Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) | 2024

List of Covered Drugs

(Formulary)

Introduction

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

Updated on 12/01/2024.

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Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, contact us at **1-866-896-1844** (TTY: **711**), 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. Or visit **mmp.SuperiorHealthPlan.com**.

superior healthplan™

TEXAS Health and Human Services

TEXAS Medicare Medicaid PLAN

Your Health Plan ★ Your Choice

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If you have questions, please call Superior STAR+PLUS MMP at 1-866-896-1844 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.
For more information, visit mmp.SuperiorHealthPlan.com.

A. Disclaimers

This is a list of drugs that members can get in Superior STAR+PLUS MMP.

- Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-896-1844 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-896-1844 (TTY: 711) de 8 a. m. a 8 p. m., lunes a viernes. Después de horas hábiles, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-896-1844 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.
- Superior STAR+PLUS MMP wants to make sure you understand your health plan information. We can send required materials to you in a language other than English or in alternate formats if you ask for it this way. This is called a "standing request." We will document your choice for future required mailings and communications. Please call us if:
  - You want to get your materials in a language other than English or in an alternate format.

  Or

  - You want to change the language or format of the materials we send you.

  If you need help understanding your plan materials, please contact Superior STAR+PLUS MMP Member Services at 1-866-896-1844 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 15 are the drugs covered by Superior STAR+PLUS MMP. 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."

- Superior STAR+PLUS MMP 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 Superior STAR+PLUS MMP network pharmacy.
- Superior STAR+PLUS MMP 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 at mmp.SuperiorHealthPlan.com or call Member Services at 1-866-896-1844 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day.

B2. Does the Drug List ever change?

Yes, and Superior STAR+PLUS MMP must follow Medicare and Texas Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- decide to require or not require prior authorization (PA) or approval for a drug. (PA is permission from Superior STAR+PLUS MMP 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 Medicare Part D drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

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

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

- You can always check Superior STAR+PLUS MMP's up-to-date Drug List online at mmp.SuperiorHealthPlan.com.
- You can also call Member Services to check the current Drug List at 1-866-896-1844 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day.

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

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

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

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

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

When these changes happen, we will:

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

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

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

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 Superior STAR+PLUS MMP before you fill your prescription. Superior STAR+PLUS MMP may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Superior STAR+PLUS MMP limits the amount of a drug you can get.
- **Step therapy:** Sometimes Superior STAR+PLUS MMP requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

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

You can ask for an exception 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 on page 15 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Superior STAR+PLUS MMP changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

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

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

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page 15. 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 1-866-896-1844 (TTY: 711) and ask about it. Our hours are 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. If you learn that Superior STAR+PLUS MMP will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10–B12 for more information about exceptions.

B9. What if I am a new Superior STAR+PLUS MMP member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Superior STAR+PLUS MMP. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

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

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

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by Superior STAR+PLUS MMP, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Superior STAR+PLUS MMP member.
- This is in addition to the temporary supply during the first 90 days you are a member of Superior STAR+PLUS MMP.

Level of Care Changes

If your level of care changes, we will cover a temporary supply of your drugs. A level of care change happens when you are released from a hospital. It also happens when you move to or from a long-term care facility.

- If you move home from a long-term care facility or hospital and need a temporary supply, we will cover one 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a total of a 30-day supply.
- If you move from home or a hospital to a long-term care facility and need a temporary supply, we will cover one 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.

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

Yes. You can ask Superior STAR+PLUS MMP 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, Superior STAR+PLUS MMP may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. You, your representative, or your doctor (or other prescriber) can call, write, or fax us to make your request. You can also access the coverage decision process through our website. For the details, go to Chapter 2, Section A of the *Member Handbook* and look for the section called "How to contact Superior STAR+PLUS MMP Member Services".

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

B13. What are generic drugs?

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

Superior STAR+PLUS MMP covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter." Superior STAR+PLUS MMP covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Superior STAR+PLUS MMP Drug List to find out what OTC drugs are covered.

B15. Does Superior STAR+PLUS MMP cover non-drug OTC products?

Superior STAR+PLUS MMP covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include spacers and respiratory therapy devices.

You can read the Superior STAR+PLUS MMP Drug List to find out what non-drug OTC products are covered.

B16. What is my copay?

As a Superior STAR+PLUS MMP member, you have no copays for prescription and OTC drugs as long as you follow Superior STAR+PLUS MMP's rules.

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

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

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

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Superior STAR+PLUS MMP. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page INDEX-1. The index alphabetically lists all drugs covered by Superior STAR+PLUS MMP.

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 lowercase italics (e.g., *simvastatin*).

The information in the necessary actions, restrictions, or limits on use column tells you if Superior STAR+PLUS MMP 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 *List of Covered Drugs*.
- **PA** stands for Prior Authorization. Refer to question B4.
- **PA-NS** stands for Prior Authorization for New Starts. This means that if this drug is new to you, you will need to get approval from us before you fill your prescription. If you are taking this drug at the time of enrollment, you will not be required to meet criteria for approval.
- **B/D** stands for Covered under Medicare B or D. This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** stands for Quantity Limits. Refer to question B4.
- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Member Services at 1-866-896-1844 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day.
- **ST** stands for Step Therapy. Refer to question B4.
- **^** stands for Drug may be available for up to a 30-day supply only.

This section is continued on the next page.

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

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help for NT 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 Texas Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-866-896-1844 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

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 page 11.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	$0 (Tier 2)	B/D
amphotericin b injection recon soln 50 mg	$0 (Tier 1)	B/D
caspofungin intravenous recon soln 50 mg, 70 mg	$0 (Tier 1)	
clotrimazole mucous membrane troche 10 mg	$0 (Tier 1)	QL (150 EA per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	$0 (Tier 2)	PA; ^
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	$0 (Tier 1)	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	$0 (Tier 1)	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	$0 (Tier 1)	
flucytosine oral capsule 250 mg, 500 mg	$0 (Tier 2)	PA; ^
griseofulvin microsize oral suspension 125 mg/5 ml	$0 (Tier 1)	
griseofulvin microsize oral tablet 500 mg	$0 (Tier 1)	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	$0 (Tier 1)	
itraconazole oral capsule 100 mg	$0 (Tier 1)	PA
ketoconazole oral tablet 200 mg	$0 (Tier 1)	PA
micafungin intravenous recon soln 100 mg, 50 mg	$0 (Tier 2)	^
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	$0 (Tier 2)	PA; QL (630 ML per 30 days); ^
nystatin oral suspension 100,000 unit/ml	$0 (Tier 1)	
nystatin oral tablet 500,000 unit	$0 (Tier 1)	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	$0 (Tier 2)	PA; QL (630 EA per 30 days); ^
posaconazole oral tablet,delayed release (dr/ec) 100 mg	$0 (Tier 2)	PA; QL (96 EA per 30 days); ^
terbinafine hcl oral tablet 250 mg	$0 (Tier 1)	
voriconazole intravenous recon soln 200 mg	$0 (Tier 2)	PA; ^
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	$0 (Tier 2)	PA; ^
voriconazole oral tablet 200 mg	$0 (Tier 1)	PA; QL (120 EA per 30 days)
voriconazole oral tablet 50 mg	$0 (Tier 1)	PA; QL (480 EA per 30 days)
ANTIVIRALS		
abacavir oral solution 20 mg/ml	$0 (Tier 1)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
abacavir oral tablet 300 mg	$0 (Tier 1)	
abacavir-lamivudine oral tablet 600-300 mg	$0 (Tier 1)	
acyclovir oral capsule 200 mg	$0 (Tier 1)	
acyclovir oral suspension 200 mg/5 ml	$0 (Tier 1)	
acyclovir oral tablet 400 mg, 800 mg	$0 (Tier 1)	
acyclovir sodium intravenous solution 50 mg/ml	$0 (Tier 1)	B/D
adefovir oral tablet 10 mg	$0 (Tier 2)	
amantadine hcl oral capsule 100 mg	$0 (Tier 1)	
amantadine hcl oral solution 50 mg/5 ml	$0 (Tier 1)	
amantadine hcl oral tablet 100 mg	$0 (Tier 1)	
APTIVUS ORAL CAPSULE 250 MG	$0 (Tier 2)	^
atazanavir oral capsule 150 mg, 200 mg, 300 mg	$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)	^
darunavir oral tablet 600 mg	$0 (Tier 2)	QL (60 EA per 30 days); ^
darunavir oral tablet 800 mg	$0 (Tier 2)	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)	^
efavirenz oral capsule 200 mg, 50 mg	$0 (Tier 1)	
efavirenz oral tablet 600 mg	$0 (Tier 1)	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	$0 (Tier 2)	^
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	$0 (Tier 2)	^
emtricitabine oral capsule 200 mg	$0 (Tier 1)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	$0 (Tier 2)	QL (30 EA per 30 days); ^
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	$0 (Tier 2)	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	$0 (Tier 2)	

