murine ear wax removal system 6.5 %</i>	\$0 (Tier 3) NT
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (Tier 1)
SWIM EAR DROPS 95-5 %	\$0 (Tier 3) NT
OTIC STEROID / ANTIBIOTIC	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1) QL (7.5 ML per 7 days)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)
ENDOCRINE/DIABETES	
ADRENAL HORMONES	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (Tier 1)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	\$0 (Tier 1)
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (Tier 1)
<i>prednisone intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 2)
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 1)
ANTITHYROID AGENTS	
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)
DIABETES THERAPY	
<i>acarbose oral tablet 100 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>alcohol pads topical pads, medicated</i>	\$0 (Tier 2)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	\$0 (Tier 2) PA; QL (3.4 ML per 28 days)
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 2) ^
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 (Tier 2)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0 (Tier 2)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	\$0 (Tier 2)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 2)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 (Tier 2)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 2)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (Tier 2)
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	\$0 (Tier 2)
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	\$0 (Tier 2)
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0 (Tier 2) QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 2) QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (Tier 2) QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 1) QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1) Generic for Glucophage XR; QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 1) Generic for Glucophage XR; QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	\$0 (Tier 2) PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0 (Tier 2) PA; QL (3 ML per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	\$0 (Tier 1) QL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	\$0 (Tier 1) QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 (Tier 2) QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	\$0 (Tier 2) PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0 (Tier 2) QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	\$0 (Tier 2) QL (15 ML per 30 days)
MISCELLANEOUS HORMONES	
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	\$0 (Tier 1)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1)
<i>cinacalcet oral tablet 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	\$0 (Tier 2) QL (120 EA per 30 days); ^
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 1)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	\$0 (Tier 1)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (Tier 1)
KORLYM ORAL TABLET 300 MG	\$0 (Tier 2) PA; LA; ^
<i>mifepristone oral tablet 300 mg</i>	\$0 (Tier 1) PA; ^
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (Tier 1)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	\$0 (Tier 2) PA; ^
<i>sapropterin oral tablet,soluble 100 mg</i>	\$0 (Tier 2) PA; ^
<i>SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	\$0 (Tier 2) PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0 (Tier 1)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	\$0 (Tier 1)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	\$0 (Tier 1) PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	\$0 (Tier 1) PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	\$0 (Tier 1) PA; QL (300 GM per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1) PA; ^
THYROID HORMONES	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (Tier 1)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 2)
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)
GASTROENTEROLOGY	
ANTIDIARRHEALS / ANTISPASMODICS	
<i>acidophilus-pectin capsule 75 million cell -100 mg</i>	\$0 (Tier 3) NT
<i>anti-diarrheal 1 mg/7.5 ml sol</i>	\$0 (Tier 3) NT
<i>anti-diarrheal 2 mg caplet</i>	\$0 (Tier 3) NT
<i>anti-diarrheal 2 mg caplet caplet</i>	\$0 (Tier 3) NT
<i>anti-diarrheal 2 mg softgel</i>	\$0 (Tier 3) NT
<i>anti-diarrheal 2 mg tablet</i>	\$0 (Tier 3) NT
<i>bismuth 262 mg tablet chew</i>	\$0 (Tier 3) NT
<i>bismuth 262 mg tablet chew</i>	\$0 (Tier 3) NT
<i>diamode 2 mg caplet</i>	\$0 (Tier 3) NT
<i>diamode 2 mg caplet outer</i>	\$0 (Tier 3) NT
<i>dicyclomine oral capsule 10 mg</i>	\$0 (Tier 2)
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (Tier 2)
<i>dicyclomine oral tablet 20 mg</i>	\$0 (Tier 2)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (Tier 2)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 2)
<i>ft anti-diarrheal 2 mg caplet</i>	\$0 (Tier 3) NT
<i>ft anti-diarrheal 2 mg softgel</i>	\$0 (Tier 3) NT
<i>ft stomach relief 525 mg/30 ml 262 mg/15 ml</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ft stomach rlf 262 mg chew tab</i>	\$0 (Tier 3) NT
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)
<i>gnp anti-diarrheal 2 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp pink bismuth 262 mg tb chw</i>	\$0 (Tier 3) NT
<i>gnp pink bismuth 525 mg/15 ml</i>	\$0 (Tier 3) NT
<i>gnp stomach rlf 525 mg/30 ml 262 mg/15 ml</i>	\$0 (Tier 3) NT
<i>gs anti-diarrheal 2 mg caplet</i>	\$0 (Tier 3) NT
<i>loperamide 1 mg/7.5 ml soln</i>	\$0 (Tier 3) NT
<i>loperamide 2 mg tablet</i>	\$0 (Tier 3) NT
<i>loperamide oral capsule 2 mg</i>	\$0 (Tier 1)
<i>pink bismuth caplet 262 mg</i>	\$0 (Tier 3) NT
<i>qc anti-diarrheal 2 mg caplet</i>	\$0 (Tier 3) NT
<i>qc anti-diarrheal 2 mg softgel</i>	\$0 (Tier 3) NT
<i>qc diarrhea rlf 262 mg/15 ml vanilla reg flavor</i>	\$0 (Tier 3) NT
<i>qc stomach rlf 262 mg chew tab</i>	\$0 (Tier 3) NT
RISA-BID CAPLET 1 BILLION CELL- 250 MG	\$0 (Tier 3) NT
<i>risaquad 8 billion cfu capsule 8 billion cell</i>	\$0 (Tier 3) NT
<i>sm anti-diarrheal 1 mg/7.5 ml</i>	\$0 (Tier 3) NT
<i>sm anti-diarrheal 2 mg caplet caplet</i>	\$0 (Tier 3) NT
<i>sm anti-diarrheal 2 mg softgel</i>	\$0 (Tier 3) NT
<i>sm stomach rlf 262 mg caplet</i>	\$0 (Tier 3) NT
<i>sm stomach rlf 262 mg chew tab</i>	\$0 (Tier 3) NT
<i>stomach relief 262 mg caplet</i>	\$0 (Tier 3) NT
<i>stomach relief 262 mg chew tab</i>	\$0 (Tier 3) NT
<i>stomach relief 525 mg/15 ml</i>	\$0 (Tier 3) NT
<i>stomach rlf 525 mg/30 ml susp 262 mg/15 ml</i>	\$0 (Tier 3) NT
MISCELLANEOUS GASTROINTESTINAL AGENTS	
<i>acid gone tablet chew 160-105 mg</i>	\$0 (Tier 3) NT
<i>almacone-2 liquid 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>alose tron oral tablet 0.5 mg</i>	\$0 (Tier 2) PA; QL (60 EA per 30 days)
<i>alose tron oral tablet 1 mg</i>	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>alum-mag hydroxide-simeth 1,200-1,200-120 mg/30 ml cup inner 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>alum-mag hydroxide-simeth 1,200-1,200-120 mg/30 ml cup outer 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>antacid anti-gas liquid 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>antacid anti-gas max str liq 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>antacid ex-str tablet chew 160-105 mg</i>	\$0 (Tier 3) NT
<i>antacid extra strength chw tab 160-105 mg</i>	\$0 (Tier 3) NT
<i>antacid liquid 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>antacid-antigas liquid 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>antacid-antigas suspension 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>anti-nausea liquid</i>	\$0 (Tier 3) NT
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) B/D
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	\$0 (Tier 1) B/D
<i>balsalazide oral capsule 750 mg</i>	\$0 (Tier 1)
<i>betaine oral powder 1 gram/scoop</i>	\$0 (Tier 2) LA; ^
<i>bisacodyl 10 mg suppository</i>	\$0 (Tier 3) NT
<i>bisacodyl ec 5 mg tablet</i>	\$0 (Tier 3) NT
<i>bisacodyl ec 5 mg tablet usp</i>	\$0 (Tier 3) NT
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	\$0 (Tier 1)
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
<i>child glycerin 1.2 gm supp</i>	\$0 (Tier 3) NT
<i>child glycerin suppository</i>	\$0 (Tier 3) NT
<i>chocolated laxative 15 mg</i>	\$0 (Tier 3) NT
<i>chocolated laxative gluten-free, reg str 15 mg</i>	\$0 (Tier 3) NT
<i>clearlax powder 14 once-daily doses 17 gram/dose</i>	\$0 (Tier 3) NT
<i>clearlax powder 17 gram/dose</i>	\$0 (Tier 3) NT
<i>clearlax powder 30 once-daily doses 17 gram/dose</i>	\$0 (Tier 3) NT
<i>clearlax powder 7 once-daily doses 17 gram/dose</i>	\$0 (Tier 3) NT
<i>clearlax powder packet 17 gram</i>	\$0 (Tier 3) NT
COLACE CLEAR 50 MG SOFTGEL	\$0 (Tier 3) NT
<i>compro rectal suppository 25 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>constulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	\$0 (Tier 2)
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (Tier 1)
<i>cvs chocolated laxative 15 mg</i>	\$0 (Tier 3) NT
<i>docusate cal 240 mg capsule</i>	\$0 (Tier 3) NT
<i>docusate cal 240 mg softgel</i>	\$0 (Tier 3) NT
<i>docusate cal 240 mg softgel softgel</i>	\$0 (Tier 3) NT
<i>docusate cal 240 mg softgel u-d, softgel</i>	\$0 (Tier 3) NT
<i>docusate sod 100 mg/10 ml cup inner 50 mg/5 ml</i>	\$0 (Tier 3) NT
<i>docusate sod 100 mg/10 ml cup outer 50 mg/5 ml</i>	\$0 (Tier 3) NT
<i>docusate sodium 100 mg capsule</i>	\$0 (Tier 3) NT
<i>docusate sodium 100 mg softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 100 mg softgel inner, softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 100 mg softgel outer, softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 100 mg softgel softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 100 mg softgel u-d,softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 250 mg capsule u-d,softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 250 mg softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 250 mg softgel softgel</i>	\$0 (Tier 3) NT
<i>docusate sodium 50 mg/5 ml cup inner</i>	\$0 (Tier 3) NT
<i>docusate sodium 50 mg/5 ml cup outer</i>	\$0 (Tier 3) NT
<i>docusate sodium 50 mg/5 ml liq</i>	\$0 (Tier 3) NT
DOCUSATE SODIUM MINI ENEMA 283 MG/5 ML	\$0 (Tier 3) NT
DOCUSOL KIDS 100 MG MINI-ENEMA 5ML MINI-ENEMA,OUTER 100 MG/5 ML	\$0 (Tier 3) NT
<i>dok 100 mg tablet</i>	\$0 (Tier 3) NT
<i>driminate 50 mg tablet</i>	\$0 (Tier 3) NT
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) B/D; QL (60 EA per 30 days)
<i>dss 250 mg softgel</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>enema disposable 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>enema ready to use 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>enema ready to use 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
ENEMEEZ KIDS 100 MG/5 ML ENEMA	\$0 (Tier 3) NT
ENEMEEZ MINI ENEMA 283 MG/5 ML	\$0 (Tier 3) NT
ENEMEEZ MINI ENEMA 5CC TUBES, OUTER 283 MG/5 ML	\$0 (Tier 3) NT
ENEMEEZ PLUS MINI ENEMA 283-20 MG/5 ML	\$0 (Tier 3) NT
ENEMEEZ PLUS MINI ENEMA OUTER 283-20 MG/5 ML	\$0 (Tier 3) NT
<i>enulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)
<i>epsom salt 495 mg/5 gram</i>	\$0 (Tier 3) NT
<i>epsom salt granules 495 mg/5 gram</i>	\$0 (Tier 3) NT
<i>eql chocolated laxative 15 mg</i>	\$0 (Tier 3) NT
<i>evac-u-gen 8.6 mg tablet</i>	\$0 (Tier 3) NT
<i>fiber laxative 625 mg caplet</i>	\$0 (Tier 3) NT
<i>fiber laxative 625 mg tablet</i>	\$0 (Tier 3) NT
<i>fiber tablet unboxed 625 mg</i>	\$0 (Tier 3) NT
<i>fiber tabs 625 mg</i>	\$0 (Tier 3) NT
<i>fiber therapy powder 2 gram/19 gram</i>	\$0 (Tier 3) NT
<i>fiber-lax 625 mg tablet 500mg polycarbophil</i>	\$0 (Tier 3) NT
FLEET BISACODYL 10 MG ENEMA 10 MG/30 ML	\$0 (Tier 3) NT
<i>fleet enema 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>fleet enema 2x133ml, twin pack 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>fleet enema 4x133ml 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
FLEET GLYCERIN LIQUID SUPP 5.4 GRAM/5.4 ML	\$0 (Tier 3) NT
FLEET PEDIA-LAX ENEMA 9.5-3.5 GRAM/59 ML	\$0 (Tier 3) NT
FLEET PEDIA-LAX STOOL SOFTENER 50 MG/15 ML	\$0 (Tier 3) NT
FLEET PEDIA-LAX SUPPOSITORIES 2.8 GRAM/2.7 ML	\$0 (Tier 3) NT
FLEET PEDIA-LAX TABLET CHEW 400 MG (170 MG MAGNESIUM)	\$0 (Tier 3) NT
<i>ft antacid-antigas liquid 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ft antacid-antigas max str 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ft clearlax powder 17 gram/dose</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ft fiber laxative 625 mg cplt</i>	\$0 (Tier 3) NT
<i>ft gas relief 125 mg chew tab</i>	\$0 (Tier 3) NT
<i>ft gas relief 125 mg softgel</i>	\$0 (Tier 3) NT
<i>ft gas relief(simeth) 80 mg chw</i>	\$0 (Tier 3) NT
<i>ft gentle laxative 10 mg supp</i>	\$0 (Tier 3) NT
<i>ft inft gas rlf 20 mg/0.3 ml 40 mg/0.6 ml</i>	\$0 (Tier 3) NT
<i>ft laxative 5 mg tablet</i>	\$0 (Tier 3) NT
<i>ft laxative ec 5 mg tablet</i>	\$0 (Tier 3) NT
<i>ft magnesium citrate solution</i>	\$0 (Tier 3) NT
<i>ft milk of magnesia suspension 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ft motion sickness 50 mg tab</i>	\$0 (Tier 3) NT
<i>ft senna laxative 8.6 mg tab</i>	\$0 (Tier 3) NT
<i>ft senna-s 8.6-50 mg tablet</i>	\$0 (Tier 3) NT
<i>ft stool softener 100 mg sftgl</i>	\$0 (Tier 3) NT
<i>ft stool softener 100 mg tab</i>	\$0 (Tier 3) NT
<i>ft stool softener 250 mg sftgl</i>	\$0 (Tier 3) NT
<i>ft stool softener-stim lax tab 8.6-50 mg</i>	\$0 (Tier 3) NT
<i>gas relief (simeth) 80 mg chew</i>	\$0 (Tier 3) NT
<i>gas relief 125 mg chew tablet</i>	\$0 (Tier 3) NT
<i>gas relief 125 mg chew tablet extra str,cherry crm</i>	\$0 (Tier 3) NT
<i>gas relief 125 mg softgel</i>	\$0 (Tier 3) NT
<i>gas relief 125 mg softgel softgel,ex-strength</i>	\$0 (Tier 3) NT
<i>gas relief 180 mg softgel</i>	\$0 (Tier 3) NT
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2) PA; LA; ^
<i>gavilax powder 14 day 17 gram/dose</i>	\$0 (Tier 3) NT
<i>gavilax powder 30 day 17 gram/dose</i>	\$0 (Tier 3) NT
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0 (Tier 1)
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (Tier 1)
<i>generlac oral solution 10 gram/15 ml</i>	\$0 (Tier 1)
<i>gentle laxative 10 mg supp</i>	\$0 (Tier 3) NT
<i>gentle laxative ec 5 mg tablet</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>gentlelax powder 30 once-daily doses 17 gram/dose</i>	\$0 (Tier 3) NT
<i>geri-kot 8.6 mg tablet</i>	\$0 (Tier 3) NT
<i>geri-lanta liquid 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>geri-mox antacid-antigas susp 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>glycerin 2 gm suppository</i>	\$0 (Tier 3) NT
<i>glycerin adult suppository</i>	\$0 (Tier 3) NT
<i>gnp anti-nausea liquid</i>	\$0 (Tier 3) NT
<i>gnp gas rlf(simeth) 80 mg chew</i>	\$0 (Tier 3) NT
<i>gnp gentle laxative 10 mg supp</i>	\$0 (Tier 3) NT
<i>gnp gentle laxative ec 5 mg tb</i>	\$0 (Tier 3) NT
<i>gnp magnesium citrate solution</i>	\$0 (Tier 3) NT
<i>gnp senna lax 8.6 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp senna plus 8.6-50 mg tab</i>	\$0 (Tier 3) NT
<i>gnp stool softener 100 mg sfgl</i>	\$0 (Tier 3) NT
<i>gnp stool softener 240 mg sfgl</i>	\$0 (Tier 3) NT
<i>gnp stool softener 250 mg sfgl</i>	\$0 (Tier 3) NT
<i>gnp stool softener-stim lax tb 8.6-50 mg</i>	\$0 (Tier 3) NT
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1) B/D
<i>gs adv antacid-antigas liquid 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs antacid plus gas relief liq 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs antacid-gas relief liquid 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs bisacodyl ec 5 mg tablet</i>	\$0 (Tier 3) NT
<i>gs clearlax powder 17 gram/dose</i>	\$0 (Tier 3) NT
<i>gs enema ready to use 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>gs enema ready to use twin pak 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>gs gas relief 180 mg softgel</i>	\$0 (Tier 3) NT
<i>gs hemorrhoidal cream 0.25-1 %</i>	\$0 (Tier 3) NT
GS HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	\$0 (Tier 3) NT
<i>gs milk of magnesia suspension 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs senna laxative 8.6 mg tab</i>	\$0 (Tier 3) NT
<i>healthylax powder packet outer 17 gram</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>hemorrhoidal ointment 0.25-14-74.9 %</i>	\$0 (Tier 3) NT
HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	\$0 (Tier 3) NT
<i>hm enema ready to use 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>hm enema ready to use twin pak 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>hv milk of magnesia suspension 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	\$0 (Tier 1)
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)
<i>infant gas rlf 20 mg/0.3 ml 40 mg/0.6 ml</i>	\$0 (Tier 3) NT
<i>infants' gas rlf 20 mg/0.3 ml 40 mg/0.6 ml</i>	\$0 (Tier 3) NT
<i>infants' mylicon 20 mg/0.3 ml 40 mg/0.6 ml</i>	\$0 (Tier 3) NT
<i>infants' simethicone drops 40 mg/0.6 ml</i>	\$0 (Tier 3) NT
<i>kro gentlelax 17 gram powder 17 gram/dose</i>	\$0 (Tier 3) NT
<i>lactulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)
<i>laxacin tablet 8.6-50 mg</i>	\$0 (Tier 3) NT
<i>laxative 10 mg suppository</i>	\$0 (Tier 3) NT
<i>laxative 15 mg tablet</i>	\$0 (Tier 3) NT
<i>laxative 25 mg tablet</i>	\$0 (Tier 3) NT
<i>laxative ec 5 mg tablet</i>	\$0 (Tier 3) NT
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>mag-al plus suspens 30 ml cup 100's,u-d,10x10 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>mag-al plus xs susp 30 ml cup 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>magic bullet 10 mg suppos</i>	\$0 (Tier 3) NT
<i>magnesium citrate solution</i>	\$0 (Tier 3) NT
MAGNESIUM LACTATE SR 84 MG CPT	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet gluten free (otc) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet gluten-free (otc) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 2)
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	\$0 (Tier 1)
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	\$0 (Tier 1)
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	\$0 (Tier 1)
<i>mesalamine rectal enema 4 gram/60 ml</i>	\$0 (Tier 1)
<i>mesalamine rectal suppository 1,000 mg</i>	\$0 (Tier 1)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>milk of magnesia concentrated 2,400 mg/10 ml cup inner</i>	\$0 (Tier 3) NT
<i>milk of magnesia concentrated 2,400 mg/10 ml cup outer</i>	\$0 (Tier 3) NT
<i>milk of magnesia susp 2,400 mg/30 ml cup inner 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>milk of magnesia susp 2,400 mg/30 ml cup outer 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>milk of magnesia suspension 100's, u-d 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>milk of magnesia suspension 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>milk of magnesia suspension 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>milk of magnesia suspension original 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>mintox maximum strength susp max str, lemon creme 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>mintox plus tablet chewable 200-200-25 mg</i>	\$0 (Tier 3) NT
<i>motion sickness 50 mg tablet</i>	\$0 (Tier 3) NT
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>move it along 100 mg tablet</i>	\$0 (Tier 3) NT
<i>mylanta maximum strength liq 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT
<i>nausea relief liquid</i>	\$0 (Tier 3) NT
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	\$0 (Tier 2) QL (30 GM per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	\$0 (Tier 1)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0 (Tier 1)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>onelax 10 mg suppository</i>	\$0 (Tier 3) NT
<i>onelax docusate sod 50 mg/5 ml</i>	\$0 (Tier 3) NT
<i>onelax magnesium citrate soln</i>	\$0 (Tier 3) NT
<i>onelax senna 8.8 mg/5 ml syrup</i>	\$0 (Tier 3) NT
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (Tier 1)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0 (Tier 1)
PHAZYME 250 MG SOFTGEL	\$0 (Tier 3) NT
PHAZYME 250 MG SOFTGEL MAX-STRENGTH,SOFTGEL	\$0 (Tier 3) NT
PHAZYME 500 MG SOFTGEL	\$0 (Tier 3) NT
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 (Tier 2)