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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
entecavir oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
EPCLUSA ORAL TABLET 200-50 MG	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
EPCLUSA ORAL TABLET 400-100 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
etravirine oral tablet 100 mg, 200 mg	$0 (Tier 2)	^
EVOTAZ ORAL TABLET 300-150 MG	$0 (Tier 2)	^
famciclovir oral tablet 125 mg, 250 mg, 500 mg	$0 (Tier 1)	
fosamprenavir oral tablet 700 mg	$0 (Tier 2)	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	$0 (Tier 2)	^
ganciclovir sodium intravenous recon soln 500 mg	$0 (Tier 1)	
GENVOYA ORAL TABLET 150-150-200-10 MG	$0 (Tier 2)	^
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
HARVONI ORAL PELLETS IN PACKET 45-200 MG	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
HARVONI ORAL TABLET 45-200 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
HARVONI ORAL TABLET 90-400 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
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)	^
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	$0 (Tier 2)	QL (40 EA per 180 days)
lamivudine oral solution 10 mg/ml	$0 (Tier 1)	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	$0 (Tier 1)	
lamivudine-zidovudine oral tablet 150-300 mg	$0 (Tier 1)	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	$0 (Tier 1)	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	$0 (Tier 1)	
maraviroc oral tablet 150 mg, 300 mg	$0 (Tier 2)	^
nevirapine oral suspension 50 mg/5 ml	$0 (Tier 1)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nevirapine oral tablet 200 mg	$0 (Tier 1)	
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	$0 (Tier 1)	
NORVIR ORAL POWDER IN PACKET 100 MG	$0 (Tier 2)	
ODEFSEY ORAL TABLET 200-25-25 MG	$0 (Tier 2)	^
oseltamivir oral capsule 30 mg	$0 (Tier 1)	QL (168 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	$0 (Tier 1)	QL (84 EA per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	$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 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	$0 (Tier 2)	$0 Cost Sharing; QL (30 EA per 180 days)
PIFELTRO ORAL TABLET 100 MG	$0 (Tier 2)	^
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 600 MG	$0 (Tier 2)	QL (60 EA per 30 days); ^
PREZISTA ORAL TABLET 75 MG	$0 (Tier 2)	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^
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)	^
ribavirin oral capsule 200 mg	$0 (Tier 1)	
ribavirin oral tablet 200 mg	$0 (Tier 1)	
rimantadine oral tablet 100 mg	$0 (Tier 1)	
ritonavir oral tablet 100 mg	$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)	^
STRIBILD ORAL TABLET 150-150-200-300 MG	$0 (Tier 2)	^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	$0 (Tier 2)	^
SYMTUZA ORAL TABLET 800-150-200-10 MG	$0 (Tier 2)	
tenofovir disoproxil fumarate oral tablet 300 mg	$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)	^
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	$0 (Tier 2)	^
TYBOST ORAL TABLET 150 MG	$0 (Tier 2)	
valacyclovir oral tablet 1 gram, 500 mg	$0 (Tier 1)	
valganciclovir oral recon soln 50 mg/ml	$0 (Tier 2)	^
valganciclovir oral tablet 450 mg	$0 (Tier 1)	
VEMLIDY ORAL TABLET 25 MG	$0 (Tier 2)	^
VIRACEPT ORAL TABLET 250 MG, 625 MG	$0 (Tier 2)	^
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)	
VOSEVI ORAL TABLET 400-100-100 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
zidovudine oral capsule 100 mg	$0 (Tier 1)	
zidovudine oral syrup 10 mg/ml	$0 (Tier 1)	
zidovudine oral tablet 300 mg	$0 (Tier 1)	
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	$0 (Tier 1)	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	$0 (Tier 1)	
cefaclor oral tablet extended release 12 hr 500 mg	$0 (Tier 2)	
cefadroxil oral capsule 500 mg	$0 (Tier 1)	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	$0 (Tier 1)	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML	$0 (Tier 2)	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 gram, 500 mg	$0 (Tier 1)	
cefazolin intravenous recon soln 1 gram	$0 (Tier 1)	
cefdinir oral capsule 300 mg	$0 (Tier 1)	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	$0 (Tier 1)	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	$0 (Tier 1)	
cefepime injection recon soln 1 gram, 2 gram	$0 (Tier 1)	
cefixime oral capsule 400 mg	$0 (Tier 1)	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	$0 (Tier 1)	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	$0 (Tier 1)	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	$0 (Tier 1)	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	$0 (Tier 1)	
cefpodoxime oral tablet 100 mg, 200 mg	$0 (Tier 1)	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
cefprozil oral tablet 250 mg, 500 mg	$0 (Tier 1)	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	$0 (Tier 1)	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	$0 (Tier 1)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	$0 (Tier 1)	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	$0 (Tier 1)	
ceftriaxone intravenous recon soln 1 gram, 2 gram	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefuroxime axetil oral tablet 250 mg, 500 mg	$0 (Tier 1)	
cefuroxime sodium injection recon soln 750 mg	$0 (Tier 1)	
cefuroxime sodium intravenous recon soln 1.5 gram	$0 (Tier 1)	
cephalexin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	$0 (Tier 1)	
tazicef intravenous recon soln 1 gram, 2 gram	$0 (Tier 1)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	$0 (Tier 2) ^	
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	$0 (Tier 1)	
azithromycin oral packet 1 gram	$0 (Tier 1)	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	$0 (Tier 1)	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	$0 (Tier 1)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
clarithromycin oral tablet 250 mg, 500 mg	$0 (Tier 1)	
clarithromycin oral tablet extended release 24 hr 500 mg	$0 (Tier 1)	
DIFICID ORAL TABLET 200 MG	$0 (Tier 2)	QL (20 EA per 10 days); ^
e.e.s. 400 oral tablet 400 mg	$0 (Tier 1)	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	$0 (Tier 1)	
erythrocin (as stearate) oral tablet 250 mg	$0 (Tier 1)	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	$0 (Tier 2)	
erythromycin ethylsuccinate oral tablet 400 mg	$0 (Tier 1)	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	$0 (Tier 1)	
erythromycin oral tablet 250 mg, 500 mg	$0 (Tier 1)	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	$0 (Tier 1)	
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	$0 (Tier 2) ^	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	$0 (Tier 1)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	$0 (Tier 2)	PA; LA; ^
atovaquone oral suspension 750 mg/5 ml	$0 (Tier 1)	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	$0 (Tier 1)	
aztreonam injection recon soln 1 gram, 2 gram	$0 (Tier 1)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	$0 (Tier 2)	PA; LA; QL (84 ML per 56 days); ^
chloroquine phosphate oral tablet 250 mg, 500 mg	$0 (Tier 1)	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	$0 (Tier 1)	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	$0 (Tier 1)	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	$0 (Tier 1)	
clindamycin phosphate injection solution 150 mg/ml	$0 (Tier 1)	
COARTEM ORAL TABLET 20-120 MG	$0 (Tier 2)	
colistin (colistimethate na) injection recon soln 150 mg	$0 (Tier 1)	QL (30 EA per 10 days)
dapsone oral tablet 100 mg, 25 mg	$0 (Tier 1)	
daptomycin intravenous recon soln 500 mg	$0 (Tier 2)	^
EMVERM ORAL TABLET,CHEWABLE 100 MG	$0 (Tier 2)	QL (12 EA per 365 days); ^
ertapenem injection recon soln 1 gram	$0 (Tier 1)	
ethambutol oral tablet 100 mg, 400 mg	$0 (Tier 1)	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	$0 (Tier 1)	
gentamicin injection solution 40 mg/ml	$0 (Tier 1)	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	$0 (Tier 1)	
hydroxychloroquine oral tablet 200 mg	$0 (Tier 1)	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	$0 (Tier 1)	
isoniazid oral solution 50 mg/5 ml	$0 (Tier 1)	
isoniazid oral tablet 100 mg, 300 mg	$0 (Tier 1)	
ivermectin oral tablet 3 mg	$0 (Tier 1)	PA; QL (20 EA per 30 days)
linezolid 600 mg/300 ml-0.9% nacl single-use	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	$0 (Tier 1)	
linezolid oral suspension for reconstitution 100 mg/5 ml	$0 (Tier 2)	QL (1800 ML per 30 days); ^
linezolid oral tablet 600 mg	$0 (Tier 1)	QL (60 EA per 30 days)
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	$0 (Tier 1)	
mefloquine oral tablet 250 mg	$0 (Tier 1)	
meropenem intravenous recon soln 1 gram, 500 mg	$0 (Tier 1)	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	$0 (Tier 1)	
metro i.v. intravenous piggyback 500 mg/100 ml	$0 (Tier 1)	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	$0 (Tier 1)	
metronidazole oral tablet 250 mg, 500 mg	$0 (Tier 1)	
neomycin oral tablet 500 mg	$0 (Tier 1)	
nitazoxanide oral tablet 500 mg	$0 (Tier 2)	QL (6 EA per 30 days); ^
paromomycin oral capsule 250 mg	$0 (Tier 1)	
pentamidine inhalation recon soln 300 mg	$0 (Tier 1)	B/D; QL (1 EA per 28 days)
pentamidine injection recon soln 300 mg	$0 (Tier 1)	
praziquantel oral tablet 600 mg	$0 (Tier 1)	
PRIFTIN ORAL TABLET 150 MG	$0 (Tier 2)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	$0 (Tier 2)	
pyrazinamide oral tablet 500 mg	$0 (Tier 1)	
quinine sulfate oral capsule 324 mg	$0 (Tier 1)	PA
rifabutin oral capsule 150 mg	$0 (Tier 1)	
rifampin intravenous recon soln 600 mg	$0 (Tier 1)	
rifampin oral capsule 150 mg, 300 mg	$0 (Tier 1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	$0 (Tier 2)	PA; LA; ^
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	$0 (Tier 1)	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	$0 (Tier 2)	^
tigecycline intravenous recon soln 50 mg	$0 (Tier 2)	^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	$0 (Tier 2)	PA; QL (280 ML per 28 days); ^
tobramycin sulfate injection recon soln 1.2 gram	$0 (Tier 1)	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	$0 (Tier 1)	
TRECATOR ORAL TABLET 250 MG	$0 (Tier 2)	
vancomycin hcl 1.25 gram vial outer, suv	$0 (Tier 1)	
vancomycin hcl 1.5 gram vial outer, suv	$0 (Tier 1)	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	$0 (Tier 2)	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	$0 (Tier 1)	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	$0 (Tier 1)	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	$0 (Tier 1)	
vancomycin oral capsule 125 mg	$0 (Tier 1)	QL (80 EA per 180 days)
vancomycin oral capsule 250 mg	$0 (Tier 1)	QL (160 EA per 180 days)
XIFAXAN ORAL TABLET 550 MG	$0 (Tier 2)	PA; QL (90 EA per 30 days); ^
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	$0 (Tier 1)	
amoxicillin oral tablet 500 mg, 875 mg	$0 (Tier 1)	
amoxicillin oral tablet,chewable 125 mg, 250 mg	$0 (Tier 1)	
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	$0 (Tier 1)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	$0 (Tier 1)	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	$0 (Tier 1)	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	$0 (Tier 1)	
ampicillin oral capsule 500 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	$0 (Tier 1)	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	$0 (Tier 1)	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	$0 (Tier 1)	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	$0 (Tier 1)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	$0 (Tier 2)	
dicloxacillin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	$0 (Tier 1)	
nafcillin injection recon soln 1 gram, 2 gram	$0 (Tier 1)	
nafcillin injection recon soln 10 gram	$0 (Tier 2)	^
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	$0 (Tier 1)	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	$0 (Tier 2)	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	$0 (Tier 1)	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	$0 (Tier 2)	
penicillin g sodium injection recon soln 5 million unit	$0 (Tier 1)	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
penicillin v potassium oral tablet 250 mg, 500 mg	$0 (Tier 1)	
pfizerpen-g injection recon soln 20 million unit, 5 million unit	$0 (Tier 1)	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	$0 (Tier 1)	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	$0 (Tier 1)	
piperacil-tazobact 13.5 gm vl inner, muv, p/f 13.5 gram	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
QUINOLONES		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML	$0 (Tier 2)	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	$0 (Tier 1)	
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	$0 (Tier 1)	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	$0 (Tier 1)	
levofloxacin intravenous solution 25 mg/ml	$0 (Tier 1)	
levofloxacin oral solution 250 mg/10 ml	$0 (Tier 1)	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
moxifloxacin oral tablet 400 mg	$0 (Tier 1)	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	$0 (Tier 1)	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	$0 (Tier 1)	
SULFA'S / RELATED AGENTS		
sulfadiazine oral tablet 500 mg	$0 (Tier 2)	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	$0 (Tier 1)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	$0 (Tier 1)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	$0 (Tier 1)	
TETRACYCLINES		
doxy-100 intravenous recon soln 100 mg	$0 (Tier 1)	
doxycycline hyclate intravenous recon soln 100 mg	$0 (Tier 1)	
doxycycline hyclate oral capsule 100 mg, 50 mg	$0 (Tier 1)	
doxycycline hyclate oral tablet 100 mg, 20 mg	$0 (Tier 1)	
doxycycline monohydrate oral capsule 100 mg, 50 mg	$0 (Tier 1)	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
minocycline oral capsule 100 mg, 50 mg, 75 mg	$0 (Tier 1)	
tetracycline oral capsule 250 mg, 500 mg	$0 (Tier 1)	PA
URINARY TRACT AGENTS		
methenamine hippurate oral tablet 1 gram	$0 (Tier 1)	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	$0 (Tier 2)	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	$0 (Tier 2)	
trimethoprim oral tablet 100 mg	$0 (Tier 1)	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	$0 (Tier 1)	
MESNEX ORAL TABLET 400 MG	$0 (Tier 2)	^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	$0 (Tier 2)	PA-NS; ^
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	$0 (Tier 1)	PA-NS; QL (120 EA per 30 days)
abiraterone oral tablet 500 mg	$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); ^
anastrozole oral tablet 1 mg	$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); ^
azacitidine injection recon soln 100 mg	$0 (Tier 2)	B/D; ^
azathioprine oral tablet 50 mg	$0 (Tier 1)	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	$0 (Tier 2)	PA-NS; LA; ^
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	$0 (Tier 2)	B/D; ^
bexarotene oral capsule 75 mg	$0 (Tier 2)	PA-NS; ^
bexarotene topical gel 1 %	$0 (Tier 2)	PA-NS; QL (60 GM per 30 days); ^

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bicalutamide oral tablet 50 mg	$0 (Tier 1)	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	$0 (Tier 2)	PA-NS; ^
bortezomib injection recon soln 3.5 mg	$0 (Tier 2)	PA-NS; ^
BOSULIF ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL CAPSULE 50 MG	$0 (Tier 2)	PA-NS; QL (30 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); ^
carboplatin intravenous solution 10 mg/ml	$0 (Tier 1)	B/D
cisplatin intravenous solution 1 mg/ml	$0 (Tier 1)	B/D
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	$0 (Tier 2)	B/D; ^
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); ^
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	$0 (Tier 2)	B/D; ^
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	$0 (Tier 2)	B/D; ^
cyclophosphamide oral capsule 25 mg, 50 mg	$0 (Tier 1)	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	$0 (Tier 2)	B/D
cyclosporine intravenous solution 250 mg/5 ml	$0 (Tier 1)	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	B/D

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cyclosporine modified oral solution 100 mg/ml	$0 (Tier 1)	B/D
cyclosporine oral capsule 100 mg, 25 mg	$0 (Tier 1)	B/D
cytarabine injection solution 20 mg/ml	$0 (Tier 1)	
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	$0 (Tier 1)	PA-NS; QL (30 EA per 30 days); ^
dasatinib oral tablet 20 mg, 70 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days); ^
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); ^
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	$0 (Tier 2)	B/D; ^
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	$0 (Tier 1)	B/D
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	$0 (Tier 2)	B/D; ^
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
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	$0 (Tier 2)	B/D
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	$0 (Tier 2)	PA-NS; ^
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	$0 (Tier 2)	B/D
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	$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); ^
erlotinib oral tablet 100 mg, 150 mg	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
erlotinib oral tablet 25 mg	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
etoposide intravenous solution 20 mg/ml	$0 (Tier 1)	B/D
EULEXIN ORAL CAPSULE 125 MG	$0 (Tier 2)	^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 2 mg	$0 (Tier 2)	PA-NS; QL (150 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 3 mg	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 5 mg	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
everolimus (immunosuppressive) oral tablet 0.25 mg	$0 (Tier 2)	B/D
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	$0 (Tier 2)	B/D; ^
exemestane oral tablet 25 mg	$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
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	$0 (Tier 1)	
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); ^
fulvestrant intramuscular syringe 250 mg/5 ml	$0 (Tier 2)	B/D; ^
GAVRETO ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
gefitinib oral tablet 250 mg	$0 (Tier 1)	PA-NS; QL (30 EA per 30 days); ^
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	$0 (Tier 1)	B/D
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	$0 (Tier 1)	B/D
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	$0 (Tier 1)	B/D
gengraf oral capsule 100 mg, 25 mg	$0 (Tier 1)	B/D
gengraf oral solution 100 mg/ml	$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)	^
hydroxyurea oral capsule 500 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	$0 (Tier 2)	PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	$0 (Tier 2)	PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
imatinib oral tablet 100 mg	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
imatinib oral tablet 400 mg	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	$0 (Tier 2)	PA-NS; LA; QL (216 ML per 27 days); ^
IMBRUVICA ORAL TABLET 420 MG, 560 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
INQOVI ORAL TABLET 35-100 MG	$0 (Tier 2)	PA-NS; LA; QL (5 EA per 28 days); ^
INREBIC ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	$0 (Tier 1)	B/D
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); ^
JYLAMVO ORAL SOLUTION 2 MG/ML	$0 (Tier 2)	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	$0 (Tier 2)	B/D; ^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	$0 (Tier 2)	PA-NS; ^
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); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	$0 (Tier 2)	PA-NS; ^
KRAZATI ORAL TABLET 200 MG	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
lanreotide subcutaneous syringe 120 mg/0.5 ml	$0 (Tier 2)	PA-NS; ^
lapatinib oral tablet 250 mg	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
LAZCLUZE ORAL TABLET 240 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
LAZCLUZE ORAL TABLET 80 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	$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); ^
letrozole oral tablet 2.5 mg	$0 (Tier 1)	
LEUKERAN ORAL TABLET 2 MG	$0 (Tier 2)	
leuprolide subcutaneous kit 1 mg/0.2 ml	$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; ^
LUMAKRAS ORAL TABLET 320 MG	$0 (Tier 2)	PA-NS; ^
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), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	$0 (Tier 2)	PA-NS; ^
MATULANE ORAL CAPSULE 50 MG	$0 (Tier 2)	LA; ^
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	$0 (Tier 2)	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	$0 (Tier 2)	PA
megestrol oral tablet 20 mg, 40 mg	$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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); ^
mercaptopurine oral tablet 50 mg	$0 (Tier 1)	
methotrexate sodium (pf) injection recon soln 1 gram	$0 (Tier 1)	B/D
methotrexate sodium (pf) injection solution 25 mg/ml	$0 (Tier 1)	B/D
methotrexate sodium injection solution 25 mg/ml	$0 (Tier 1)	B/D
methotrexate sodium oral tablet 2.5 mg	$0 (Tier 1)	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	$0 (Tier 2)	PA-NS; ^
mycophenolate mofetil oral capsule 250 mg	$0 (Tier 1)	B/D
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	$0 (Tier 2)	B/D; ^
mycophenolate mofetil oral tablet 500 mg	$0 (Tier 1)	B/D
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	$0 (Tier 1)	B/D
mycophenolic acid dr 180 mg tb	$0 (Tier 1)	mycophenolate sodium = mycophenolic acid; B/D
mycophenolic acid dr 360 mg tb	$0 (Tier 1)	mycophenolate sodium = mycophenolic acid; B/D
NERLYNX ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; ^
nilutamide oral tablet 150 mg	$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); ^
NULOJIX INTRAVENOUS RECON SOLN 250 MG	$0 (Tier 2)	^
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	$0 (Tier 2)	PA; ^
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	$0 (Tier 1)	PA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	$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); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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); ^
oxaliplatin intravenous recon soln 100 mg, 50 mg	$0 (Tier 2)	B/D; ^
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	$0 (Tier 1)	B/D
paclitaxel intravenous concentrate 6 mg/ml	$0 (Tier 1)	B/D
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	$0 (Tier 2)	B/D; ^
paraplatin intravenous solution 10 mg/ml	$0 (Tier 1)	B/D
pazopanib oral tablet 200 mg	$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; ^
pemetrexed disodium 750 mg vl	$0 (Tier 1)	B/D; ^
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg	$0 (Tier 1)	B/D; ^
pemetrexed disodium intravenous recon soln 100 mg	$0 (Tier 1)	B/D
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	$0 (Tier 1)	B/D; ^
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	$0 (Tier 2)	PA-NS; ^
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); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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); ^
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; ^
sirolimus oral solution 1 mg/ml	$0 (Tier 2)	B/D; ^
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	$0 (Tier 2)	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	$0 (Tier 2)	PA-NS; ^
sorafenib oral tablet 200 mg	$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); ^
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
TABLOID ORAL TABLET 40 MG	$0 (Tier 2)	
TABRECTA ORAL TABLET 150 MG, 200 MG	$0 (Tier 2)	PA-NS; ^
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	$0 (Tier 1)	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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); ^
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	$0 (Tier 2)	PA-NS; ^
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); ^
tamoxifen oral tablet 10 mg, 20 mg	$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); ^
TAZVERIK ORAL TABLET 200 MG	$0 (Tier 2)	PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	$0 (Tier 2)	PA-NS; ^
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; ^
toremifene oral tablet 60 mg	$0 (Tier 2)	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	$0 (Tier 2)	PA-NS; ^
tretinoin (antineoplastic) oral capsule 10 mg	$0 (Tier 2)	^
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	$0 (Tier 2)	
TRUQAP ORAL TABLET 160 MG, 200 MG	$0 (Tier 2)	PA-NS; QL (64 EA per 28 days); ^
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	$0 (Tier 2)	PA-NS; ^
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-NS; 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, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	$0 (Tier 2)	PA-NS; LA; QL (42 EA per 28 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	$0 (Tier 1)	B/D
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); ^
VORANIGO ORAL TABLET 10 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
VORANIGO ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
VOTRIENT ORAL TABLET 200 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 PELLET 150 MG	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
XALKORI ORAL PELLET 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 (20 MG X 5), 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80 MG/WEEK (40 MG X 2)	$0 (Tier 2)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (20 MG X 3), 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); ^
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	$0 (Tier 2)	PA-NS; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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); ^
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG	$0 (Tier 2)	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	$0 (Tier 2)	QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	$0 (Tier 2)	PA-NS; QL (600 ML per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	$0 (Tier 2)	PA-NS; QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml	$0 (Tier 1)	
carbamazepine oral tablet 200 mg	$0 (Tier 1)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	$0 (Tier 1)	
carbamazepine oral tablet,chewable 100 mg	$0 (Tier 1)	
clobazam oral suspension 2.5 mg/ml	$0 (Tier 1)	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	$0 (Tier 1)	QL (300 EA per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	$0 (Tier 1)	QL (90 EA per 30 days)
clonazepam oral tablet,disintegrating 2 mg	$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); ^
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	$0 (Tier 1)	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
divalproex oral capsule, delayed rel sprinkle 125 mg	$0 (Tier 1)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	$0 (Tier 1)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	$0 (Tier 1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	$0 (Tier 2)	PA-NS; LA; QL (600 ML per 30 days)
epitol oral tablet 200 mg	$0 (Tier 1)	
EPRONTIA ORAL SOLUTION 25 MG/ML	$0 (Tier 2)	PA-NS; QL (480 ML per 30 days)
ethosuximide oral capsule 250 mg	$0 (Tier 1)	
ethosuximide oral solution 250 mg/5 ml	$0 (Tier 1)	
felbamate oral suspension 600 mg/5 ml	$0 (Tier 2)	^
felbamate oral tablet 400 mg, 600 mg	$0 (Tier 1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	$0 (Tier 2)	PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	$0 (Tier 2)	PA-NS; QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 400 mg	$0 (Tier 1)	QL (270 EA per 30 days)
gabapentin oral capsule 300 mg	$0 (Tier 1)	QL (360 EA per 30 days)
gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	$0 (Tier 1)	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	$0 (Tier 1)	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	$0 (Tier 1)	QL (120 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	$0 (Tier 2)	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	$0 (Tier 2)	PA; QL (90 EA per 30 days)
lacosamide intravenous solution 200 mg/20 ml	$0 (Tier 2)	QL (1200 ML per 30 days); ^
lacosamide oral solution 10 mg/ml	$0 (Tier 1)	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	$0 (Tier 1)	QL (60 EA per 30 days)