<i>polyethylene glycol 3350 powd (otc) 17 gram/dose</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd 14 once-daily doses (otc) 17 gram/dose</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd 17 grams pkt,inner (otc)</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd 17 grams pkts,outer (otc)</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd 7 once-daily doses (otc) 17 gram/dose</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd inner (otc) 17 gram</i>	\$0 (Tier 3) NT
<i>polyethylene glycol 3350 powd outer (otc) 17 gram</i>	\$0 (Tier 3) NT
<i>pramoxine hcl 1 % lotion</i>	\$0 (Tier 3) NT
<i>pramoxine hcl 1% foam 12's, non-steroid</i>	\$0 (Tier 3) NT
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)
<i>qc antacid suspension regular strength 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc antacid-antigas max str 400-400-40 mg/5 ml</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>qc antacid-antigas suspension regular strength 200-200-20 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc chocolated laxative 15 mg</i>	\$0 (Tier 3) NT
<i>qc fiberlax 625 mg caplet caplet</i>	\$0 (Tier 3) NT
<i>qc gentle laxative 10 mg supp</i>	\$0 (Tier 3) NT
<i>qc milk of magnesia suspension 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc milk of magnesia suspension mint flavor 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc milk of magnesia suspension original flavor 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc natura-lax 17 gm powder 17 gram/dose</i>	\$0 (Tier 3) NT
<i>qc ready to use enema 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>qc ready to use enema twin pack 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>qc stool softener 100 mg sftgl</i>	\$0 (Tier 3) NT
<i>qc vegetable laxative 8.6 mg tb</i>	\$0 (Tier 3) NT
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (Tier 2) QL (30 GM per 30 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (Tier 2) PA; QL (10 EA per 30 days)
<i>senexon-s 50-8.6 mg tablet 8.6-50 mg</i>	\$0 (Tier 3) NT
<i>senna 26.4 mg/15 ml syrup cup inner 8.8 mg/5 ml</i>	\$0 (Tier 3) NT
<i>senna 26.4 mg/15 ml syrup cup outer 8.8 mg/5 ml</i>	\$0 (Tier 3) NT
SENNA 8.6 MG SOFTGEL	\$0 (Tier 3) NT
<i>senna 8.6 mg tablet</i>	\$0 (Tier 3) NT
<i>senna 8.8 mg/5 ml liquid</i>	\$0 (Tier 3) NT
<i>senna 8.8 mg/5 ml syrup</i>	\$0 (Tier 3) NT
<i>senna 8.8 mg/5 ml syrup</i>	\$0 (Tier 3) NT
<i>senna 8.8 mg/5 ml syrup cup inner</i>	\$0 (Tier 3) NT
<i>senna 8.8 mg/5 ml syrup cup outer</i>	\$0 (Tier 3) NT
<i>senna laxative 8.6 mg tablet</i>	\$0 (Tier 3) NT
SENNA PLUS 8.6-50 MG SOFTGEL	\$0 (Tier 3) NT
<i>senna plus 8.6-50 mg tablet</i>	\$0 (Tier 3) NT
<i>senna-lax 8.6 mg tablet</i>	\$0 (Tier 3) NT
<i>senna-s 8.6-50 mg tablet</i>	\$0 (Tier 3) NT
<i>senna-s tablet 8.6-50 mg</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>senna-time 8.6 mg tablet</i>	\$0 (Tier 3) NT
<i>senna-time s tablet 8.6-50 mg</i>	\$0 (Tier 3) NT
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	\$0 (Tier 3) NT
SEKOKOT EXTRA STR 17.2 MG TAB	\$0 (Tier 3) NT
<i>simethicone 125 mg softgel</i>	\$0 (Tier 3) NT
<i>simethicone 125 mg tab chew</i>	\$0 (Tier 3) NT
<i>simethicone 180 mg softgel</i>	\$0 (Tier 3) NT
<i>simethicone 180 mg softgel softgel</i>	\$0 (Tier 3) NT
<i>simethicone 80 mg tab chew</i>	\$0 (Tier 3) NT
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	\$0 (Tier 2) PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	\$0 (Tier 2) PA; QL (2.4 ML per 56 days); ^
<i>sm clearlax powder 17 gram/dose</i>	\$0 (Tier 3) NT
<i>sm clearlax powder 7 once-daily doses 17 gram/dose</i>	\$0 (Tier 3) NT
<i>sm enema ready to use 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>sm enema ready to use twin pak 19-7 gram/118 ml</i>	\$0 (Tier 3) NT
<i>sm fiber 625 mg caplet</i>	\$0 (Tier 3) NT
<i>sm gas relief 125 mg chew tab</i>	\$0 (Tier 3) NT
<i>sm gas relief(simeth) 80 mg chw</i>	\$0 (Tier 3) NT
<i>sm gentle laxative ec 5 mg tab</i>	\$0 (Tier 3) NT
<i>sm inf gas relief 20 mg/0.3 ml non-staining 40 mg/0.6 ml</i>	\$0 (Tier 3) NT
<i>sm magnesium citrate solution</i>	\$0 (Tier 3) NT
<i>sm milk of magnesia suspension 400 mg/5 ml</i>	\$0 (Tier 3) NT
<i>sm motion sickness 50 mg tab</i>	\$0 (Tier 3) NT
<i>sm senna laxative 8.6 mg tab</i>	\$0 (Tier 3) NT
<i>sm stool softener 100 mg sftgl</i>	\$0 (Tier 3) NT
<i>sm stool softener 100 mg tab</i>	\$0 (Tier 3) NT
<i>sm stool softener-laxative tab 8.6-50 mg</i>	\$0 (Tier 3) NT
<i>sodium bicarb 10 grain tablet 650 mg</i>	\$0 (Tier 3) NT
<i>sodium bicarb 325 mg tablet</i>	\$0 (Tier 3) NT
<i>sodium bicarb 650 mg tablet 10 gr</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sodium bicarb 650 mg tablet</i>	\$0 (Tier 3) NT
<i>sodium bicarb 650 mg tablet inner</i>	\$0 (Tier 3) NT
<i>sodium bicarb 650 mg tablet outer</i>	\$0 (Tier 3) NT
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i>	\$0 (Tier 1)
<i>stimulant laxative plus tablet 8.6-50 mg</i>	\$0 (Tier 3) NT
<i>stool softener 100 mg softgel</i>	\$0 (Tier 3) NT
<i>stool softener 100 mg softgel softgel</i>	\$0 (Tier 3) NT
<i>stool softener 100 mg tablet</i>	\$0 (Tier 3) NT
<i>stool softener 250 mg softgel</i>	\$0 (Tier 3) NT
<i>stool softener-laxative tablet 8.6-50 mg</i>	\$0 (Tier 3) NT
STOOL SOFTENER-STIM LAX SOFTGL 8.6-50 MG	\$0 (Tier 3) NT
<i>stool softener-stim lax tablet 8.6-50 mg</i>	\$0 (Tier 3) NT
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	\$0 (Tier 2) PA; ^
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 1)
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	\$0 (Tier 1)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 (Tier 2)
<i>teeny tummy inf gas 20 mg/0.3 ml 40 mg/0.6 ml</i>	\$0 (Tier 3) NT
TRULANCE ORAL TABLET 3 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>vegetable lax-stool softnr tab 8.6-50 mg</i>	\$0 (Tier 3) NT
VOWST ORAL CAPSULE	\$0 (Tier 2) PA; LA; ^
<i>women's gentle lax ec 5 mg tab</i>	\$0 (Tier 3) NT
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	\$0 (Tier 2)
ULCER THERAPY	
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i>	\$0 (Tier 1)
<i>sucralfate oral tablet 1 gram</i>	\$0 (Tier 1)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	
BIOTECHNOLOGY DRUGS	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (Tier 2) PA; LA; ^
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 (Tier 2) PA; LA; ^
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	\$0 (Tier 2) PA-NS; LA; ^
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 2) PA; QL (14 EA per 28 days); ^
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 (Tier 2) PA; ^
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 (Tier 2) PA; ^
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 (Tier 2) PA; ^
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 (Tier 2) PA; ^
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	\$0 (Tier 2) PA; ^
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 2) PA; QL (4 ML per 28 days); ^
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 (Tier 2) PA; QL (2 ML per 28 days); ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0 (Tier 2) PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0 (Tier 2) PA; ^
VACCINES / MISCELLANEOUS IMMUNOLOGICALS	
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 (Tier 2) NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 2) NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 2) NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 2) NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 (Tier 2) NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (Tier 2) NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (Tier 2) NM
BIVIGAM INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) PA; NM; LA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 2) NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 2) NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (Tier 2) NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 (Tier 2) B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (Tier 2) B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (Tier 2) B/D; NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (Tier 2) PA; NM; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 (Tier 2) PA; NM; ^
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 2) PA; NM; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 2) PA; NM; LA; ^

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 (Tier 2) PA; NM; LA; ^
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 2) PA; NM; ^
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (Tier 2) NM
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (Tier 2) NM
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 (Tier 2) NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0 (Tier 2) B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 2) NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 (Tier 2) NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0 (Tier 2) NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (Tier 2) NM
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 (Tier 2) NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (Tier 2) NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 (Tier 2) NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 (Tier 2) NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (Tier 2) NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 (Tier 2) NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (Tier 2) NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 (Tier 2) NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 (Tier 2) NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 (Tier 2) PA; NM; ^
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	\$0 (Tier 2) PA; NM; ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 (Tier 2) NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 (Tier 2) NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 (Tier 2) NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU - 10 MCG/0.5ML	\$0 (Tier 2) NM
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0 (Tier 2) B/D; NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 (Tier 2) NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) PA; NM; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 (Tier 2) NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	\$0 (Tier 2) NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (Tier 2) NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (Tier 2) NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 (Tier 2) B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (Tier 2) B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0 (Tier 2) NM
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 (Tier 2) NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (Tier 2) NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 (Tier 2) NM; A third dose may be considered in post-transplant members (PA required).; QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 (Tier 2) NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 (Tier 2) NM

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (Tier 2) NM
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	\$0 (Tier 2) B/D; NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	\$0 (Tier 2) NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (Tier 2) NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT-20 MCG/ML	\$0 (Tier 2) NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (Tier 2) NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (Tier 2) NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 2) NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 2) NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (Tier 2) NM
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 (Tier 2) NM
MISCELLANEOUS SUPPLIES	
MISCELLANEOUS SUPPLIES	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (Tier 2)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (Tier 2)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	\$0 (Tier 2) BD Preferred
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	\$0 (Tier 2) BD Preferred
MUSCULOSKELETAL / RHEUMATOLOGY	
GOUT THERAPY	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)
<i>colchicine oral capsule 0.6 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0 (Tier 1)
OSTEOPOROSIS THERAPY	
<i>alendronate oral solution 70 mg/75 ml</i>	\$0 (Tier 1) QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	\$0 (Tier 1) QL (4 EA per 28 days)
<i>ibandronate oral tablet 150 mg</i>	\$0 (Tier 1) QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (Tier 2) QL (1 ML per 180 days)
<i>raloxifene oral tablet 60 mg</i>	\$0 (Tier 1)
<i>risedronate oral tablet 150 mg</i>	\$0 (Tier 1) QL (1 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	\$0 (Tier 1) QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	\$0 (Tier 1) QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	PA; Only Teriparatide NDC 47781065289 is covered; QL (2.48 ML per 28 days); ^
OTHER RHEUMATOLOGICALS	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 (Tier 2) PA; QL (3.6 ML per 28 days); ^
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 (Tier 2) PA; QL (3.6 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 (Tier 2) PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (Tier 2) PA; LA; QL (8 ML per 28 days); ^
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (6 EA per 180 days); ^
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (4 EA per 180 days); ^
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (4 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0 (Tier 2) PA; QL (2 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (4 EA per 28 days); ^
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 180 days); ^
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 2) PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 2) PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 180 days); ^
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (Tier 2) PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0 (Tier 2) PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 2) PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	\$0 (Tier 2) PA; Only Humira NDCs starting 00074 are covered; QL (2 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (Tier 2) PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	\$0 (Tier 2) PA; QL (55 EA per 180 days); ^
<i>penicillamine oral tablet 250 mg</i>	\$0 (Tier 2) ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	\$0 (Tier 2) PA; QL (84 EA per 180 days); ^
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (Tier 2) QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 (Tier 2) QL (55 EA per 180 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0 (Tier 2) PA; QL (3 EA per 180 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	\$0 (Tier 2) PA; QL (4 EA per 28 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0 (Tier 2) PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	\$0 (Tier 2) PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (Tier 2) PA; QL (4 EA per 28 days); ^
OBSTETRICS / GYNECOLOGY	
ESTROGENS / PROGESTINS	
<i>camila oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>deblitane oral tablet 0.35 mg</i>	\$0 (Tier 1)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 (Tier 2)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 2)
<i>errin oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 2)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 2)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	\$0 (Tier 1)
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (Tier 1)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (Tier 2)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 2)
<i>heather oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>incassia oral tablet 0.35 mg</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>jinteli oral tablet 1-5 mg-mcg</i>	\$0 (Tier 2)
<i>lyleq oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 2)
<i>lyza oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0 (Tier 1)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0 (Tier 1)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>mimvey oral tablet 1-0.5 mg</i>	\$0 (Tier 2)
<i>nora-be oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 2)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (Tier 2)
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	\$0 (Tier 1)
<i>sharobel oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>yuvafem vaginal tablet 10 mcg</i>	\$0 (Tier 1)
MISCELLANEOUS OB/GYN	
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 (Tier 2)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	\$0 (Tier 1)
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 (Tier 2)
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)
<i>summer's eve medicated douche 0.3 %</i>	\$0 (Tier 3) NT
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)
ORAL CONTRACEPTIVES / RELATED AGENTS	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)
<i>apri oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)
<i>abra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)
<i>cyred eq oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>dolishale oral tablet 90-20 mcg (28)</i>	\$0 (Tier 1)
<i>drospirenone-e.estradiol-lm.f.a oral tablet 3-0.02-0.451 mg (24) (4)</i>	\$0 (Tier 1)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)
<i>enskyce oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (Tier 1)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (Tier 1)
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)
<i>isibloom oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>juleber oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (Tier 1)
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	\$0 (Tier 1)
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (Tier 1)
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	\$0 (Tier 1)
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>loryna (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (Tier 1)
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>mili oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>nikki (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (Tier 1)
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will cost you (tier level) limits on use
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (Tier 1)
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	\$0 (Tier 1)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>ocella oral tablet 3-0.03 mg</i>	\$0 (Tier 1)
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)
<i>portia 28 oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0 (Tier 1)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>syeda oral tablet 3-0.03 mg</i>	\$0 (Tier 1)
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	\$0 (Tier 1)
<i>vestura (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	\$0 (Tier 1)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
OPHTHALMOLOGY	
ANTIBIOTICS	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (Tier 1)
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (Tier 1)
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (Tier 1)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 (Tier 2)
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (Tier 1)
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	\$0 (Tier 1)
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)
ANTIVIRALS	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (Tier 2)
BETA-BLOCKERS	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (Tier 1)
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)
MISCELLANEOUS OPHTHALMOLOGICS	
<i>alaway 0.025% eye drops 0.025 % (0.035 %)</i>	\$0 (Tier 3) NT
<i>atropine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)
<i>child's alaway 0.025% eye drop 0.025 % (0.035 %)</i>	\$0 (Tier 3) NT
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (Tier 1)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	\$0 (Tier 1) QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 (Tier 2) PA; LA; ^
<i>eye itch relief 0.025% drops 0.025 % (0.035 %)</i>	\$0 (Tier 3) NT
GENTEAL TEARS SEVERE 3-94% OIN 94-3 %	\$0 (Tier 3) NT
<i>ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %)</i>	\$0 (Tier 3) NT
<i>ketotifen fum 0.035% eye drops (otc) 0.025 % (0.035 %)</i>	\$0 (Tier 3) NT
LUBRICANT EYE OINTMENT 57.3-42.5 %	\$0 (Tier 3) NT