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lacosamide oral tablet 50 mg	$0 (Tier 1)	QL (120 EA per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	$0 (Tier 1)	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	$0 (Tier 1)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	$0 (Tier 1)	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	$0 (Tier 1)	
levetiracetam intravenous solution 500 mg/5 ml	$0 (Tier 1)	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	$0 (Tier 1)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	$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); ^
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	$0 (Tier 2)	PA; QL (90 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
methsuximide oral capsule 300 mg	$0 (Tier 1)	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	$0 (Tier 2)	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	$0 (Tier 1)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	$0 (Tier 1)	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	$0 (Tier 2)	PA-NS
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	$0 (Tier 2)	PA-NS
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	$0 (Tier 2)	PA-NS
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	$0 (Tier 2)	
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	$0 (Tier 1)	
phenytoin oral tablet,chewable 50 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
phenytoin sodium intravenous solution 50 mg/ml	$0 (Tier 1)	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 1)	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	$0 (Tier 1)	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	$0 (Tier 1)	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	$0 (Tier 1)	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	$0 (Tier 2)	
primidone oral tablet 250 mg, 50 mg	$0 (Tier 1)	
roweepra oral tablet 500 mg	$0 (Tier 1)	
rufinamide oral suspension 40 mg/ml	$0 (Tier 2)	PA-NS; QL (2400 ML per 30 days); ^
rufinamide oral tablet 200 mg	$0 (Tier 1)	PA-NS; QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	$0 (Tier 2)	PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	$0 (Tier 2)	QL (90 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	$0 (Tier 2)	QL (360 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	$0 (Tier 2)	QL (180 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	$0 (Tier 2)	QL (120 EA per 30 days)
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)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	$0 (Tier 1)	
topiramate oral capsule, sprinkle 15 mg, 25 mg	$0 (Tier 1)	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	$0 (Tier 1)	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	$0 (Tier 1)	
valproic acid oral capsule 250 mg	$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)	
vigabatrin oral powder in packet 500 mg	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
vigabatrin oral tablet 500 mg	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vigadrone oral powder in packet 500 mg	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
vigadrone oral tablet 500 mg	$0 (Tier 1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigpoder oral powder in packet 500 mg	$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 28 days)
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 28 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5 ML	$0 (Tier 2)	PA-NS; QL (900 ML per 30 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	$0 (Tier 2)	PA-NS; QL (1100 ML per 30 days); ^
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	$0 (Tier 2)	PA; LA; QL (90 ML per 30 days); ^
apomorphine subcutaneous cartridge 10 mg/ml	$0 (Tier 1)	PA; QL (90 ML per 30 days); ^
benztropine injection solution 1 mg/ml	$0 (Tier 1)	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 2)	PA
bromocriptine oral capsule 5 mg	$0 (Tier 1)	
bromocriptine oral tablet 2.5 mg	$0 (Tier 1)	
carbidopa oral tablet 25 mg	$0 (Tier 2)	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	$0 (Tier 1)	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	$0 (Tier 1)	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	$0 (Tier 1)	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	$0 (Tier 1)	
entacapone oral tablet 200 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	$0 (Tier 2)	PA; QL (300 EA per 30 days); ^
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)	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	$0 (Tier 1)	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg	$0 (Tier 1)	
rasagiline oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (30 EA per 30 days)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	$0 (Tier 1)	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	$0 (Tier 1)	
selegiline hcl oral capsule 5 mg	$0 (Tier 1)	
selegiline hcl oral tablet 5 mg	$0 (Tier 1)	
trihexyphenidyl oral tablet 2 mg, 5 mg	$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)
dihydroergotamine injection solution 1 mg/ml	$0 (Tier 2)	^
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	$0 (Tier 2)	PA; QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	$0 (Tier 2)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	$0 (Tier 2)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	$0 (Tier 2)	PA; QL (3 ML per 30 days); ^
ergotamine-caffeine oral tablet 1-100 mg	$0 (Tier 1)	PA; QL (40 EA per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg	$0 (Tier 1)	QL (12 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	$0 (Tier 2)	PA; QL (16 EA per 30 days); ^
rizatriptan oral tablet 10 mg, 5 mg	$0 (Tier 1)	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	$0 (Tier 1)	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	$0 (Tier 1)	QL (12 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	$0 (Tier 1)	QL (24 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	QL (12 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml	$0 (Tier 1)	QL (9 ML per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	$0 (Tier 1)	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	$0 (Tier 1)	QL (9 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	$0 (Tier 1)	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	$0 (Tier 1)	QL (6 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	$0 (Tier 1)	QL (12 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	$0 (Tier 1)	QL (12 EA per 30 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); ^
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); ^
dalfampridine oral tablet extended release 12 hr 10 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
donepezil oral tablet 10 mg	$0 (Tier 1)	
donepezil oral tablet 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
donepezil oral tablet,disintegrating 10 mg	$0 (Tier 1)	
donepezil oral tablet,disintegrating 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
fingolimod oral capsule 0.5 mg	$0 (Tier 1)	PA-NS; QL (28 EA per 28 days); ^
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	$0 (Tier 1)	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	$0 (Tier 1)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
galantamine oral tablet 12 mg, 4 mg, 8 mg	$0 (Tier 1)	QL (60 EA per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	$0 (Tier 2)	PA-NS; QL (30 ML per 30 days); ^
glatiramer subcutaneous syringe 40 mg/ml	$0 (Tier 2)	PA-NS; QL (12 ML per 28 days); ^
glatopa subcutaneous syringe 20 mg/ml	$0 (Tier 2)	PA-NS; QL (30 ML per 30 days); ^
glatopa subcutaneous syringe 40 mg/ml	$0 (Tier 2)	PA-NS; QL (12 ML per 28 days); ^
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	$0 (Tier 1)	PA
memantine oral solution 2 mg/ml	$0 (Tier 1)	PA
memantine oral tablet 10 mg, 5 mg	$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); ^
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	$0 (Tier 2)	PA-NS; QL (20 ML per 135 days); ^
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	$0 (Tier 2)	PA; ^
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	$0 (Tier 2)	PA; ^
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	$0 (Tier 1)	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	$0 (Tier 1)	QL (30 EA per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	$0 (Tier 2)	PA-NS; LA; QL (14 EA per 7 days); ^
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	$0 (Tier 2)	PA-NS; LA; ^
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
teriflunomide oral tablet 14 mg, 7 mg	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
tetrabenazine oral tablet 12.5 mg	$0 (Tier 2)	PA; QL (90 EA per 30 days); ^
tetrabenazine oral tablet 25 mg	$0 (Tier 2)	PA; QL (120 EA per 30 days); ^
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg	$0 (Tier 1)	
cyclobenzaprine oral tablet 10 mg, 5 mg	$0 (Tier 2)	PA
dantrolene oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
pyridostigmine bromide oral tablet 60 mg	$0 (Tier 1)	
tizanidine oral tablet 2 mg, 4 mg	$0 (Tier 1)	
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	$0 (Tier 1)	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	$0 (Tier 1)	QL (400 EA per 30 days)
acetaminophen-codeine oral tablet 300-30 mg	$0 (Tier 1)	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	$0 (Tier 1)	QL (180 EA per 30 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
endocet oral tablet 10-325 mg	$0 (Tier 1)	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	$0 (Tier 1)	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	$0 (Tier 1)	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	$0 (Tier 2)	PA; QL (120 EA per 30 days); ^
fentanyl citrate buccal lozenge on a handle 200 mcg	$0 (Tier 1)	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	$0 (Tier 1)	PA; QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	$0 (Tier 1)	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	$0 (Tier 1)	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	$0 (Tier 1)	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	$0 (Tier 1)	QL (150 EA per 30 days)
hydromorphone oral liquid 1 mg/ml	$0 (Tier 1)	QL (600 ML per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	$0 (Tier 1)	QL (180 EA per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
methadone intensol oral concentrate 10 mg/ml	$0 (Tier 1)	PA; QL (90 ML per 30 days)
methadone oral concentrate 10 mg/ml	$0 (Tier 1)	PA; QL (90 ML per 30 days)

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	$0 (Tier 1)	PA; QL (450 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	$0 (Tier 2)	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	$0 (Tier 1)	QL (180 ML per 30 days)
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	$0 (Tier 2)	
MORPHINE INJECTION SYRINGE 2 MG/ML	$0 (Tier 2)	
morphine injection syringe 4 mg/ml	$0 (Tier 2)	
morphine intravenous solution 10 mg/ml, 50 mg/ml	$0 (Tier 2)	
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	$0 (Tier 2)	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	$0 (Tier 2)	
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	$0 (Tier 2)	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	$0 (Tier 1)	QL (900 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	$0 (Tier 1)	QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
morphine sulfate 4 mg/ml vial inner, suv	$0 (Tier 2)	
oxycodone oral capsule 5 mg	$0 (Tier 1)	QL (180 EA per 30 days)
oxycodone oral concentrate 20 mg/ml	$0 (Tier 1)	QL (180 ML per 30 days)
oxycodone oral solution 5 mg/5 ml	$0 (Tier 1)	QL (900 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 1)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	$0 (Tier 1)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	$0 (Tier 1)	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	$0 (Tier 1)	QL (240 EA per 30 days)
NON-NARCOTIC ANALGESICS		
acetaminophen 120 mg suppos	$0 (Tier 3)	NT
acetaminophen 120 mg suppos outer	$0 (Tier 3)	NT
acetaminophen 325 mg tablet	$0 (Tier 3)	NT
acetaminophen 650 mg suppos	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetaminophen 650 mg suppos outer	$0 (Tier 3)	NT
adult aspirin regimen ec 81 mg	$0 (Tier 3)	NT
all day pain relief 220 mg tab	$0 (Tier 3)	NT
all day pain rlf 220 mg caplet	$0 (Tier 3)	NT
all day relief 220 mg caplet caplet, gluten-free	$0 (Tier 3)	NT
all day relief 220 mg tablet gluten-free	$0 (Tier 3)	NT
arthritis pain reliever 1% gel	$0 (Tier 3)	NT
aspirin 325 mg tablet	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet	$0 (Tier 3)	NT
aspirin ec 81 mg tablet	$0 (Tier 3)	NT
buprenorphine-naloxone sublingual film 12-3 mg	$0 (Tier 1)	QL (60 EA per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	$0 (Tier 1)	QL (90 EA per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	$0 (Tier 1)	QL (90 EA per 30 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	$0 (Tier 2)	
celecoxib oral capsule 100 mg, 200 mg, 50 mg	$0 (Tier 1)	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	$0 (Tier 1)	QL (30 EA per 30 days)
children ibuprofen 100 mg/5 ml	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml berry flavor	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml gluten/f, berry	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml gluten/f, grape	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml gluten/f,bubble	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml grape	$0 (Tier 3)	NT
children's mapap 80 mg tab chw	$0 (Tier 3)	NT
diclofenac potassium oral tablet 50 mg	$0 (Tier 1)	QL (120 EA per 30 days)
diclofenac sodium 1% gel (otc)	$0 (Tier 3)	NT
diclofenac sodium oral tablet extended release 24 hr 100 mg	$0 (Tier 1)	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	$0 (Tier 1)	
diclofenac sodium topical gel 1 %	$0 (Tier 1)	QL (1000 GM per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	$0 (Tier 1)	QL (224 GM per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	$0 (Tier 1)	
diflunisal oral tablet 500 mg	$0 (Tier 1)	
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg	$0 (Tier 1)	QL (120 EA per 30 days)
ec-naproxen oral tablet,delayed release (dr/ec) 500 mg	$0 (Tier 1)	QL (90 EA per 30 days)
ed-apap 160 mg/5 ml liquid	$0 (Tier 3)	NT
EFFERVESCENT ANTACID-PAIN RLF 500-1,985-1,000 MG	$0 (Tier 3)	NT
etodolac oral capsule 200 mg, 300 mg	$0 (Tier 1)	
etodolac oral tablet 400 mg, 500 mg	$0 (Tier 1)	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	$0 (Tier 1)	
flurbiprofen oral tablet 100 mg	$0 (Tier 1)	
gs child ibuprofen 100 mg/5 ml	$0 (Tier 3)	NT
gs ibuprofen 200 mg tablet	$0 (Tier 3)	NT
gs inf ibuprofen 50 mg/1.25 ml	$0 (Tier 3)	NT
ibu oral tablet 600 mg, 800 mg	$0 (Tier 1)	
ibuprofen 200 mg caplet	$0 (Tier 3)	NT
ibuprofen 200 mg caplet caplet	$0 (Tier 3)	NT
ibuprofen 200 mg softgel	$0 (Tier 3)	NT
ibuprofen 200 mg tablet	$0 (Tier 3)	NT
ibuprofen jr str 100 mg tb chw	$0 (Tier 3)	NT
ibuprofen oral suspension 100 mg/5 ml	$0 (Tier 1)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	$0 (Tier 1)	
ibuprofen pm caplet 200-38 mg	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml gluten/f, berry	$0 (Tier 3)	NT
mapap 500 mg capsule	$0 (Tier 3)	NT
mapap arthritis er 650 mg cplt	$0 (Tier 3)	NT
meloxicam oral tablet 15 mg	$0 (Tier 1)	QL (30 EA per 30 days)
meloxicam oral tablet 7.5 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
menstrual relief caplet 500-25-15 mg	$0 (Tier 3)	NT
migraine 250-250-65 mg cplt	$0 (Tier 3)	NT
m-pap 160 mg/5 ml liquid	$0 (Tier 3)	NT
nabumetone oral tablet 500 mg, 750 mg	$0 (Tier 1)	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	$0 (Tier 2)	
naloxone injection solution 0.4 mg/ml	$0 (Tier 1)	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	$0 (Tier 1)	
naloxone nasal spray,non-aerosol 4 mg/actuation	$0 (Tier 1)	
naltrexone oral tablet 50 mg	$0 (Tier 1)	
naproxen oral tablet 250 mg, 375 mg, 500 mg	$0 (Tier 1)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	$0 (Tier 1)	QL (120 EA per 30 days)
naproxen oral tablet,delayed release (dr/ec) 500 mg	$0 (Tier 1)	QL (90 EA per 30 days)
naproxen sodium oral tablet 275 mg, 550 mg	$0 (Tier 1)	
oxaprozin oral tablet 600 mg	$0 (Tier 1)	
piroxicam oral capsule 10 mg, 20 mg	$0 (Tier 1)	
qc naproxen sod 220 mg tablet	$0 (Tier 3)	NT
qc non-aspirin pm caplet caplet,ex-strength 25-500 mg	$0 (Tier 3)	NT
sm ibuprofen 200 mg caplet caplet	$0 (Tier 3)	NT
sm ibuprofen 200 mg tablet	$0 (Tier 3)	NT
sulindac oral tablet 150 mg, 200 mg	$0 (Tier 1)	
tramadol oral tablet 50 mg	$0 (Tier 1)	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	$0 (Tier 1)	QL (240 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	$0 (Tier 2)	
PSYCHOTHERAPEUTIC DRUGS		
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)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	QL (150 EA per 30 days)