LUBRICANT PM EYE OINTMENT 57.3-42.5 %	\$0 (Tier 3) NT
MURO-128 2% EYE DROPS	\$0 (Tier 3) NT
NIGHTTIME LUBRICANT EYE OINT 57.3-42.5 %	\$0 (Tier 3) NT
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0 (Tier 1)
REFRESH LACRI-LUBE OINTMENT 56.8-42.5 %	\$0 (Tier 3) NT
<i>sodium chloride 5% eye drop</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sodium chloride 5% eye oint</i>	\$0 (Tier 3) NT
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (Tier 1)
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (Tier 1)
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (Tier 1)
SYSTANE NIGHTTIME EYE OINTMENT 94-3 %	\$0 (Tier 3) NT
XDEMVI OPTHALMIC (EYE) DROPS 0.25 %	\$0 (Tier 2) PA; QL (10 ML per 42 days); ^
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	
<i>bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %</i>	\$0 (Tier 1)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 1)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	\$0 (Tier 1)
PROLENSA OPTHALMIC (EYE) DROPS 0.07 %	\$0 (Tier 2)
ORAL DRUGS FOR GLAUCOMA	
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (Tier 1)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)
OTHER GLAUCOMA DRUGS	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	\$0 (Tier 1)
COMBIGAN OPTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 (Tier 2)
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	\$0 (Tier 1)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	\$0 (Tier 1)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	\$0 (Tier 1)
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	\$0 (Tier 2)
RHOPRESSA OPTHALMIC (EYE) DROPS 0.02 %	\$0 (Tier 2)
ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %	\$0 (Tier 2)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	\$0 (Tier 1)
STEROID-ANTIBIOTIC COMBINATIONS	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (Tier 1)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (Tier 1)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (Tier 2)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1)
STEROIDS	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	\$0 (Tier 1)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	\$0 (Tier 1)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	\$0 (Tier 1)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (Tier 2)
SYMPATHOMIMETICS	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (Tier 2)
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	\$0 (Tier 1)
VASOCONSTRICTOR DECONGESTANTS	
<i>eye drops 0.05 %</i>	\$0 (Tier 3) NT
<i>eye drops 0.05%</i>	\$0 (Tier 3) NT
<i>ft eye drops 0.05%</i>	\$0 (Tier 3) NT
RESPIRATORY AND ALLERGY	
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS	
ALAHIST PE 2-7.5 MG TABLET	\$0 (Tier 3) NT
<i>aler-caps 25 mg capsule</i>	\$0 (Tier 3) NT
<i>aller-chlor 4 mg tablet</i>	\$0 (Tier 3) NT
<i>aller-g-time 25 mg caplet</i>	\$0 (Tier 3) NT
<i>allergy 25 mg capsule</i>	\$0 (Tier 3) NT
<i>allergy 25 mg softgel d/f, gluten-free</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>allergy 25 mg tablet</i>	\$0 (Tier 3) NT
<i>allergy 4 mg tablet</i>	\$0 (Tier 3) NT
<i>allergy relief 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>allergy relief 180 mg tablet</i>	\$0 (Tier 3) NT
<i>allergy relief 25 mg capsule</i>	\$0 (Tier 3) NT
<i>allergy relief 25 mg softgel</i>	\$0 (Tier 3) NT
<i>allergy relief 25 mg tablet</i>	\$0 (Tier 3) NT
<i>allergy relief 4 mg tablet</i>	\$0 (Tier 3) NT
<i>allergy rlf (fexo) 60 mg tab</i>	\$0 (Tier 3) NT
<i>banophen 25 mg capsule</i>	\$0 (Tier 3) NT
<i>banophen 25 mg tablet</i>	\$0 (Tier 3) NT
<i>banophen 50 mg capsule</i>	\$0 (Tier 3) NT
<i>cetirizine oral solution 1 mg/ml</i>	\$0 (Tier 1)
<i>child allergy (fexo) 30 mg/5 ml</i>	\$0 (Tier 3) NT
<i>child allergy rlf 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>child cold-allergy liquid 1-2.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>child's allergy 12.5 mg/5 ml cherry</i>	\$0 (Tier 3) NT
<i>child's allergy 12.5 mg/5 ml cherry,child</i>	\$0 (Tier 3) NT
<i>child's wal-dryl 12.5 mg/5 ml children,cherry</i>	\$0 (Tier 3) NT
<i>chld allrgy rlf 12.5 mg chew tb</i>	\$0 (Tier 3) NT
<i>chlorhist 4 mg tablet</i>	\$0 (Tier 3) NT
<i>chlorpheniramine 4 mg tablet</i>	\$0 (Tier 3) NT
<i>cyproheptadine oral tablet 4 mg</i>	\$0 (Tier 2) PA
<i>desloratadine oral tablet 5 mg</i>	\$0 (Tier 1)
<i>diphedryl 12.5 mg/5 ml elixir</i>	\$0 (Tier 3) NT
<i>diphenhydramine 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>diphenhydramine 25 mg caplet caplet</i>	\$0 (Tier 3) NT
<i>diphenhydramine 25 mg capsule (otc)</i>	\$0 (Tier 3) NT
<i>diphenhydramine 25 mg capsule u-d (otc)</i>	\$0 (Tier 3) NT
<i>diphenhydramine 25 mg tablet</i>	\$0 (Tier 3) NT
<i>diphenhydramine 25 mg tablet inner</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>diphenhydramine 25 mg tablet outer</i>	\$0 (Tier 3) NT
<i>diphenhydramine 50 mg capsule (otc)</i>	\$0 (Tier 3) NT
<i>diphenhydramine 50 mg capsule u-d (otc)</i>	\$0 (Tier 3) NT
<i>diphenhydramine 50 mg capsule u-d, 10x10 (otc)</i>	\$0 (Tier 3) NT
<i>ed a-hist liquid (otc) 4-10 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ed chlorped jr syrup 2 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ed-a-hist 4 mg-10 mg tablet 4-10 mg</i>	\$0 (Tier 3) NT
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	\$0 (Tier 1) QL (4 EA per 30 days)
<i>fexofenadine hcl 180 mg tablet (otc)</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)</i>	\$0 (Tier 3) NT
<i>fexofenadine hcl 60 mg tablet (otc)</i>	\$0 (Tier 3) NT
<i>ft allergy (chlorphen) 4 mg tb</i>	\$0 (Tier 3) NT
<i>ft allergy (diphen) 25 mg cap</i>	\$0 (Tier 3) NT
FT ALLERGY (DIPHEN) 25 MG CHEW	\$0 (Tier 3) NT
<i>ft allergy (diphen) 25 mg tab</i>	\$0 (Tier 3) NT
<i>ft allergy (fexo) 180 mg tab</i>	\$0 (Tier 3) NT
<i>ft allergy (fexo) 60 mg tablet</i>	\$0 (Tier 3) NT
<i>ft child allergy 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>ft nighttime sleep 25 mg cplt</i>	\$0 (Tier 3) NT
<i>ft sleep aid 50 mg softgel</i>	\$0 (Tier 3) NT
<i>geri-dryl 12.5 mg/5 ml liquid</i>	\$0 (Tier 3) NT
<i>geri-dryl 25 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 180 mg tab</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 25 mg sfgl</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 25 mg tab</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 4 mg tablet</i>	\$0 (Tier 3) NT
<i>gnp allergy relief 50 mg/20 ml 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gnp nighttime sleep aid 50 mg</i>	\$0 (Tier 3) NT
<i>gnp sleep aid 25 mg caplet</i>	\$0 (Tier 3) NT
GNP SLEEP AID 50 MG/30 ML LIQ	\$0 (Tier 3) NT
<i>gs aller-ease 180 mg tablet</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>gs allergy relief 25 mg tablet</i>	\$0 (Tier 3) NT
<i>gs child allergy 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>gs nighttime sleep aid 25 mg</i>	\$0 (Tier 3) NT
GS SLEEP TIME 25 MG SOFTGEL	\$0 (Tier 3) NT
GS SLEEP TIME 50 MG/30 ML LIQ	\$0 (Tier 3) NT
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 2) PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 2) PA
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	\$0 (Tier 1)
<i>levocetirizine oral tablet 5 mg</i>	\$0 (Tier 1)
<i>maxallergy kids 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>m-dryl 12.5 mg/5 ml solution</i>	\$0 (Tier 3) NT
<i>nighttime sleep aid 25 mg cplt</i>	\$0 (Tier 3) NT
<i>nighttime sleep aid 25 mg cplt mini-caplet</i>	\$0 (Tier 3) NT
<i>nohist-lq liquid 4-10 mg/5 ml</i>	\$0 (Tier 3) NT
<i>nytol 25 mg quickcaps caplet</i>	\$0 (Tier 3) NT
<i>nytol 25 mg quickcaps caplet caplet</i>	\$0 (Tier 3) NT
<i>pharbechlor 4 mg tablet</i>	\$0 (Tier 3) NT
<i>pharbedryl 25 mg capsule</i>	\$0 (Tier 3) NT
<i>pharbedryl 50 mg capsule</i>	\$0 (Tier 3) NT
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 2) PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 2) PA
<i>qc child allergy 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>qc complete allergy 25 mg cap</i>	\$0 (Tier 3) NT
<i>qc complete allergy 25 mg cap</i>	\$0 (Tier 3) NT
<i>qc rest simply 25 mg caplet</i>	\$0 (Tier 3) NT
RU-HIST D 10-4 MG TABLET 4-10 MG	\$0 (Tier 3) NT
<i>rynex pe liquid 1-2.5 mg/5 ml</i>	\$0 (Tier 3) NT
SLEEP AID 25 MG SOFTGEL	\$0 (Tier 3) NT
<i>sleep aid 50 mg softgel</i>	\$0 (Tier 3) NT
SLEEP AID 50 MG/30 ML LIQUID	\$0 (Tier 3) NT
<i>sleep tabs 25 mg tablet</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SM ALLERGY (DIPHEN) 25 MG CHEW	\$0 (Tier 3) NT
<i>sm allergy (fexo) 60 mg tablet</i>	\$0 (Tier 3) NT
<i>sm child allergy 12.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>sm child cold-allergy liquid 1-2.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>sm fexofenadine hcl 180 mg tab (otc)</i>	\$0 (Tier 3) NT
<i>sominex 25 mg tablet</i>	\$0 (Tier 3) NT
<i>total allergy 25 mg tablet</i>	\$0 (Tier 3) NT
PULMONARY AGENTS	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (Tier 1) B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (Tier 2) PA; LA; QL (90 EA per 30 days); ^
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 (Tier 2) QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	\$0 (Tier 1) 8.5 gm inhaler; QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	\$0 (Tier 1) 6.7 gm inhaler; QL (13.4 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	\$0 (Tier 1) B/D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)
<i>allergy relief 50 mcg spray 50 mcg/actuation</i>	\$0 (Tier 3) NT
<i>alyq oral tablet 20 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days); ^
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (Tier 2) QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	\$0 (Tier 1) B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (Tier 2) QL (30 EA per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (Tier 2) QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	\$0 (Tier 2) QL (10.7 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	\$0 (Tier 2) QL (60 EA per 30 days)
<i>breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	\$0 (Tier 1) QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	\$0 (Tier 2) Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
<i>budesonide 32 mcg nasal spray (otc) 32 mcg/actuation</i>	\$0 (Tier 3) NT
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0 (Tier 1) B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (Tier 2) QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1) B/D
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	\$0 (Tier 2) PA; LA; QL (1 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	\$0 (Tier 2) PA; QL (0.5 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	\$0 (Tier 2) PA; LA; QL (1 ML per 28 days); ^
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	\$0 (Tier 1) QL (50 ML per 30 days)
<i>fluticasone prop 50 mcg spray (otc) 50 mcg/actuation</i>	\$0 (Tier 3) NT
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	\$0 (Tier 1) QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	\$0 (Tier 2) B/D; QL (120 ML per 30 days)
<i>ft allergy relief 50 mcg spray 50 mcg/actuation</i>	\$0 (Tier 3) NT
<i>gnp fluticasone prop 50 mcg sp (otc) 50 mcg/actuation</i>	\$0 (Tier 3) NT
<i>gs 24 hour allergy 50 mcg spry 50 mcg/actuation</i>	\$0 (Tier 3) NT
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 (Tier 2) PA; LA; QL (20 EA per 30 days); ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>hm allergy relief 50 mcg spray 50 mcg/actuation</i>	\$0 (Tier 3) NT
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	\$0 (Tier 2) PA; QL (27 ML per 30 days); ^
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	\$0 (Tier 2) QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1) B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (Tier 1) B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	\$0 (Tier 2) PA; QL (56 EA per 28 days); ^
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	\$0 (Tier 1) B/D
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	\$0 (Tier 1) QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	\$0 (Tier 1)
<i>montelukast oral tablet 10 mg</i>	\$0 (Tier 1)
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	\$0 (Tier 1)
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 2) PA; LA; QL (112 EA per 28 days); ^
<i>pirfenidone oral capsule 267 mg</i>	\$0 (Tier 1) PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 267 mg</i>	\$0 (Tier 1) PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 801 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days); ^
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (Tier 2) B/D; ^
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	\$0 (Tier 2) PA; LA; QL (27 ML per 30 days); ^
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 (Tier 2) QL (60 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	\$0 (Tier 1) PA; generic for Revatio; QL (90 EA per 30 days)
<i>sm allergy relief 50 mcg spray 50 mcg/actuation</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	\$0 (Tier 1) PA; generic for Adcirca; QL (60 EA per 30 days); ^
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (Tier 2)
<i>theophylline oral solution 80 mg/15 ml</i>	\$0 (Tier 1)
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (Tier 1)
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (Tier 1)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	\$0 (Tier 2) QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	\$0 (Tier 2) PA; QL (56 EA per 28 days); ^
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	\$0 (Tier 2) PA; LA; QL (84 EA per 28 days); ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (Tier 2) QL (36 GM per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	\$0 (Tier 2) PA; QL (1 ML per 28 days); ^
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (Tier 2) PA; LA; QL (8 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 2) PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (Tier 2) PA; LA; QL (1 ML per 28 days); ^
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
UROLOGICALS	
ANTICHOLINERGICS / ANTISPASMODICS	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	\$0 (Tier 2) QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (Tier 2) QL (30 EA per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (Tier 1)
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>tropium oral tablet 20 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY	
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	\$0 (Tier 1)
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0 (Tier 1)
<i>tamsulosin oral capsule 0.4 mg</i>	\$0 (Tier 1)
MISCELLANEOUS UROLOGICALS	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 2) PA; LA
ELMIRON ORAL CAPSULE 100 MG	\$0 (Tier 2)
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	\$0 (Tier 1)
<i>tadalafil oral tablet 2.5 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES	
ELECTROLYTES	
<i>antacid 500 mg chewable tablet 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>antacid 750 mg chewable tablet 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>antacid ex-str 750 mg tab chew 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>antacid ultra str 1,000 mg chw 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>antacid ultra tablet chew 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>antacid xtra strength chew tab extra strength 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>calcium 250-vit d3 125 tablet 250 mg-3.125 mcg (125 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg chewable tablet (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg chewable tablet tab chew,p/f (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg tablet (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg tablet oyster shell,p/f (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
CALCIUM 500 MG-VIT D3 15 MCG TAB 500 MG-15 MCG (600 UNIT)	\$0 (Tier 3) NT
<i>calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
CALCIUM 500 MG-VIT D3 600 UNIT 500 MG-15 MCG (600 UNIT)	\$0 (Tier 3) NT
<i>calcium 500-vit d3 200 caplet caplt,p/f,no lactose (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 200 caplet gluten-free,p/f (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 200 tablet lactose free, p/f (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 200 tablet p/f,n (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
CALCIUM 500-VIT D3 600 TABLET 500 MG-15 MCG (600 UNIT)	\$0 (Tier 3) NT
<i>calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT
<i>calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT
<i>calcium 600 mg tablet gluten-free,p/f (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT
<i>calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT
<i>calcium 600 mg tablet p/f, n (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT
<i>calcium 600 mg-d3 20 mcg cplt (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-d3 20 mcg(800 unit) (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 800 tablet (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 800 tablet gluten-free (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 800 tablet p/f (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 800 tablet p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
CALCIUM ACETATE 667 MG TABLET	\$0 (Tier 3) NT
CALCIUM ACETATE 668 MG TABLET 668 MG (169 MG CALCIUM)	\$0 (Tier 3) NT
<i>calcium antacid 500 mg chw tab assorted flavors 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>calcium antacid 500 mg chw tab gluten-f, peppermint 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>calcium antacid 750 mg chew tab 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>calcium carb 1,250 mg/5 ml sus n (otc) 500 mg/5 ml (1,250 mg/5 ml)</i>	\$0 (Tier 3) NT
<i>calcium carb 500 mg tab chew 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>calcium carb 500 mg tab chew assorted flavors 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>calcium carbonate 648 mg tab 260 mg calcium (648 mg)</i>	\$0 (Tier 3) NT
<i>cal-gest 500 mg tablet chew 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
CALPHRON 667 MG TABLET	\$0 (Tier 3) NT
<i>cvs calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT
<i>cvs calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>eq calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>eql calcium 600-vit d3 800 tab (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>ft antacid 500 mg chew tablet 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>ft antacid ex-str 750 mg chew 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>gnp antacid ex-str 750 mg chew 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>gnp calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT
<i>gnp calcium 600 mg-d3 800 unit p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>gs antacid 500 mg chew tablet 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>gs antacid ex-str 750 mg chew 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>gs antacid ultra 1,000 mg chew 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>hm antacid ex-str 750 mg chew 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>klor-con 10 oral tablet extended release 10 meq</i>	\$0 (Tier 1)
<i>klor-con 8 oral tablet extended release 8 meq</i>	\$0 (Tier 1)
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	\$0 (Tier 1)
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	\$0 (Tier 1)
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	\$0 (Tier 1)
<i>klor-con oral packet 20 meq</i>	\$0 (Tier 1)
<i>k-phos neutral tablet 250 mg</i>	\$0 (Tier 3) NT
<i>magnesium 500 mg tablet p/f, gluten/f (rx) 500 mg magnesium</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet 240mg elemental (rx) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet inner (rx) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet outer (rx) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 400 mg tablet p/f,soy-free (rx) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>magnesium oxide 420 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 500 mg tablet extra strength (rx) 500 mg magnesium</i>	\$0 (Tier 3) NT
<i>magnesium oxide 500 mg tablet p/f,lactose-free (rx) 500 mg magnesium</i>	\$0 (Tier 3) NT
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	\$0 (Tier 2)
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	\$0 (Tier 2)
<i>mgo 400 mg tablet 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