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	$0 (Tier 2)	
aripiprazole oral solution 1 mg/ml	$0 (Tier 1)	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	$0 (Tier 2)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	$0 (Tier 2)	
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)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	$0 (Tier 2)	QL (3.2 ML per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	$0 (Tier 2)	PA-NS; 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)
bupropion hcl oral tablet 100 mg, 75 mg	$0 (Tier 1)	
bupropion hcl oral tablet extended release 24 hr 150 mg	$0 (Tier 1)	QL (90 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	$0 (Tier 1)	QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	$0 (Tier 1)	QL (60 EA per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (Tier 1)	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	$0 (Tier 2)	QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^
chlorpromazine injection solution 25 mg/ml	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	$0 (Tier 2)	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
citalopram oral solution 10 mg/5 ml	$0 (Tier 1)	
citalopram oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	$0 (Tier 2)	PA-NS
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	$0 (Tier 1)	PA-NS; QL (180 EA per 30 days)
clozapine oral tablet 100 mg	$0 (Tier 1)	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	$0 (Tier 1)	QL (120 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	$0 (Tier 1)	
clozapine oral tablet,disintegrating 100 mg	$0 (Tier 1)	QL (270 EA per 30 days)
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	$0 (Tier 1)	
clozapine oral tablet,disintegrating 150 mg	$0 (Tier 1)	QL (180 EA per 30 days)
clozapine oral tablet,disintegrating 200 mg	$0 (Tier 2)	QL (120 EA per 30 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	$0 (Tier 1)	QL (30 EA per 30 days)
dexmethylphenidate oral tablet 10 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
dexmethylphenidate oral tablet 2.5 mg, 5 mg	$0 (Tier 1)	PA; QL (120 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
diazepam injection solution 5 mg/ml	$0 (Tier 1)	PA-NS
diazepam injection syringe 5 mg/ml	$0 (Tier 1)	PA-NS
diazepam intensol oral concentrate 5 mg/ml	$0 (Tier 1)	PA-NS; QL (240 ML per 30 days)
diazepam oral concentrate 5 mg/ml	$0 (Tier 1)	PA-NS; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	$0 (Tier 1)	PA-NS; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	$0 (Tier 1)	PA-NS; QL (120 EA per 30 days)