OS-CAL 500-VIT D3 600 CAPLET 500 MG-15 MCG (600 UNIT)	\$0 (Tier 3) NT
<i>oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell 500 mg-vit d3 5 mcg (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell 500 mg-vit d3 5 mcg inner (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell 500 mg-vit d3 5 mcg outer (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>oyster shell calcium 500 mg tb 500mg elemental (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>oyster shell calcium 500 mg tb 500mg elemental ca (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>oyster shell calcium 500 mg tb p/f (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>phospha 250 neutral tablet 250 mg</i>	\$0 (Tier 3) NT
<i>phosphorous 250 mg tablet</i>	\$0 (Tier 3) NT
<i>phosphorous powder packet inner 280-160-250 mg</i>	\$0 (Tier 3) NT
<i>phosphorous powder packet outer 280-160-250 mg</i>	\$0 (Tier 3) NT
<i>phospho-trin 250 neutral tab 250 mg</i>	\$0 (Tier 3) NT
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	\$0 (Tier 1)
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (Tier 1)
<i>potassium chloride oral packet 20 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	\$0 (Tier 1)
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	\$0 (Tier 2)
<i>qc antacid 500 mg chew tablet 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>ra calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT
<i>ra hi-cal plus vitamin d tab (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>sm antacid 500 mg chew tablet 200 mg calcium (500 mg)</i>	\$0 (Tier 3) NT
<i>sm antacid 750 mg chew tablet 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>sm cal antacid 750 mg chew tab ex-str, orange 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>sm calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>smooth antacid 750 mg chew tab 300 mg (750 mg)</i>	\$0 (Tier 3) NT
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	\$0 (Tier 1)
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	\$0 (Tier 1)
<i>sv calcium 600 mg tablet p/f, gluten-free (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT
<i>sv calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>true magnesium oxide 400 mg tb (rx) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3) NT
TRUE MAGNESIUM OXIDE 500 MG TB 300 MG MAGNESIUM	\$0 (Tier 3) NT
<i>tums ultra 1,000 mg chew tab 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>tums ultra 1,000 mg chew tab assorted berries 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>tums ultra 1,000 mg chew tab assorted fruit 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>tums ultra 1,000 mg chew tab maximum strength 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>tums ultra 1,000 mg chew tab trop fruit,gluten-f 400 mg calcium (1,000 mg)</i>	\$0 (Tier 3) NT
<i>ultra calc 600 mg-vit d3 10 mcg (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>wes-phos 250 mg neutral tablet</i>	\$0 (Tier 3) NT
MISCELLANEOUS NUTRITION PRODUCTS	
BOOST BREEZE LIQUID INNER, ORANGE 0.04-1.05 GRAM-KCAL/ML	\$0 (Tier 3) NT
BOOST BREEZE LIQUID INNER, WILD BERRY 0.04-1.05 GRAM-KCAL/ML	\$0 (Tier 3) NT
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2) B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2) B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2) B/D
<i>electrolyte-148 intravenous parenteral solution</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ensure clear liquid</i>	\$0 (Tier 3) NT
<i>ensure clear liquid inner, mixed fruit</i>	\$0 (Tier 3) NT
ENSURE CLEAR THERAPEUTIC LIQ APPLE, INNER 0.035-1 GRAM-KCAL/ML	\$0 (Tier 3) NT
ENSURE CLEAR THERAPEUTIC LIQ MIXED BERRY, INNER 0.035-1 GRAM-KCAL/ML	\$0 (Tier 3) NT
FISH OIL 1,000 MG SOFTGEL	\$0 (Tier 3) NT
FISH OIL 1,000 MG SOFTGEL INNER	\$0 (Tier 3) NT
FISH OIL 1,000 MG SOFTGEL OUTER	\$0 (Tier 3) NT
FISH OIL 500 MG SOFTGEL 60-90-500 MG	\$0 (Tier 3) NT
FISH OIL 500 MG SOFTGEL INNER 60-90-500 MG	\$0 (Tier 3) NT
FISH OIL 500 MG SOFTGEL OUTER 60-90-500 MG	\$0 (Tier 3) NT
<i>floranex granules packet lactobacillus,outer 100 million cell</i>	\$0 (Tier 3) NT
<i>floranex tablet (rx) 1 million cell</i>	\$0 (Tier 3) NT
<i>intralipid intravenous emulsion 20 %</i>	\$0 (Tier 2) B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)
<i>metafolbic plus caplet 600-2-6 mg</i>	\$0 (Tier 3) NT
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 (Tier 1) B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	\$0 (Tier 2) B/D
<i>travasol 10 % intravenous parenteral solution 10 %</i>	\$0 (Tier 2) B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 2) B/D
<i>tyr cooler liquid</i>	\$0 (Tier 3) NT
VITAMINS / HEMATINICS	
<i>ascorbic acid 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>b complex tablet</i>	\$0 (Tier 3) NT
<i>c-500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>c-500 mg tablet rose hips (rx)</i>	\$0 (Tier 3) NT
<i>calcidol drops 200 mcg/ml (8,000 unit/ml)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>cvs vit c-rose hips 500 mg tab (rx)</i>	\$0 (Tier 3) NT
<i>cvs vitamin c 500 mg caplet p/f,gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>cvs vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>cvs vitamin d3 125 mcg softgel (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>cvs vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>cvs vitamin d3 25 mcg softgel softgel (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>cvs vitamin d3 50 mcg softgel 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>cvs vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl inner</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl inner, mov</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl inner,suv</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl mdv,inner</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl mov, inner</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl mov, outer</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl outer</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl outer, mov</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl outer, suv, p/f</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl outer,mdv</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 1,000 mcg/ml vl outer,suv</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml inner, mov</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml inner,mdv</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml inner,muv</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml mdv, inner</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml mdv, outer</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml mdv,inner</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml mdv,outer</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml outer, mov</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml outer,mdv</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 10,000 mcg/10 ml outer,muv</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml inner, mov 1,000 mcg/ml</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>cyanocobalamin 30,000 mcg/30 ml inner,mdv 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml mdv, inner 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml mdv, outer 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml muv, inner 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml muv, outer 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml outer, muv 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml outer,mdv 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>cyanocobalamin 30,000 mcg/30 ml outer,muv 1,000 mcg/ml</i>	\$0 (Tier 3) NT
<i>d3-2000 unit softgel 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>d3-5000 unit softgel 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
DECARA 25,000 UNIT VEGICAP 625 MCG (25,000 UNIT)	\$0 (Tier 3) NT
<i>decara 50,000 unit softgel 1,250 mcg (50,000 unit)</i>	\$0 (Tier 3) NT
<i>delta d3 400 unit tablet y/f,gluten/f 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
DIALYVITE 800 CHEWABLE WAFER 800 MCG	\$0 (Tier 3) NT
<i>dialyvite 800 tablet 0.8 mg</i>	\$0 (Tier 3) NT
DIALYVITE 800-ULTRA D TABLET 0.8-2,000 MG-UNIT	\$0 (Tier 3) NT
DIALYVITE 800-ZINC 15 MG TAB 0.8-15 MG	\$0 (Tier 3) NT
DIALYVITE 800-ZINC 50 MG TAB 0.8-50 MG	\$0 (Tier 3) NT
DIALYVITE SUPREME D TABLET 3-2,000 MG-UNIT	\$0 (Tier 3) NT
<i>dialyvite tablet 100-1 mg</i>	\$0 (Tier 3) NT
<i>dialyvite vitamin d 5,000 unit 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>dialyvite with zinc tablet 1-100-300-50 mg-mg-mcg-mg</i>	\$0 (Tier 3) NT
<i>dodex 1,000 mcg/ml vial muv, inner</i>	\$0 (Tier 3) NT
<i>dodex 1,000 mcg/ml vial muv, outer</i>	\$0 (Tier 3) NT
<i>dodex 10,000 mcg/10 ml vial muv</i>	\$0 (Tier 3) NT
<i>dodex 30,000 mcg/30 ml vial muv 1,000 mcg/ml</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>d-vi-sol 10 mcg/ml drop (rx) 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT
<i>eql b complex 50 tablet high potency (rx)</i>	\$0 (Tier 3) NT
<i>eql vitamin d3 2,000 unit sfgl softgel 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>eql vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>ergocalciferol 200 mcg/ml drop (rx) 200 mcg/ml (8,000 unit/ml)</i>	\$0 (Tier 3) NT
<i>ergocalciferol 8,000 unit/ml (rx) 200 mcg/ml (8,000 unit/ml)</i>	\$0 (Tier 3) NT
<i>ferosul 325 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferosul 325 mg tablet f/c,blister pack (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferro-time 325 mg tablet f/c, green 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous sulfate 325 mg tablet u-d,10x10, film coat (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)
<i>folbic rf tablet 2-1.13-25 mg</i>	\$0 (Tier 3) NT
<i>foltabs 800 tablet 0.8-10-115 mg-mg-mcg</i>	\$0 (Tier 3) NT
<i>foltanx rf capsule 3 mg-35 mg-2 mg -90.314 mg</i>	\$0 (Tier 3) NT
<i>full spectrum b with vit c tab 0.8 mg</i>	\$0 (Tier 3) NT
GERITOL COMPLETE TABLET (RX) 16 MG IRON- 0.38 MG	\$0 (Tier 3) NT
GERITOL TONIC (RX) 2.5 MG-50 MG-18 IRON/15 ML	\$0 (Tier 3) NT
<i>gnp vit c-rose hips 500 mg tab (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin d3 10 mcg tablet 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>gnp vitamin d3 25 mcg(1000 unt) (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>icaps areds softgel softgel (rx) 4,296 mcg-226 mg-90 mg</i>	\$0 (Tier 3) NT
<i>infant vitamin d 10 mcg/ml drp (rx) 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT
<i>l-methylfolate forte 15 mg cap 15-90.314 mg</i>	\$0 (Tier 3) NT
<i>l-methylfolate-algal 15 mg cap (rx) 15-90.314 mg</i>	\$0 (Tier 3) NT
<i>optimal d3 50,000 unit capsule 1,250 mcg (50,000 unit)</i>	\$0 (Tier 3) NT
<i>pedia d-vite 400 unit/ml liq 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>pediatric d-vite 10 mcg/ml liq 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT
<i>pharm choice d3 400 unit/ml (rx) 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	\$0 (Tier 2)
PRESERVISION AREDS 2 PLUS MV 200 MCG-15 MCG- 5 MG- 1 MG	\$0 (Tier 3) NT
PRESERVISION AREDS TABLET 2,148 MCG-113 MG-45 MG- 17.4MG	\$0 (Tier 3) NT
PRESERVISION LUTEIN SOFTGEL SOFTGEL 226-90-0.8-5 MG	\$0 (Tier 3) NT
<i>ra balanced b-50 tablet natural,p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra b-complex tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra b-complex tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra b-complex-vitamin b-12 tab p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vit c-rose hips 500 mg tab natural,p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin c 500 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin c 500 mg tablet p/f,natural (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin d3 2,000 unit sfgl (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>ra vitamin d3 2,000 unit sfgl softgel (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>ra vitamin d3 2,000 unit sftgl (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>ra vitamin d3 5,000 unit sftgl softgel (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>rena-vite tablet (rx) 0.8 mg</i>	\$0 (Tier 3) NT
<i>sm vitamin d3 50 mcg softgel 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
SOLUVITA-E 22.5 MG/ML DROP 22.5 MG (50 UNIT)/ML	\$0 (Tier 3) NT
<i>soothing pureway-c 500 mg tab</i>	\$0 (Tier 3) NT
<i>sv vit c-rose hips 500 mg tab (rx)</i>	\$0 (Tier 3) NT
<i>sv vit c-rose hips 500 mg tab p/f, gluten free (rx)</i>	\$0 (Tier 3) NT
<i>sv vitamin c 500 mg tab chew p/f, gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>sv vitamin d3 1,000 unit sftgl (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>sv vitamin d3 1,000 unit sftgl softgel, p/f (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>sv vitamin d3 2,000 unit sftgl softgel,gluten-f,p/f (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>sv vitamin d3 25 mcg(1000 unit) (rx)</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>sv vitamin d3 5,000 unit sftgl softgel (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>sv vitamin d3 5,000 unit sftgl softgel, p/f (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>sv vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>sv vitamin e 450 mg softgel water soluble, p/f (rx) 450 mg (1,000 unit)</i>	\$0 (Tier 3) NT
TRUE VITAMIN B-1 50 MG TABLET	\$0 (Tier 3) NT
<i>true vitamin c 1,000 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>true vitamin c 250 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>true vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>true vitamin d3 1,250 mcg tab</i>	\$0 (Tier 3) NT
<i>true vitamin d3 10 mcg capsule (rx) 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>true vitamin d3 10 mcg tablet 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>true vitamin d3 125 mcg cap (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>true vitamin d3 125 mcg tablet 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>true vitamin d3 25 mcg capsule (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>true vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
TRUE VITAMIN D3 250 MCG CAP (RX) 250 MCG (10,000 UNIT)	\$0 (Tier 3) NT
TRUE VITAMIN D3 250 MCG TABLET 250 MCG (10,000 UNIT)	\$0 (Tier 3) NT
<i>true vitamin e 180 mg capsule (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>true vitamin e 90 mg capsule 90 mg (200 unit)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips 500 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips 500 mg tablet with rose hips,p/f (rx)</i>	\$0 (Tier 3) NT
<i>vitamin a 3,000 mcg softgel (rx)</i>	\$0 (Tier 3) NT
<i>vitamin b complex softgel (rx)</i>	\$0 (Tier 3) NT
<i>vitamin b-1 100 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin b-1 100 mg tablet</i>	\$0 (Tier 3) NT
<i>vitamin b-1 100 mg tablet gluten-free</i>	\$0 (Tier 3) NT
<i>vitamin b-1 100 mg tablet outer</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>vitamin b-1 100 mg tablet p/f, gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>vitamin b-12 1,000 mcg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet p/f,gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet u-d (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet y/f,gluten/f (rx)</i>	\$0 (Tier 3) NT
<i>vitamin d2 1.25 mg(50,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d2 1.25 mg(50,000 unit) capsule</i>	\$0 (Tier 3) NT
<i>vitamin d2 1.25 mg(50,000 unit) softgel</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,000 unit softgel (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,000 unit softgel (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,000 unit softgel p/f, n,sftgl (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,000 unit softgel p/f,gluten-free (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,000 unit softgel p/f,gluten-free (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,000 unit softgel sftgl,p/f,no lactose (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,000 unit softgel softgel (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,000 unit softgel softgel (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,000 unit softgel softgel, p/f (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,000 unit softgel softgel,p/f (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,000 unit softgel softgel,p/f,n (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1,250 mcg capsule (rx)</i>	\$0 (Tier 3) NT
<i>vitamin d3 1.25 mg softgel (rx)</i>	\$0 (Tier 3) NT
<i>vitamin d3 10 mcg/ml drop (rx) 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>vitamin d3 10 mcg/ml liquid w/dropper (rx) 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT
<i>vitamin d3 125 mcg (5000 unit) (rx)</i>	\$0 (Tier 3) NT
<i>vitamin d3 125 mcg capsule (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 125 mcg softgel (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 2,000 unit softgel 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 2,000 unit softgel p/f, color-free (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 2,000 unit softgel p/f, softgel (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 2,000 unit softgel p/f,n,softgel (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 2,000 unit softgel p/f,n,softgel 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 2,000 unit softgel softgel (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 2,000 unit softgel softgel 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 2,000 unit softgel softgel, p/f (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 2,000 unit softgel soy-free,softgel (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 2,000 unit softgel ultra-str,softgel (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 25 mcg (1,000 unit) (rx)</i>	\$0 (Tier 3) NT
<i>vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 400 unit tablet 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 400 unit tablet gluten-free (rx) 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 400 unit tablet inner 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 400 unit tablet outer 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 400 unit tablet p/f (rx) 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 400 unit/ml liquid (rx) 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT
<i>vitamin d3 5,000 unit capsule gluten-free (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 5,000 unit capsule veggie caps (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>vitamin d3 5,000 unit softgel (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 5,000 unit softgel p/f, softgel, glut-f (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 5,000 unit softgel softgel (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 5,000 unit softgel softgel, p/f (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 5,000 unit softgel softgel,no lactose (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 5,000 unit softgel softgel,p/f (rx) 125 mcg (5,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 50 mcg capsule 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 50 mcg softgel 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 50 mcg tablet (rx) 50 mcg (2,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d3 50,000 unit capsule (rx) 1,250 mcg (50,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d-400 tablet easy to swallow (rx) 10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 1,000 unit softgel softgel, p/f (rx) 450 mg (1,000 unit)</i>	\$0 (Tier 3) NT
VITAMIN E 15 UNIT/0.3 ML DROP 22.5 MG (50 UNIT)/ML	\$0 (Tier 3) NT
<i>vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 180 mg(400 unit) sfgl (rx)</i>	\$0 (Tier 3) NT
<i>vitamin e 180 mg(400 unit) sfgl inner (rx)</i>	\$0 (Tier 3) NT
<i>vitamin e 180 mg(400 unit) sfgl outer (rx)</i>	\$0 (Tier 3) NT
<i>vitamin e 400 unit capsule softgel, p/f (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 400 unit softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 400 unit softgel p/f,softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 400 unit softgel softgel, p/f (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)</i>	\$0 (Tier 3) NT
<i>weekly-d 1,250 mcg softgel</i>	\$0 (Tier 3) NT

You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Updated on 10/15/2024.

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