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	
doxepin oral concentrate 10 mg/ml	$0 (Tier 2)	
doxepin oral tablet 3 mg, 6 mg	$0 (Tier 1)	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	$0 (Tier 1)	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	$0 (Tier 2)	QL (30 EA per 30 days); ^
escitalopram oxalate oral solution 5 mg/5 ml	$0 (Tier 1)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	$0 (Tier 2)	PA-NS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	$0 (Tier 2)	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	$0 (Tier 2)	QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	$0 (Tier 1)	
fluphenazine decanoate injection solution 25 mg/ml	$0 (Tier 1)	
fluphenazine hcl injection solution 2.5 mg/ml	$0 (Tier 1)	
fluphenazine hcl oral concentrate 5 mg/ml	$0 (Tier 1)	
fluphenazine hcl oral elixir 2.5 mg/5 ml	$0 (Tier 1)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	$0 (Tier 2)	PA; QL (30 EA per 30 days)
guanfacine oral tablet extended release 24 hr 3 mg	$0 (Tier 2)	PA; QL (60 EA per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	$0 (Tier 1)	
haloperidol lactate injection solution 5 mg/ml	$0 (Tier 1)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
haloperidol lactate oral concentrate 2 mg/ml	$0 (Tier 1)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	$0 (Tier 1)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (Tier 2)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	$0 (Tier 2)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	$0 (Tier 2)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	$0 (Tier 2)	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	$0 (Tier 2)	QL (1 ML per 28 days)
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)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
lisdexamfetamine oral tablet,chewable 40 mg, 50 mg, 60 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	$0 (Tier 1)	
lithium carbonate oral tablet 300 mg	$0 (Tier 1)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lithium carbonate oral tablet extended release 300 mg, 450 mg	$0 (Tier 1)	
lithium citrate oral solution 8 meq/5 ml	$0 (Tier 1)	
lorazepam injection solution 2 mg/ml, 4 mg/ml	$0 (Tier 1)	
lorazepam injection syringe 2 mg/ml	$0 (Tier 1)	
lorazepam intensol oral concentrate 2 mg/ml	$0 (Tier 1)	QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	$0 (Tier 1)	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	QL (150 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	$0 (Tier 1)	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	$0 (Tier 1)	QL (30 EA per 30 days); ^
lurasidone oral tablet 80 mg	$0 (Tier 1)	QL (60 EA per 30 days); ^
MARPLAN ORAL TABLET 10 MG	$0 (Tier 2)	QL (180 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml	$0 (Tier 1)	PA; QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	$0 (Tier 1)	PA; QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 5 mg	$0 (Tier 1)	PA; QL (180 EA per 30 days)
methylphenidate hcl oral tablet 20 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	PA; QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	$0 (Tier 1)	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	$0 (Tier 1)	
modafinil oral tablet 100 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
molindone oral tablet 10 mg, 25 mg, 5 mg	$0 (Tier 1)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	$0 (Tier 1)	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	
nortriptyline oral solution 10 mg/5 ml	$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); ^
olanzapine intramuscular recon soln 10 mg	$0 (Tier 1)	QL (3 EA per 1 day)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 10 mg	$0 (Tier 1)	QL (60 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	$0 (Tier 1)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	$0 (Tier 1)	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	$0 (Tier 2)	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 2)	QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg	$0 (Tier 2)	QL (60 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	$0 (Tier 1)	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	$0 (Tier 2)	QL (1 EA per 30 days)
phenelzine oral tablet 15 mg	$0 (Tier 1)	
pimozide oral tablet 1 mg, 2 mg	$0 (Tier 1)	
protriptyline oral tablet 10 mg, 5 mg	$0 (Tier 2)	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	$0 (Tier 1)	
QUETIAPINE ORAL TABLET 150 MG	$0 (Tier 1)	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	$0 (Tier 1)	PA-NS; QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	$0 (Tier 1)	PA-NS; 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)
risperidone oral solution 1 mg/ml	$0 (Tier 1)	QL (240 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	$0 (Tier 1)	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg	$0 (Tier 1)	QL (90 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg	$0 (Tier 1)	QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 4 mg	$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)
sertraline oral concentrate 20 mg/ml	$0 (Tier 1)	
sertraline oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
sleep aid 25 mg tablet	$0 (Tier 3)	NT
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	$0 (Tier 2)	PA; LA; QL (540 ML per 30 days); ^
temazepam oral capsule 15 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 1)	
tranylcypromine oral tablet 10 mg	$0 (Tier 1)	
trazodone oral tablet 100 mg, 150 mg, 50 mg	$0 (Tier 1)	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 1)	
trimipramine oral capsule 100 mg	$0 (Tier 2)	QL (60 EA per 30 days)
trimipramine oral capsule 25 mg, 50 mg	$0 (Tier 2)	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	$0 (Tier 1)	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$0 (Tier 1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	$0 (Tier 2)	PA-NS; QL (600 ML per 30 days); ^
vilazodone oral tablet 10 mg, 20 mg, 40 mg	$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); ^
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 40 MG, 50 MG, 60 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	$0 (Tier 1)	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	$0 (Tier 1)	QL (6 EA per 3 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zolpidem oral tablet 10 mg, 5 mg	$0 (Tier 2)	PA; QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	$0 (Tier 2)	PA-NS; ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	$0 (Tier 2)	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	$0 (Tier 2)	PA-NS; QL (2.4 EA per 30 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	$0 (Tier 2)	PA-NS; QL (1.2 EA per 30 days); ^
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone intravenous solution 50 mg/ml	$0 (Tier 1)	
amiodarone intravenous syringe 150 mg/3 ml	$0 (Tier 1)	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	$0 (Tier 1)	
disopyramide phosphate oral capsule 100 mg, 150 mg	$0 (Tier 2)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	$0 (Tier 1)	
flecainide oral tablet 100 mg, 150 mg, 50 mg	$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	$0 (Tier 2)	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	$0 (Tier 2)	
pacerone oral tablet 100 mg, 200 mg, 400 mg	$0 (Tier 1)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	$0 (Tier 1)	
propafenone oral tablet 150 mg, 225 mg, 300 mg	$0 (Tier 1)	
quinidine sulfate oral tablet 200 mg, 300 mg	$0 (Tier 1)	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$0 (Tier 1)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	$0 (Tier 1)	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$0 (Tier 1)	
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	$0 (Tier 1)	
aliskiren oral tablet 150 mg, 300 mg	$0 (Tier 1)	
amiloride oral tablet 5 mg	$0 (Tier 1)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	$0 (Tier 1)	QL (30 EA per 30 days)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	$0 (Tier 1)	
atenolol oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	$0 (Tier 1)	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 1)	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	$0 (Tier 1)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	$0 (Tier 1)	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	$0 (Tier 1)	
bumetanide injection solution 0.25 mg/ml	$0 (Tier 1)	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	
candesartan oral tablet 16 mg, 4 mg, 8 mg	$0 (Tier 1)	QL (60 EA per 30 days)
candesartan oral tablet 32 mg	$0 (Tier 1)	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	$0 (Tier 1)	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	$0 (Tier 1)	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	$0 (Tier 1)	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	$0 (Tier 1)	
chlorthalidone oral tablet 25 mg, 50 mg	$0 (Tier 1)	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	$0 (Tier 1)	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diltiazem hcl intravenous solution 5 mg/ml	$0 (Tier 1)	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	$0 (Tier 1)	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	$0 (Tier 1)	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	$0 (Tier 1)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	$0 (Tier 1)	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	$0 (Tier 1)	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	$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)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$0 (Tier 1)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	$0 (Tier 1)	
eplerenone oral tablet 25 mg, 50 mg	$0 (Tier 1)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	$0 (Tier 1)	
furosemide injection solution 10 mg/ml	$0 (Tier 1)	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	$0 (Tier 1)	
furosemide oral tablet 20 mg, 40 mg, 80 mg	$0 (Tier 1)	
guanfacine oral tablet 1 mg, 2 mg	$0 (Tier 2)	PA
hydralazine injection solution 20 mg/ml	$0 (Tier 1)	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
hydrochlorothiazide oral capsule 12.5 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	$0 (Tier 1)	
indapamide oral tablet 1.25 mg, 2.5 mg	$0 (Tier 1)	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	$0 (Tier 1)	QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
isradipine oral capsule 2.5 mg, 5 mg	$0 (Tier 1)	
KERENDIA ORAL TABLET 10 MG, 20 MG	$0 (Tier 2)	QL (30 EA per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	$0 (Tier 1)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (Tier 1)	
losartan oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	$0 (Tier 1)	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	$0 (Tier 1)	
metoprolol tartrate intravenous solution 5 mg/5 ml	$0 (Tier 1)	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
metyrosine oral capsule 250 mg	$0 (Tier 2)	PA; ^
minoxidil oral tablet 10 mg, 2.5 mg	$0 (Tier 1)	
moexipril oral tablet 15 mg, 7.5 mg	$0 (Tier 1)	
nadolol oral tablet 20 mg, 40 mg, 80 mg	$0 (Tier 1)	
nebivolol oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
nebivolol oral tablet 20 mg	$0 (Tier 1)	QL (60 EA per 30 days)
nicardipine oral capsule 20 mg, 30 mg	$0 (Tier 1)	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	$0 (Tier 1)	
nimodipine oral capsule 30 mg	$0 (Tier 1)	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	$0 (Tier 1)	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	$0 (Tier 2)	^
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	$0 (Tier 2)	^
olmesartan oral tablet 20 mg, 40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
olmesartan oral tablet 5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	$0 (Tier 1)	
pindolol oral tablet 10 mg, 5 mg	$0 (Tier 1)	
prazosin oral capsule 1 mg, 2 mg, 5 mg	$0 (Tier 1)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	$0 (Tier 1)	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	$0 (Tier 1)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	$0 (Tier 1)	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 1)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (Tier 1)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	$0 (Tier 1)	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	$0 (Tier 1)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	$0 (Tier 1)	
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	$0 (Tier 2)	PA-NS; ^
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	$0 (Tier 1)	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	$0 (Tier 1)	
valsartan oral tablet 160 mg, 40 mg, 80 mg	$0 (Tier 1)	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	$0 (Tier 1)	QL (30 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
verapamil intravenous solution 2.5 mg/ml	$0 (Tier 1)	
verapamil intravenous syringe 2.5 mg/ml	$0 (Tier 1)	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	$0 (Tier 1)	
verapamil oral tablet 120 mg, 40 mg, 80 mg	$0 (Tier 1)	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	$0 (Tier 1)	
COAGULATION THERAPY		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	$0 (Tier 1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	$0 (Tier 2)	
cilostazol oral tablet 100 mg, 50 mg	$0 (Tier 1)	
clopidogrel oral tablet 75 mg	$0 (Tier 1)	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	$0 (Tier 2)	PA
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; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	$0 (Tier 2)	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	$0 (Tier 2)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	$0 (Tier 2)	QL (74 EA per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	$0 (Tier 1)	
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	$0 (Tier 1)	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	$0 (Tier 2)	^
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	$0 (Tier 1)	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	$0 (Tier 1)	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	$0 (Tier 1)	B/D
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	$0 (Tier 2)	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	$0 (Tier 2)	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (Tier 1)	
pentoxifylline oral tablet extended release 400 mg	$0 (Tier 1)	
phytonadione 10 mg/ml ampul suv,outer	$0 (Tier 3)	NT
phytonadione 5 mg tablet	$0 (Tier 3)	NT
prasugrel oral tablet 10 mg, 5 mg	$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); ^
vitamin k-1 10 mg/ml ampul suv, outer	$0 (Tier 3)	NT
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	$0 (Tier 2)	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	$0 (Tier 2)	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	$0 (Tier 2)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	$0 (Tier 2)	QL (60 EA per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	$0 (Tier 2)	ST; QL (30 EA per 30 days); ^
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	$0 (Tier 1)	QL (30 EA per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
cholestyramine (with sugar) oral powder 4 gram	$0 (Tier 1)	
cholestyramine (with sugar) oral powder in packet 4 gram	$0 (Tier 1)	
cholestyramine light oral powder 4 gram	$0 (Tier 1)	
cholestyramine light oral powder in packet 4 gram	$0 (Tier 1)	
cholestyramine-aspartame oral powder in packet 4 gram	$0 (Tier 1)	
colesevelam oral powder in packet 3.75 gram	$0 (Tier 1)	
colesevelam oral tablet 625 mg	$0 (Tier 1)	
colestipol oral granules 5 gram	$0 (Tier 1)	
colestipol oral packet 5 gram	$0 (Tier 1)	
colestipol oral tablet 1 gram	$0 (Tier 1)	
endur-acin er 250 mg tablet	$0 (Tier 3)	NT
endur-acin er 500 mg tablet	$0 (Tier 3)	NT
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	$0 (Tier 2)	ST; QL (30 EA per 30 days)
ezetimibe oral tablet 10 mg	$0 (Tier 1)	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	$0 (Tier 1)	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	$0 (Tier 1)	
fenofibrate oral tablet 160 mg, 54 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	$0 (Tier 1)	
fluvastatin oral capsule 20 mg, 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	$0 (Tier 1)	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	$0 (Tier 2)	QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
niacin 100 mg tablet (rx)	$0 (Tier 3)	NT
niacin 50 mg tablet (rx)	$0 (Tier 3)	NT
niacin 500 mg tablet (rx)	$0 (Tier 3)	NT
niacin 500 mg tablet y/f,gluten/f (rx)	$0 (Tier 3)	NT
niacin er 250 mg tablet p/f (rx)	$0 (Tier 3)	NT
niacin er 500 mg caplet caplet,cdt,p/f (rx)	$0 (Tier 3)	NT
niacin er 500 mg tablet (rx)	$0 (Tier 3)	NT
niacin er 500 mg tablet n,p/f (rx)	$0 (Tier 3)	NT
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	$0 (Tier 1)	QL (60 EA per 30 days)
niacin sa 250 mg capsule (rx)	$0 (Tier 3)	NT
niacin tr 250 mg capsule (rx)	$0 (Tier 3)	NT
niacin tr 250 mg capsule p/f,n,gluten/f (rx)	$0 (Tier 3)	NT
niacin tr 250 mg tablet (rx)	$0 (Tier 3)	NT
niacin tr 250 mg tablet p/f (rx)	$0 (Tier 3)	NT
niacin tr 500 mg tablet (rx)	$0 (Tier 3)	NT
niavasc sr 500 mg tablet	$0 (Tier 3)	NT
plain niacin 500 mg tablet (rx)	$0 (Tier 3)	NT
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	$0 (Tier 2)	PA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
prevalite oral powder 4 gram	$0 (Tier 1)	
prevalite oral powder in packet 4 gram	$0 (Tier 1)	
ra niacin 100 mg tablet p/f (rx)	$0 (Tier 3)	NT
ra niacin 500 mg tablet (rx)	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
SLO-NIACIN 250 MG TABLET	$0 (Tier 3)	NT
slo-niacin 500 mg tablet (rx)	$0 (Tier 3)	NT
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	$0 (Tier 2)	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	$0 (Tier 2)	ST; QL (30 EA per 30 days)
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)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	$0 (Tier 1)	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	$0 (Tier 1)	QL (30 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)
ivabradine oral tablet 5 mg, 7.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	$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		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 1)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	$0 (Tier 1)	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	$0 (Tier 1)	
nitro-bid transdermal ointment 2 %	$0 (Tier 2)	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	$0 (Tier 1)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	$0 (Tier 1)	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	$0 (Tier 1)	PA
calcipotriene scalp solution 0.005 %	$0 (Tier 1)	PA; QL (120 ML per 30 days)
calcipotriene topical ointment 0.005 %	$0 (Tier 1)	PA; QL (120 GM per 30 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	$0 (Tier 2)	PA; QL (120 GM per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
selenium sulfide topical lotion 2.5 %	$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); ^
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	$0 (Tier 2)	PA; QL (3 ML per 28 days); ^
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	$0 (Tier 2)	PA; QL (3 ML per 28 days); ^
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	$0 (Tier 2)	PA; LA; QL (3 ML per 28 days); ^
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	$0 (Tier 2)	PA; QL (0.25 ML per 28 days); ^
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	$0 (Tier 2)	PA; QL (0.5 ML per 28 days); ^
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	$0 (Tier 2)	PA; LA; QL (3 ML per 28 days); ^
KERATOLYTICS		
callus removers patch 40 %	$0 (Tier 3)	NT
corn remover 40% patch	$0 (Tier 3)	NT
liquid corn-callus remover 17 %	$0 (Tier 3)	NT
wart remover 17% liquid	$0 (Tier 3)	NT
wart remover clear strip 40 %	$0 (Tier 3)	NT
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate topical cream 12 %	$0 (Tier 1)	
ammonium lactate topical lotion 12 %	$0 (Tier 1)	
antiseptic skin cleanser 4%	$0 (Tier 3)	NT
blue 2% gel	$0 (Tier 3)	NT
calamine clear lotion 1-0.1 %	$0 (Tier 3)	NT
calamine plus 1%-8% lotion 1-8 %	$0 (Tier 3)	NT
caldyphen clear lotion 1-0.1 %	$0 (Tier 3)	NT
capsaicin 0.025% cream	$0 (Tier 3)	NT
CHEST RUB 4.8-1.2-2.6 %	$0 (Tier 3)	NT
COATS ALOE CREME 0.5 %	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COATS ALOE GELLY 0.5 %	$0 (Tier 3)	NT
COATS ALOE MOISTURIZING LOTION 0.5 %	$0 (Tier 3)	NT
COZIMA 24% DIAPER RASH CREAM	$0 (Tier 3)	NT
CUTTER BACKWOODS 25% SPRAY	$0 (Tier 3)	NT
CUTTER BACKWOODS 25% SPRAY	$0 (Tier 3)	NT
CUTTER BACKWOODS DRY 25% SPRAY	$0 (Tier 3)	NT
CUTTER LEMON EUCALYPTUS SPRAY 30 %	$0 (Tier 3)	NT
dermacinrx lidocan topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
diaper rash 40% ointment	$0 (Tier 3)	NT
dibucaine 1% ointment	$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); ^
fluorouracil topical cream 5 %	$0 (Tier 1)	QL (40 GM per 30 days)
fluorouracil topical solution 2 %, 5 %	$0 (Tier 1)	QL (10 ML per 30 days)
glydo mucous membrane jelly in applicator 2 %	$0 (Tier 1)	PA; QL (60 ML per 30 days)
imiquimod topical cream in packet 5 %	$0 (Tier 1)	QL (24 EA per 30 days)
INSECT REPELLENT 20% SPRAY	$0 (Tier 3)	NT
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	$0 (Tier 1)	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	$0 (Tier 1)	
lidocaine hcl laryngotracheal solution 4 %	$0 (Tier 1)	PA; QL (50 ML per 30 days)
lidocaine hcl mucous membrane jelly 2 %	$0 (Tier 1)	PA; QL (30 ML per 30 days)
lidocaine hcl mucous membrane solution 2 %	$0 (Tier 1)	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	$0 (Tier 1)	PA; QL (50 ML per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lidocaine topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
lidocaine topical ointment 5 %	$0 (Tier 1)	PA; QL (50 GM per 30 days)
lidocaine viscous mucous membrane solution 2 %	$0 (Tier 1)	
lidocaine-prilocaine topical cream 2.5-2.5 %	$0 (Tier 1)	PA; QL (30 GM per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
lidocan iv topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
lidocan v topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
MEDI-PADS 50%	$0 (Tier 3)	NT
NATRAPEL 20% SPRAY	$0 (Tier 3)	NT
OFF DEEP WOODS 25% SPRAY	$0 (Tier 3)	NT
OFF DEEP WOODS 25% SPRAY	$0 (Tier 3)	NT
OFF DEEP WOODS DRY 25% SPRAY	$0 (Tier 3)	NT
OFF DEEP WOODS SPORTMN 25% SPR	$0 (Tier 3)	NT
OFF DEEP WOODS SPORTMN 30% SPR	$0 (Tier 3)	NT
PAIN RELIEVING 1%-15% CREAM 15-1 %	$0 (Tier 3)	NT
PANRETIN TOPICAL GEL 0.1 %	$0 (Tier 2)	PA-NS; QL (60 GM per 30 days); ^
petrolatum 42% ointment	$0 (Tier 3)	NT
podofilox topical solution 0.5 %	$0 (Tier 1)	QL (7 ML per 28 days)
REGRANEX TOPICAL GEL 0.01 %	$0 (Tier 2)	QL (15 GM per 30 days); ^
REPEL HUNTER'S 25% SPRAY	$0 (Tier 3)	NT
REPEL LEMON EUCALYPTUS 30% SPR	$0 (Tier 3)	NT
REPEL SPORTSMEN 25% SPRAY	$0 (Tier 3)	NT
REPEL SPORTSMEN DRY 25% SPRAY	$0 (Tier 3)	NT
REPEL SPORTSMEN MAX 40% SPRAY	$0 (Tier 3)	NT
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	$0 (Tier 2)	QL (180 GM per 30 days)
silver sulfadiazine topical cream 1 %	$0 (Tier 1)	
ssd topical cream 1 %	$0 (Tier 1)	
tacrolimus topical ointment 0.03 %, 0.1 %	$0 (Tier 1)	QL (100 GM per 30 days)
tridacaine ii topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
ULTRATHON 25% REPELLENT SPRAY (RX)	$0 (Tier 3)	NT
VALCHLOR TOPICAL GEL 0.016 %	$0 (Tier 2)	PA-NS; LA; QL (60 GM per 30 days); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin a and d ointment	$0 (Tier 3)	NT
Z-BUM 22% DIAPER RASH CREAM	$0 (Tier 3)	NT
zinc oxide 20% ointment (otc)	$0 (Tier 3)	NT
zinc oxide 25% ointment	$0 (Tier 3)	NT
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	$0 (Tier 2)	QL (7.5 GM per 28 days); ^
THERAPY FOR ACNE		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
acne medication 10% gel	$0 (Tier 3)	NT
ACNE MEDICATION 10% LOTION	$0 (Tier 3)	NT
ACNE MEDICATION 5% GEL	$0 (Tier 3)	NT
ACNE MEDICATION 5% LOTION	$0 (Tier 3)	NT
adapalene 0.1% gel (otc)	$0 (Tier 3)	NT
amnesteem oral capsule 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
azelaic acid topical gel 15 %	$0 (Tier 1)	QL (50 GM per 30 days)
benzoyl peroxide 10% gel (otc)	$0 (Tier 3)	NT
benzoyl peroxide 10% gel aqueous (otc)	$0 (Tier 3)	NT
benzoyl peroxide 10% wash (otc)	$0 (Tier 3)	NT
benzoyl peroxide 2.5% gel (otc)	$0 (Tier 3)	NT
benzoyl peroxide 5% gel (otc)	$0 (Tier 3)	NT
benzoyl peroxide 5% gel aqueous (otc)	$0 (Tier 3)	NT
benzoyl peroxide 5% wash (otc)	$0 (Tier 3)	NT
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
clindamycin phosphate topical gel 1 %	$0 (Tier 1)	QL (75 GM per 30 days)
clindamycin phosphate topical gel, once daily 1 %	$0 (Tier 1)	QL (75 ML per 30 days)
clindamycin phosphate topical lotion 1 %	$0 (Tier 1)	QL (60 ML per 30 days)
clindamycin phosphate topical solution 1 %	$0 (Tier 1)	QL (60 ML per 30 days)
ery pads topical swab 2 %	$0 (Tier 1)	QL (60 EA per 30 days)
erythromycin with ethanol topical solution 2 %	$0 (Tier 1)	QL (60 ML per 30 days)
FINACEA TOPICAL FOAM 15 %	$0 (Tier 2)	QL (50 GM per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
metronidazole topical cream 0.75 %	$0 (Tier 1)	QL (45 GM per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metronidazole topical gel 0.75 %	$0 (Tier 1)	QL (45 GM per 30 days)
metronidazole topical lotion 0.75 %	$0 (Tier 1)	QL (59 ML per 30 days)
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
NORITATE TOPICAL CREAM 1 %	$0 (Tier 2)	QL (60 GM per 30 days); ^
tazarotene topical cream 0.1 %	$0 (Tier 1)	PA; QL (60 GM per 30 days)
tazarotene topical gel 0.05 %, 0.1 %	$0 (Tier 1)	PA
TAZORAC TOPICAL CREAM 0.05 %	$0 (Tier 2)	PA; QL (60 GM per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	$0 (Tier 1)	PA; QL (45 GM per 30 days)
tretinoin topical gel 0.01 %, 0.025 %	$0 (Tier 1)	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
TOPICAL ANTIBACTERIALS		
bacitracin 500 unit/gm ointmnt 500 unit/gram	$0 (Tier 3)	NT
bacitracin zn 500 unit/gm oint 500 unit/gram	$0 (Tier 3)	NT
bacitracin zn 500 unit/gm oint 500 unit/gram	$0 (Tier 3)	NT
gentamicin topical cream 0.1 %	$0 (Tier 1)	QL (30 GM per 30 days)
gentamicin topical ointment 0.1 %	$0 (Tier 1)	QL (30 GM per 30 days)
mupirocin topical ointment 2 %	$0 (Tier 1)	QL (44 GM per 30 days)
POLY BACITRACIN OINTMENT 500-10,000 UNIT/GRAM	$0 (Tier 3)	NT
povidone-iodine 10% solution	$0 (Tier 3)	NT
sulfacetamide sodium (acne) topical suspension 10 %	$0 (Tier 1)	QL (118 ML per 30 days)
SULFAMYLON TOPICAL CREAM 85 MG/G	$0 (Tier 2)	QL (453.6 GM per 30 days)
triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram	$0 (Tier 3)	NT
TRIPLE ANTIBIOTIC OINTMENT PKT (OTC) 3.5-400-5,000 MG-UNIT-UNIT	$0 (Tier 3)	NT
triple antibiotic ointment pkt outer (otc) 3.5-400-5,000 mg-unit-unit	$0 (Tier 3)	NT
triple antibiotic plus ointmnt 3.5-500-10,000 mg-unit-unit/g	$0 (Tier 3)	NT
triple antibiotic-pain oint 3.5-500-10,000 mg-unit-unit/g	$0 (Tier 3)	NT
TOPICAL ANTIFUNGALS		
antifungal 1% topical cream	$0 (Tier 3)	NT
antifungal 2% powder	$0 (Tier 3)	NT
athlete's foot 1% cream	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
athlete's foot 1% powder spray	$0 (Tier 3)	NT
athlete's foot 2% powder spray	$0 (Tier 3)	NT
ciclopirox topical cream 0.77 %	$0 (Tier 1)	QL (90 GM per 30 days)
ciclopirox topical suspension 0.77 %	$0 (Tier 1)	QL (60 ML per 30 days)
clotrimazole 1% solution (otc)	$0 (Tier 3)	NT
clotrimazole 1% topical cream (otc)	$0 (Tier 3)	NT
clotrimazole topical cream 1 %	$0 (Tier 1)	QL (45 GM per 28 days)
clotrimazole topical solution 1 %	$0 (Tier 1)	QL (30 ML per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	$0 (Tier 1)	QL (45 GM per 30 days)
fungoid 2% tincture	$0 (Tier 3)	NT
ketoconazole topical cream 2 %	$0 (Tier 1)	QL (60 GM per 28 days)
ketoconazole topical shampoo 2 %	$0 (Tier 1)	QL (120 ML per 28 days)
klayesta topical powder 100,000 unit/gram	$0 (Tier 1)	QL (60 GM per 30 days)
miconazole 2% topical cream	$0 (Tier 3)	NT
nyamyc topical powder 100,000 unit/gram	$0 (Tier 1)	QL (60 GM per 30 days)
nystatin topical cream 100,000 unit/gram	$0 (Tier 1)	QL (30 GM per 30 days)
nystatin topical ointment 100,000 unit/gram	$0 (Tier 1)	QL (30 GM per 30 days)
nystatin topical powder 100,000 unit/gram	$0 (Tier 1)	QL (60 GM per 30 days)
nystop topical powder 100,000 unit/gram	$0 (Tier 1)	QL (60 GM per 30 days)
terbinafine 1% cream	$0 (Tier 3)	NT
tolnaftate 1% cream	$0 (Tier 3)	NT
tolnaftate 1% powder	$0 (Tier 3)	NT
TOPICAL ANTIVIRALS		
docosanol 10% cream	$0 (Tier 3)	NT
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %, 2.5 %	$0 (Tier 1)	
alclometasone topical cream 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
alclometasone topical ointment 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
betamethasone dipropionate topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone dipropionate topical lotion 0.05 %	$0 (Tier 1)	QL (120 ML per 30 days)
betamethasone dipropionate topical ointment 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
betamethasone valerate topical cream 0.1 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone valerate topical lotion 0.1 %	$0 (Tier 1)	QL (120 ML per 30 days)
betamethasone valerate topical ointment 0.1 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone, augmented topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone, augmented topical gel 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone, augmented topical lotion 0.05 %	$0 (Tier 1)	QL (120 ML per 30 days)
betamethasone, augmented topical ointment 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
clobetasol scalp solution 0.05 %	$0 (Tier 1)	QL (50 ML per 30 days)
clobetasol topical cream 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
clobetasol topical gel 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
clobetasol topical ointment 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
clobetasol-emollient topical cream 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	$0 (Tier 1)	QL (118.28 ML per 30 days)
fluocinolone topical cream 0.01 %	$0 (Tier 1)	QL (60 GM per 30 days)
fluocinolone topical cream 0.025 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluocinolone topical oil 0.01 %	$0 (Tier 1)	QL (118.28 ML per 30 days)
fluocinolone topical ointment 0.025 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluocinolone topical solution 0.01 %	$0 (Tier 1)	QL (90 ML per 30 days)
fluocinonide topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluocinonide topical gel 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
fluocinonide topical ointment 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
fluocinonide topical solution 0.05 %	$0 (Tier 1)	QL (60 ML per 30 days)
fluocinonide-e topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluocinonide-emollient topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluticasone propionate topical cream 0.05 %	$0 (Tier 1)	
halobetasol propionate topical cream 0.05 %	$0 (Tier 1)	QL (50 GM per 30 days)
halobetasol propionate topical ointment 0.05 %	$0 (Tier 1)	QL (50 GM per 30 days)
hydrocortisone topical cream 1 %, 2.5 %	$0 (Tier 1)	
hydrocortisone topical lotion 2 %, 2.5 %	$0 (Tier 1)	
hydrocortisone topical ointment 2.5 %	$0 (Tier 1)	
mometasone topical cream 0.1 %	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mometasone topical ointment 0.1 %	$0 (Tier 1)	
mometasone topical solution 0.1 %	$0 (Tier 1)	
triamcinolone acetonide topical cream 0.025 %, 0.5 %	$0 (Tier 1)	
triamcinolone acetonide topical cream 0.1 %	$0 (Tier 1)	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	$0 (Tier 1)	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	$0 (Tier 1)	
TOPICAL SCABICIDES / PEDICULICIDES		
lice killing shampoo 0.33-4 %	$0 (Tier 3)	NT
lice treatment 1% creme rinse	$0 (Tier 3)	NT
lice treatment 1% creme rinse 1 nit removal comb	$0 (Tier 3)	NT
malathion topical lotion 0.5 %	$0 (Tier 1)	QL (59 ML per 30 days)
permethrin topical cream 5 %	$0 (Tier 1)	QL (60 GM per 30 days)
VANALICE GEL 0.3-3.5 %	$0 (Tier 3)	NT
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	$0 (Tier 1)	
acetic acid irrigation solution 0.25 %	$0 (Tier 1)	
anagrelide oral capsule 0.5 mg, 1 mg	$0 (Tier 1)	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	$0 (Tier 2)	PA; LA; ^
caffeine 200 mg tablet (otc)	$0 (Tier 3)	NT
carglumic acid oral tablet, dispersible 200 mg	$0 (Tier 2)	PA; LA; ^
cevimeline oral capsule 30 mg	$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
d10 %-0.45 % sodium chloride intravenous parenteral solution	$0 (Tier 1)	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	$0 (Tier 2)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
d5 %-0.45 % sodium chloride intravenous parenteral solution	$0 (Tier 1)	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	$0 (Tier 2)	PA; ^
deferasirox oral tablet 180 mg, 360 mg	$0 (Tier 2)	PA; ^
deferasirox oral tablet 90 mg	$0 (Tier 1)	PA
deferasirox oral tablet, dispersible 125 mg	$0 (Tier 2)	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	$0 (Tier 1)	PA; ^
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	$0 (Tier 2)	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	$0 (Tier 1)	
dextrose 5 % in water (d5w) intravenous parenteral solution	$0 (Tier 1)	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	$0 (Tier 1)	
dextrose 5 %-lactated ringers intravenous parenteral solution	$0 (Tier 1)	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	$0 (Tier 1)	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	$0 (Tier 1)	
dextrose 50 % in water (d50w) intravenous parenteral solution	$0 (Tier 1)	
dextrose 50 % in water (d50w) intravenous syringe	$0 (Tier 1)	
dextrose 70 % in water (d70w) intravenous parenteral solution	$0 (Tier 1)	
disulfiram oral tablet 250 mg, 500 mg	$0 (Tier 1)	
droxidopa oral capsule 100 mg	$0 (Tier 2)	PA; QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	$0 (Tier 2)	PA; QL (180 EA per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	$0 (Tier 2)	PA; LA; ^
glutamine (sickle cell) oral powder in packet 5 gram	$0 (Tier 1)	PA; ^
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	$0 (Tier 2)	PA; LA; ^
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	$0 (Tier 1)	
levocarnitine (with sugar) oral solution 100 mg/ml	$0 (Tier 1)	B/D

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levocarnitine oral solution 100 mg/ml	$0 (Tier 1)	
levocarnitine oral tablet 330 mg	$0 (Tier 1)	B/D
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	$0 (Tier 2)	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
nitisinone oral capsule 10 mg, 2 mg, 5 mg	$0 (Tier 2)	PA; ^
nitisinone oral capsule 20 mg	$0 (Tier 1)	PA; ^
pilocarpine hcl oral tablet 5 mg, 7.5 mg	$0 (Tier 1)	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	$0 (Tier 2)	PA; LA; ^
RA CALCIUM-BORON TABLET 500-1.5 MG	$0 (Tier 3)	NT
riluzole oral tablet 50 mg	$0 (Tier 1)	
risedronate oral tablet 30 mg	$0 (Tier 1)	QL (30 EA per 30 days)
sevelamer carbonate oral powder in packet 0.8 gram	$0 (Tier 2)	QL (540 EA per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	$0 (Tier 2)	QL (180 EA per 30 days)
sevelamer carbonate oral tablet 800 mg	$0 (Tier 1)	QL (540 EA per 30 days)
sodium chloride 0.9 % intravenous parenteral solution	$0 (Tier 1)	
sodium chloride 0.9 % intravenous piggyback	$0 (Tier 1)	
sodium chloride irrigation solution 0.9 %	$0 (Tier 1)	
sodium phenylbutyrate oral powder 0.94 gram/gram	$0 (Tier 2)	PA; ^
sodium phenylbutyrate oral tablet 500 mg	$0 (Tier 2)	PA; ^
sodium polystyrene sulfonate oral powder	$0 (Tier 1)	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	$0 (Tier 1)	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	$0 (Tier 1)	
SUSPENDOL-S LIQUID 0.2-0.2 %	$0 (Tier 3)	NT
trientine oral capsule 250 mg	$0 (Tier 2)	PA; ^
VELPHORO ORAL TABLET,CHEWABLE 500 MG	$0 (Tier 2)	QL (180 EA per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	$0 (Tier 2)	
water for irrigation, sterile irrigation solution	$0 (Tier 1)	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	$0 (Tier 2)	PA; LA; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	$0 (Tier 1)	
NEUTRACEUTICALS		
cranberry urinary comfort sfgl 140-100 mg	$0 (Tier 3)	NT
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0 (Tier 1)	
gs nicotine 2 mg mini lozenge	$0 (Tier 3)	NT
nicotine 14 mg/24hr patch (otc)	$0 (Tier 3)	NT
nicotine 14 mg/24hr patch clear, step 2, outer (otc)	$0 (Tier 3)	NT
nicotine 14 mg/24hr patch outer (otc)	$0 (Tier 3)	NT
nicotine 14 mg/24hr patch step 2 (otc)	$0 (Tier 3)	NT
nicotine 2 mg chewing gum	$0 (Tier 3)	NT
nicotine 2 mg chewing gum mint	$0 (Tier 3)	NT
nicotine 2 mg chewing gum outer	$0 (Tier 3)	NT
nicotine 2 mg chewing gum refill	$0 (Tier 3)	NT
nicotine 2 mg chewing gum starter kit	$0 (Tier 3)	NT
nicotine 2 mg lozenge	$0 (Tier 3)	NT
nicotine 2 mg lozenge outer	$0 (Tier 3)	NT
NICOTINE 2 MG MINI LOZENGE	$0 (Tier 3)	NT
nicotine 2 mg mini lozenge outer	$0 (Tier 3)	NT
nicotine 21 mg/24hr patch (otc)	$0 (Tier 3)	NT
nicotine 21 mg/24hr patch outer (otc)	$0 (Tier 3)	NT
nicotine 21 mg/24hr patch outer, clear, step 1 (otc)	$0 (Tier 3)	NT
nicotine 4 mg chewing gum	$0 (Tier 3)	NT
nicotine 4 mg chewing gum mint	$0 (Tier 3)	NT
nicotine 4 mg chewing gum outer	$0 (Tier 3)	NT
nicotine 4 mg chewing gum refill	$0 (Tier 3)	NT
nicotine 4 mg chewing gum starter kit	$0 (Tier 3)	NT
NICOTINE 4 MG LOZENGE	$0 (Tier 3)	NT
nicotine 4 mg lozenge mint, 3 quittube	$0 (Tier 3)	NT
nicotine 4 mg lozenge outer	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nicotine 4 mg mini lozenge	$0 (Tier 3)	NT
nicotine 4 mg mini lozenge outer	$0 (Tier 3)	NT
nicotine 7 mg/24hr patch (otc)	$0 (Tier 3)	NT
nicotine 7 mg/24hr patch outer (otc)	$0 (Tier 3)	NT
nicotine 7 mg/24hr patch outer, clear, step 3 (otc)	$0 (Tier 3)	NT
nicotine 7 mg/24hr patch step 3 (otc)	$0 (Tier 3)	NT
nicotine transdermal system step 1,2,3 21-14-7 mg/24 hr	$0 (Tier 3)	NT
NICOTROL INHALATION CARTRIDGE 10 MG	$0 (Tier 2)	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	$0 (Tier 2)	
varenicline oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	$0 (Tier 1)	QL (56 EA per 28 days)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	$0 (Tier 1)	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)	$0 (Tier 1)	QL (60 ML per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	$0 (Tier 1)	
deep sea 0.65% nose spray	$0 (Tier 3)	NT
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	$0 (Tier 1)	
kourzeq dental paste 0.1 %	$0 (Tier 1)	
nasal decongestant 0.05% spray	$0 (Tier 3)	NT
nasal spray 0.05%	$0 (Tier 3)	NT
nasal spray 0.05% 12hr, original	$0 (Tier 3)	NT
olopatadine nasal spray,non-aerosol 0.6 %	$0 (Tier 1)	
periogard mucous membrane mouthwash 0.12 %	$0 (Tier 1)	
SINUS RELIEF 1% NASAL SPRAY	$0 (Tier 3)	NT
sm nasal spray 0.05%	$0 (Tier 3)	NT
triamcinolone acetonide dental paste 0.1 %	$0 (Tier 1)	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	$0 (Tier 1)	
ear drops 6.5%	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ear wax removal 6.5% drop	$0 (Tier 3)	NT
ear wax removal 6.5% kit	$0 (Tier 3)	NT
flac otic oil otic (ear) drops 0.01 %	$0 (Tier 1)	
fluocinolone acetonide oil otic (ear) drops 0.01 %	$0 (Tier 1)	
ofloxacin otic (ear) drops 0.3 %	$0 (Tier 1)	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	$0 (Tier 2)	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	$0 (Tier 1)	QL (7.5 ML per 7 days)
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	$0 (Tier 1)	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	$0 (Tier 1)	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
dexamethasone intensol oral drops 1 mg/ml	$0 (Tier 2)	
dexamethasone oral elixir 0.5 mg/5 ml	$0 (Tier 1)	
dexamethasone oral solution 0.5 mg/5 ml	$0 (Tier 1)	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	$0 (Tier 1)	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	$0 (Tier 1)	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	$0 (Tier 1)	
dexamethasone sodium phosphate injection syringe 4 mg/ml	$0 (Tier 1)	
fludrocortisone oral tablet 0.1 mg	$0 (Tier 1)	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	$0 (Tier 1)	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	$0 (Tier 1)	B/D
methylprednisolone oral tablets,dose pack 4 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	$0 (Tier 1)	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	$0 (Tier 1)	
prednisolone oral solution 15 mg/5 ml	$0 (Tier 1)	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	$0 (Tier 1)	
prednisone intensol oral concentrate 5 mg/ml	$0 (Tier 2)	
prednisone oral solution 5 mg/5 ml	$0 (Tier 1)	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	$0 (Tier 1)	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	$0 (Tier 1)	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	$0 (Tier 2)	
ANTITHYROID AGENTS		
IOSAT 130 MG TABLET INNER	$0 (Tier 3)	NT
IOSAT 130 MG TABLET OUTER	$0 (Tier 3)	NT
IOSAT 65 MG TABLET	$0 (Tier 3)	NT
methimazole oral tablet 10 mg, 5 mg	$0 (Tier 1)	
propylthiouracil oral tablet 50 mg	$0 (Tier 1)	
DIABETES THERAPY		
acarbose oral tablet 100 mg	$0 (Tier 1)	QL (90 EA per 30 days)
acarbose oral tablet 25 mg	$0 (Tier 1)	QL (360 EA per 30 days)
acarbose oral tablet 50 mg	$0 (Tier 1)	QL (180 EA per 30 days)
alcohol pads topical pads, medicated	$0 (Tier 2)	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	$0 (Tier 2)	PA; QL (3.4 ML per 28 days)
diazoxide oral suspension 50 mg/ml	$0 (Tier 2)	
FARXIGA ORAL TABLET 10 MG, 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	$0 (Tier 2)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (Tier 2)	
glimepiride oral tablet 1 mg, 2 mg	$0 (Tier 1)	QL (90 EA per 30 days)
glimepiride oral tablet 4 mg	$0 (Tier 1)	QL (60 EA per 30 days)
glipizide oral tablet 10 mg	$0 (Tier 1)	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	$0 (Tier 1)	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 10 mg	$0 (Tier 1)	QL (60 EA per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	$0 (Tier 1)	QL (90 EA per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	$0 (Tier 1)	QL (240 EA per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	$0 (Tier 1)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	$0 (Tier 2)	
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 PFS 2-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)	^
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)
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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, 2.5-850 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)
metformin oral tablet 1,000 mg	$0 (Tier 1)	QL (75 EA per 30 days)
metformin oral tablet 500 mg	$0 (Tier 1)	QL (150 EA per 30 days)
metformin oral tablet 850 mg	$0 (Tier 1)	QL (90 EA per 30 days)
metformin oral tablet extended release 24 hr 500 mg	$0 (Tier 1)	Generic for Glucophage XR; QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	$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)
nateglinide oral tablet 120 mg, 60 mg	$0 (Tier 1)	QL (90 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)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	$0 (Tier 2)	(brand RELION not covered)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (Tier 2)	(brand RELION not covered)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 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)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	$0 (Tier 1)	QL (30 EA per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	$0 (Tier 1)	QL (30 EA per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	$0 (Tier 1)	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (120 EA per 30 days)
repaglinide oral tablet 2 mg	$0 (Tier 1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	$0 (Tier 2)	PA; 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	$0 (Tier 2)	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	$0 (Tier 2)	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET, 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)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	$0 (Tier 2)	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	$0 (Tier 2)	
TRADJENTA ORAL TABLET 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (Tier 2)	
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		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	$0 (Tier 2)	PA; ^
cabergoline oral tablet 0.5 mg	$0 (Tier 1)	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	$0 (Tier 1)	
calcitriol intravenous solution 1 mcg/ml	$0 (Tier 1)	B/D
calcitriol oral capsule 0.25 mcg, 0.5 mcg	$0 (Tier 1)	B/D
calcitriol oral solution 1 mcg/ml	$0 (Tier 1)	B/D
CERDELGA ORAL CAPSULE 84 MG	$0 (Tier 2)	PA; LA; ^
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	$0 (Tier 2)	PA; ^
cinacalcet oral tablet 30 mg	$0 (Tier 1)	B/D; QL (60 EA per 30 days)
cinacalcet oral tablet 60 mg	$0 (Tier 2)	B/D; QL (60 EA per 30 days)
cinacalcet oral tablet 90 mg	$0 (Tier 2)	B/D; QL (120 EA per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	$0 (Tier 1)	
desmopressin injection solution 4 mcg/ml	$0 (Tier 2)	^
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	$0 (Tier 1)	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	$0 (Tier 1)	
desmopressin oral tablet 0.1 mg, 0.2 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	$0 (Tier 1)	B/D
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	$0 (Tier 2)	PA; ^
KORLYM ORAL TABLET 300 MG	$0 (Tier 2)	PA; LA; ^
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	$0 (Tier 2)	PA; ^
mifepristone oral tablet 300 mg	$0 (Tier 1)	PA; ^
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	$0 (Tier 2)	PA; ^
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	$0 (Tier 1)	B/D
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	$0 (Tier 1)	B/D
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	$0 (Tier 2)	^
sapropterin oral powder in packet 100 mg, 500 mg	$0 (Tier 2)	PA; ^
sapropterin oral tablet,soluble 100 mg	$0 (Tier 2)	PA; ^
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	$0 (Tier 2)	PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	$0 (Tier 1)	
testosterone enanthate intramuscular oil 200 mg/ml	$0 (Tier 1)	
testosterone transdermal gel 50 mg/5 gram (1 %)	$0 (Tier 1)	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	$0 (Tier 1)	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	$0 (Tier 1)	PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	$0 (Tier 1)	PA; QL (300 GM per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	$0 (Tier 1)	PA; ^
zoledronic acid intravenous solution 4 mg/5 ml	$0 (Tier 1)	B/D
THYROID HORMONES		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (Tier 1)	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	$0 (Tier 1)	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (Tier 1)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	$0 (Tier 1)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	$0 (Tier 2)	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (Tier 1)	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
anti-diarrheal 1 mg/7.5 ml sol	$0 (Tier 3)	NT
anti-diarrheal 2 mg caplet	$0 (Tier 3)	NT
anti-diarrheal 2 mg caplet caplet	$0 (Tier 3)	NT
anti-diarrheal 2 mg softgel	$0 (Tier 3)	NT
bismatrol tablet chew 262 mg	$0 (Tier 3)	NT
bismuth 262 mg tablet chew	$0 (Tier 3)	NT
dicyclomine oral capsule 10 mg	$0 (Tier 2)	
dicyclomine oral solution 10 mg/5 ml	$0 (Tier 2)	
dicyclomine oral tablet 20 mg	$0 (Tier 2)	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	$0 (Tier 2)	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	$0 (Tier 2)	
glycopyrrolate oral tablet 1 mg, 2 mg	$0 (Tier 1)	
loperamide 1 mg/7.5 ml soln	$0 (Tier 3)	NT
loperamide oral capsule 2 mg	$0 (Tier 1)	
loperamide-simeth 2-125 mg tab outer	$0 (Tier 3)	NT
sm anti-diarrheal 2 mg caplet caplet	$0 (Tier 3)	NT
stomach relief 262 mg caplet	$0 (Tier 3)	NT
stomach relief 262 mg chew tab	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
stomach relief 525 mg/15 ml	$0 (Tier 3)	NT
stomach rlf 525 mg/30 ml susp 262 mg/15 ml	$0 (Tier 3)	NT
MISCELLANEOUS GASTROINTESTINAL AGENTS		
acid gone antacid liquid 95-358 mg/15 ml	$0 (Tier 3)	NT
almacone-2 liquid 400-400-40 mg/5 ml	$0 (Tier 3)	NT
alosetron oral tablet 0.5 mg	$0 (Tier 2)	PA; QL (60 EA per 30 days)
alosetron oral tablet 1 mg	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
aluminum hydroxide gel 320 mg/5 ml	$0 (Tier 3)	NT
antacid anti-gas max str liq 400-400-40 mg/5 ml	$0 (Tier 3)	NT
antacid ex-str tablet chew 160-105 mg	$0 (Tier 3)	NT
antacid-antigas liquid 200-200-20 mg/5 ml	$0 (Tier 3)	NT
ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	$0 (Tier 3)	NT
aprepitant oral capsule 125 mg, 40 mg, 80 mg	$0 (Tier 1)	B/D
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	$0 (Tier 1)	B/D
balsalazide oral capsule 750 mg	$0 (Tier 1)	
betaine oral powder 1 gram/scoop	$0 (Tier 2)	LA; ^
bisacodyl 10 mg suppository	$0 (Tier 3)	NT
bisacodyl ec 5 mg tablet	$0 (Tier 3)	NT
budesonide oral capsule,delayed,extend.release 3 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
budesonide oral tablet,delayed and ext.release 9 mg	$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
clearlax powder 17 gram/dose	$0 (Tier 3)	NT
compro rectal suppository 25 mg	$0 (Tier 1)	
constulose oral solution 10 gram/15 ml	$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)	
cromolyn oral concentrate 100 mg/5 ml	$0 (Tier 1)	
docusate cal 240 mg softgel	$0 (Tier 3)	NT
docusate sodium 100 mg softgel	$0 (Tier 3)	NT
DOCUSOL KIDS 100 MG MINI-ENEMA 5ML MINI-ENEMA,OUTER 100 MG/5 ML	$0 (Tier 3)	NT

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DOCUSOL PLUS MINI-ENEMA 5ML MINI-ENEMA,OUTER 283-20 MG/5 ML	$0 (Tier 3)	NT
driminate 50 mg tablet	$0 (Tier 3)	NT
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	B/D; QL (60 EA per 30 days)
enema ready to use 19-7 gram/118 ml	$0 (Tier 3)	NT
ENEMEEZ MINI ENEMA 5CC TUBES, OUTER 283 MG/5 ML	$0 (Tier 3)	NT
ENEMEEZ PLUS MINI ENEMA OUTER 283-20 MG/5 ML	$0 (Tier 3)	NT
enulose oral solution 10 gram/15 ml	$0 (Tier 1)	
fiber tablet unboxed 625 mg	$0 (Tier 3)	NT
fiber-lax 625 mg tablet 500mg polycarbophil	$0 (Tier 3)	NT
FLEET PEDIA-LAX ENEMA 9.5-3.5 GRAM/59 ML	$0 (Tier 3)	NT
gas relief (simeth) 80 mg chew	$0 (Tier 3)	NT
gas relief 125 mg chew tablet	$0 (Tier 3)	NT
gas relief 125 mg softgel	$0 (Tier 3)	NT
gas relief 180 mg softgel	$0 (Tier 3)	NT
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	$0 (Tier 2)	PA; LA; ^
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	$0 (Tier 2)	PA; LA; ^
gavilax powder 30 day 17 gram/dose	$0 (Tier 3)	NT
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	$0 (Tier 1)	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	$0 (Tier 1)	
generlac oral solution 10 gram/15 ml	$0 (Tier 1)	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	$0 (Tier 2)	
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	$0 (Tier 1)	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	$0 (Tier 1)	
granisetron hcl oral tablet 1 mg	$0 (Tier 1)	B/D
gs clearlax powder 17 gram/dose	$0 (Tier 3)	NT
HEARTBURN RELIEF LIQUID 254-237.5 MG/5 ML	$0 (Tier 3)	NT
HEMORRHOIDAL CREAM 0.25-1 %	$0 (Tier 3)	NT
HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	$0 (Tier 3)	NT
HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	$0 (Tier 3)	NT
hydrocortisone rectal enema 100 mg/60 ml	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	$0 (Tier 1)	
infants' gas rlf 20 mg/0.3 ml 40 mg/0.6 ml	$0 (Tier 3)	NT
infants' simethicone drops 40 mg/0.6 ml	$0 (Tier 3)	NT
lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml	$0 (Tier 1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	$0 (Tier 2)	QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	$0 (Tier 1)	QL (60 EA per 30 days)
MAGNESIUM LACTATE SR 84 MG CPT	$0 (Tier 3)	NT
magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)	$0 (Tier 3)	NT
MAGNESIUM OXIDE 400 MG TABLET (OTC) 400 MG (241.3 MG MAGNESIUM)	$0 (Tier 3)	NT
MAG-TAB SR 84 MG CAPLET	$0 (Tier 3)	NT
MAG-TAB SR 84 MG CAPLET CAPLET	$0 (Tier 3)	NT
MAG-TAB SR 84 MG CAPLET U/D,CAPLET	$0 (Tier 3)	NT
meclizine 12.5 mg caplet (otc)	$0 (Tier 3)	NT
meclizine 25 mg tablet chew	$0 (Tier 3)	NT
meclizine oral tablet 12.5 mg, 25 mg	$0 (Tier 2)	
mesalamine oral capsule (with del rel tablets) 400 mg	$0 (Tier 1)	QL (180 EA per 30 days)
mesalamine oral capsule,extended release 24hr 0.375 gram	$0 (Tier 1)	QL (120 EA per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	$0 (Tier 1)	
mesalamine rectal enema 4 gram/60 ml	$0 (Tier 1)	
mesalamine rectal suppository 1,000 mg	$0 (Tier 1)	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	$0 (Tier 1)	
metoclopramide hcl injection solution 5 mg/ml	$0 (Tier 1)	
metoclopramide hcl injection syringe 5 mg/ml	$0 (Tier 1)	
metoclopramide hcl oral solution 5 mg/5 ml	$0 (Tier 1)	
metoclopramide hcl oral tablet 10 mg, 5 mg	$0 (Tier 1)	
milk of magnesia suspension 400 mg/5 ml	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mintox maximum strength susp max str, lemon creme 400-400-40 mg/5 ml	$0 (Tier 3)	NT
mintox plus tablet chewable 200-200-25 mg	$0 (Tier 3)	NT
motion sickness 50 mg tablet	$0 (Tier 3)	NT
motion sickness rlf 25 mg tab	$0 (Tier 3)	NT
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	$0 (Tier 2)	PA; LA; QL (30 EA per 30 days); ^
ondansetron hcl (pf) injection solution 4 mg/2 ml	$0 (Tier 1)	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	$0 (Tier 1)	
ondansetron hcl intravenous solution 2 mg/ml	$0 (Tier 1)	
ondansetron hcl oral solution 4 mg/5 ml	$0 (Tier 1)	
ondansetron hcl oral tablet 4 mg, 8 mg	$0 (Tier 1)	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	$0 (Tier 1)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	$0 (Tier 1)	
peg-electrolyte soln oral recon soln 420 gram	$0 (Tier 1)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	$0 (Tier 2)	
polyethylene glycol 3350 powd (otc) 17 gram/dose	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 14 once-daily doses (otc) 17 gram/dose	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 7 once-daily doses (otc) 17 gram/dose	$0 (Tier 3)	NT
polyethylene glycol 3350 powd outer (otc) 17 gram	$0 (Tier 3)	NT
pramoxine hcl 1% foam 12's, non-steroid	$0 (Tier 3)	NT
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	$0 (Tier 1)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	$0 (Tier 1)	
prochlorperazine rectal suppository 25 mg	$0 (Tier 1)	
procto-med hc topical cream with perineal applicator 2.5 %	$0 (Tier 1)	
proctosol hc topical cream with perineal applicator 2.5 %	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
proctozone-hc topical cream with perineal applicator 2.5 %	$0 (Tier 1)	
ra magnesium 250 mg tablet (rx)	$0 (Tier 3)	NT
RECTIV RECTAL OINTMENT 0.4 % (W/W)	$0 (Tier 2)	QL (30 GM per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	$0 (Tier 2)	PA; ^
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	$0 (Tier 2)	PA; ^
REMICADE INTRAVENOUS RECON SOLN 100 MG	$0 (Tier 2)	PA; ^
scopolamine base transdermal patch 3 day 1 mg over 3 days	$0 (Tier 2)	PA; QL (10 EA per 30 days)
senna-lax 8.6 mg tablet	$0 (Tier 3)	NT
simethicone 180 mg softgel	$0 (Tier 3)	NT
simethicone 80 mg tab chew	$0 (Tier 3)	NT
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	$0 (Tier 2)	PA; QL (30 ML per 135 days); ^
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); ^
sodium bicarb 325 mg tablet	$0 (Tier 3)	NT
sodium bicarb 650 mg tablet 10 gr	$0 (Tier 3)	NT
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	$0 (Tier 1)	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	$0 (Tier 2)	PA; ^
sulfasalazine oral tablet 500 mg	$0 (Tier 1)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	$0 (Tier 1)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	$0 (Tier 2)	
TRULANCE ORAL TABLET 3 MG	$0 (Tier 2)	
ursodiol oral capsule 300 mg	$0 (Tier 1)	
ursodiol oral tablet 250 mg, 500 mg	$0 (Tier 1)	
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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULCER THERAPY		
acid reducer 10 mg tablet	$0 (Tier 3)	NT
acid reducer 20 mg tablet	$0 (Tier 3)	NT
acid reducer complete tab chew 10-800-165 mg	$0 (Tier 3)	NT
acid reducer dr 20 mg cap	$0 (Tier 3)	NT
CARAFATE ORAL SUSPENSION 100 MG/ML	$0 (Tier 2)	
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	$0 (Tier 1)	
esomeprazole mag dr 20 mg cap (otc)	$0 (Tier 3)	NT
esomeprazole mag dr 20 mg cap outer (otc)	$0 (Tier 3)	NT
esomeprazole mag dr 20 mg tab	$0 (Tier 3)	NT
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	$0 (Tier 1)	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
famotidine (pf) intravenous solution 20 mg/2 ml	$0 (Tier 1)	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	$0 (Tier 1)	
famotidine 10 mg tablet	$0 (Tier 3)	NT
famotidine 20 mg tablet (otc)	$0 (Tier 3)	NT
famotidine intravenous solution 10 mg/ml	$0 (Tier 1)	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	$0 (Tier 1)	QL (300 ML per 30 days)
famotidine oral tablet 20 mg	$0 (Tier 1)	QL (120 EA per 30 days)
famotidine oral tablet 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
gs acid reducer 10 mg tablet	$0 (Tier 3)	NT
gs omeprazole dr 20 mg tablet	$0 (Tier 3)	NT
lansoprazole dr 15 mg capsule (otc)	$0 (Tier 3)	NT
lansoprazole dr 15 mg capsule 1x14 day course (otc)	$0 (Tier 3)	NT
lansoprazole dr 15 mg capsule 3x14 day course (otc)	$0 (Tier 3)	NT
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	$0 (Tier 1)	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	$0 (Tier 1)	QL (60 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	$0 (Tier 1)	
misoprostol oral tablet 100 mcg, 200 mcg	$0 (Tier 1)	
nizatidine oral capsule 150 mg, 300 mg	$0 (Tier 1)	
omeprazole dr 20 mg odt	$0 (Tier 3)	NT
omeprazole dr 20 mg tablet 1x14 day course	$0 (Tier 3)	NT
omeprazole dr 20 mg tablet	$0 (Tier 3)	NT
omeprazole dr 20 mg tablet 2x14 day course	$0 (Tier 3)	NT
omeprazole dr 20 mg tablet 3x14 day course	$0 (Tier 3)	NT
omeprazole mag dr 20 mg tablet	$0 (Tier 3)	NT
omeprazole mag dr 20 mg tablet outer	$0 (Tier 3)	NT
omeprazole mag dr 20.6 mg cap three 14-day course 20 mg	$0 (Tier 3)	NT
omeprazole mag dr 20.6 mg cap two 14-day course 20 mg	$0 (Tier 3)	NT
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	$0 (Tier 1)	
omeprazole oral capsule,delayed release(dr/ec) 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
pantoprazole intravenous recon soln 40 mg	$0 (Tier 1)	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	$0 (Tier 1)	
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	$0 (Tier 1)	
sucralfate oral suspension 100 mg/ml	$0 (Tier 1)	
sucralfate oral tablet 1 gram	$0 (Tier 1)	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	$0 (Tier 2)	PA-NS; 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-NS; QL (14 EA per 28 days); ^
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	$0 (Tier 2)	PA; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	$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); ^
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	$0 (Tier 2)	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	$0 (Tier 2)	PA; ^
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	$0 (Tier 2)	PA; ^
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 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
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	$0 (Tier 2)	NM

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	$0 (Tier 2)	PA; NM; ^
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	$0 (Tier 2)	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 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	$0 (Tier 2)	PA; NM; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	$0 (Tier 2)	PA; NM; LA; ^
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 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 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; ^
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	A third dose may be considered in post-transplant members (PA required).; NM; QL (2 EA per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	$0 (Tier 2)	NM
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
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)	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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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		
ACE AEROSOL CLOUD ENHANCER	$0 (Tier 3)	NT
AEROCHAMBER MINI	$0 (Tier 3)	NT
AEROCHAMBER MV HOLD CHAMBER	$0 (Tier 3)	NT
AEROCHAMBER PLUS FLOW-VU	$0 (Tier 3)	NT
AEROCHAMBER PLUS FLOW-VU LARGE	$0 (Tier 3)	NT
AEROCHAMBER PLUS FLOW-VU MED	$0 (Tier 3)	NT
AEROCHAMBER PLUS FLOW-VU MED WITH MASK	$0 (Tier 3)	NT
AEROCHAMBER PLUS FLOW-VU SMALL	$0 (Tier 3)	NT
AEROCHAMBER Z-STAT PLUS LARGE W/MASK, LARGE	$0 (Tier 3)	NT
AEROCHAMBER Z-STAT PLUS W-FLOW	$0 (Tier 3)	NT
AEROCHAMBER Z-STAT PLUS W-FLOW W/FLOWSIGNAL	$0 (Tier 3)	NT
AEROCHAMBER Z-STAT PLUS-MED W/MASK-MED,CMFT SEAL	$0 (Tier 3)	NT
AEROCHAMBER Z-STAT PLUS-SMALL W/MASK-SM,CMFT SEAL	$0 (Tier 3)	NT
AEROTRACH HOLDING CHAMBER	$0 (Tier 3)	NT
AEROVENT PLUS HOLDING CHAMBER	$0 (Tier 3)	NT
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	$0 (Tier 2)	
BREATHRITE VALVED MDI CHAMBER	$0 (Tier 3)	NT
BREATHRITE VALVED MDI SPACER	$0 (Tier 3)	NT
CLEVER CHOICE CHAMBER-LRG MASK	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLEVER CHOICE CHAMBER-MED MASK	$0 (Tier 3)	NT
CLEVER CHOICE CHAMBER-SM MASK	$0 (Tier 3)	NT
COMPACT SPACE CHAMBER	$0 (Tier 3)	NT
COMPACT SPACE CHAMBER-LRG MASK	$0 (Tier 3)	NT
COMPACT SPACE CHAMBER-MED MASK	$0 (Tier 3)	NT
COMPACT SPACE CHAMBER-SM MASK	$0 (Tier 3)	NT
EASIVENT HOLDING CHAMBER HOSPITAL PACK	$0 (Tier 3)	NT
EASIVENT HOLDING CHAMBER RETAIL PACK	$0 (Tier 3)	NT
EASIVENT MASK-LARGE	$0 (Tier 3)	NT
EASIVENT MASK-MEDIUM	$0 (Tier 3)	NT
EASIVENT MASK-SMALL	$0 (Tier 3)	NT
EQ SPACE CHAMBER	$0 (Tier 3)	NT
FLEXICHAMBER	$0 (Tier 3)	NT
FLEXICHAMBER-LG CHILD MASK	$0 (Tier 3)	NT
FLEXICHAMBER-SM ADULT MASK	$0 (Tier 3)	NT
FLEXICHAMBER-SM CHILD MASK	$0 (Tier 3)	NT
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	$0 (Tier 2)	
INSPIRACHAMBER SPACER	$0 (Tier 3)	NT
INSPIRACHAMBER WITH MASK-LARGE SPACER	$0 (Tier 3)	NT
INSPIRACHAMBER WITH MASK-MED SPACER	$0 (Tier 3)	NT
INSPIRACHAMBER WITH MASK-SMALL SPACER	$0 (Tier 3)	NT
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
LITETOUCH LARGE MASK	$0 (Tier 3)	NT
LITETOUCH MEDIUM MASK	$0 (Tier 3)	NT
LITETOUCH SMALL MASK	$0 (Tier 3)	NT
MICROCHAMBER	$0 (Tier 3)	NT
MICROSPACER FOR AEROSOL DEVICE	$0 (Tier 3)	NT
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OMNIPOD CLASSIC PDM KIT(GEN 3)	$0 (Tier 2)	PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
ONE WAY VALVED MOUTHPIECE	$0 (Tier 3)	NT
ONE WAY VALVED MOUTHPIECE INSPIRATORY	$0 (Tier 3)	NT
OPTICHAMBER ADULT MASK-LARGE	$0 (Tier 3)	NT
OPTICHAMBER DIAMOND VHC	$0 (Tier 3)	NT
OPTICHAMBER DIAMOND W-LRG MASK	$0 (Tier 3)	NT
OPTICHAMBER DIAMOND W-MED MASK	$0 (Tier 3)	NT
OPTICHAMBER DIAMOND W-SML MASK	$0 (Tier 3)	NT
PANDA MASK LARGE	$0 (Tier 3)	NT
PANDA MASK MEDIUM	$0 (Tier 3)	NT
PANDA MASK SMALL	$0 (Tier 3)	NT
PEDIATRIC MEDIUM MASK	$0 (Tier 3)	NT
PEDIATRIC PANDA MASK	$0 (Tier 3)	NT
PEDIATRIC SMALL MASK	$0 (Tier 3)	NT
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	$0 (Tier 2)	BD Preferred
POCKET CHAMBER	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RITEFLO SPACER	$0 (Tier 3)	NT
SIDESTREAM PEDIATRIC FACE MASK	$0 (Tier 3)	NT
SILICONE MASK-INFANT	$0 (Tier 3)	NT
SILICONE MASK-PEDIATRIC	$0 (Tier 3)	NT
V-GO 20 DEVICE	$0 (Tier 2)	PA; QL (30 EA per 30 days)
V-GO 30 DEVICE	$0 (Tier 2)	PA; QL (30 EA per 30 days)
V-GO 40 DEVICE	$0 (Tier 2)	PA; QL (30 EA per 30 days)
VORTEX ADULT MASK	$0 (Tier 3)	NT
VORTEX HOLDING CHAMBER HRI	$0 (Tier 3)	NT
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	$0 (Tier 1)	
colchicine oral tablet 0.6 mg	$0 (Tier 1)	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	$0 (Tier 1)	
MITIGARE ORAL CAPSULE 0.6 MG	$0 (Tier 2)	QL (60 EA per 30 days)
probenecid oral tablet 500 mg	$0 (Tier 1)	
probenecid-colchicine oral tablet 500-0.5 mg	$0 (Tier 1)	
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	$0 (Tier 1)	QL (300 ML per 28 days)
alendronate oral tablet 10 mg	$0 (Tier 1)	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	$0 (Tier 1)	QL (4 EA per 28 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	$0 (Tier 2)	PA; ^
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG-5,600 UNIT	$0 (Tier 2)	ST; QL (4 EA per 28 days)
ibandronate intravenous solution 3 mg/3 ml	$0 (Tier 1)	QL (3 ML per 68 days)
ibandronate intravenous syringe 3 mg/3 ml	$0 (Tier 1)	QL (3 ML per 68 days)
ibandronate oral tablet 150 mg	$0 (Tier 1)	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	$0 (Tier 2)	QL (1 ML per 180 days)
raloxifene oral tablet 60 mg	$0 (Tier 1)	
risedronate oral tablet 150 mg	$0 (Tier 1)	QL (1 EA per 30 days)

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	$0 (Tier 1)	QL (4 EA per 28 days)
risedronate oral tablet 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	$0 (Tier 1)	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	$0 (Tier 2)	Only Teriparatide NDC 47781065289 is covered; PA; QL (2.48 ML per 28 days); ^
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	$0 (Tier 2)	PA; ^
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 INTRAVENOUS RECON SOLN 120 MG, 400 MG	$0 (Tier 2)	PA; LA; ^
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/0.4 ML, 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/0.4 ML, 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 180 days); ^
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 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/0.4 ML, 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); ^
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); ^

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (4 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (2 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (6 EA per 180 days); ^
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 28 days); ^
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 180 days); ^
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 28 days); ^
leflunomide oral tablet 10 mg, 20 mg	$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); ^
penicillamine oral tablet 250 mg	$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); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	$0 (Tier 2)	PA
XELJANZ ORAL SOLUTION 1 MG/ML	$0 (Tier 2)	PA; QL (480 ML per 24 days); ^
XELJANZ ORAL TABLET 10 MG, 5 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	$0 (Tier 2)	
camila oral tablet 0.35 mg	$0 (Tier 1)	
deblitane oral tablet 0.35 mg	$0 (Tier 1)	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	$0 (Tier 2)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	$0 (Tier 2)	
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	$0 (Tier 2)	
emzahh oral tablet 0.35 mg	$0 (Tier 1)	
errin oral tablet 0.35 mg	$0 (Tier 1)	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 2)	
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	$0 (Tier 2)	
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	$0 (Tier 2)	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	$0 (Tier 1)	
estradiol vaginal tablet 10 mcg	$0 (Tier 1)	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	$0 (Tier 1)	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	$0 (Tier 2)	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0 (Tier 2)	
heather oral tablet 0.35 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	$0 (Tier 2)	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	$0 (Tier 2)	
incassia oral tablet 0.35 mg	$0 (Tier 1)	
jinteli oral tablet 1-5 mg-mcg	$0 (Tier 2)	
lyleq oral tablet 0.35 mg	$0 (Tier 1)	
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	$0 (Tier 2)	
lyza oral tablet 0.35 mg	$0 (Tier 1)	
medroxyprogesterone intramuscular suspension 150 mg/ml	$0 (Tier 1)	
medroxyprogesterone intramuscular syringe 150 mg/ml	$0 (Tier 1)	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
mimvey oral tablet 1-0.5 mg	$0 (Tier 2)	
nora-be oral tablet 0.35 mg	$0 (Tier 1)	
norethindrone (contraceptive) oral tablet 0.35 mg	$0 (Tier 1)	
norethindrone acetate oral tablet 5 mg	$0 (Tier 1)	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0 (Tier 2)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	$0 (Tier 2)	
progesterone intramuscular oil 50 mg/ml	$0 (Tier 1)	
progesterone micronized oral capsule 100 mg, 200 mg	$0 (Tier 1)	
sharobel oral tablet 0.35 mg	$0 (Tier 1)	
yuvafem vaginal tablet 10 mcg	$0 (Tier 1)	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal cream 2 %	$0 (Tier 1)	
clotrimazole 1% vaginal cream	$0 (Tier 3)	NT
eluryng vaginal ring 0.12-0.015 mg/24 hr	$0 (Tier 1)	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	$0 (Tier 1)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	$0 (Tier 1)	
miconazole 2% vaginal cream	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
miconazole 3 combo pack 200 mg- 2 % (9 gram)	$0 (Tier 3)	NT
NEXPLANON SUBDERMAL IMPLANT 68 MG	$0 (Tier 2)	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	$0 (Tier 1)	
sm miconazole 7 cream w/reusable applic 2 %	$0 (Tier 3)	NT
terconazole vaginal cream 0.4 %, 0.8 %	$0 (Tier 1)	
terconazole vaginal suppository 80 mg	$0 (Tier 1)	
TIOCONAZOLE-1 6.5% OINTMENT	$0 (Tier 3)	NT
tranexamic acid oral tablet 650 mg	$0 (Tier 1)	
xulane transdermal patch weekly 150-35 mcg/24 hr	$0 (Tier 1)	
zafemy transdermal patch weekly 150-35 mcg/24 hr	$0 (Tier 1)	
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28) oral tablet 0.15-0.03 mg	$0 (Tier 1)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (Tier 1)	
apri oral tablet 0.15-0.03 mg	$0 (Tier 1)	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	$0 (Tier 1)	
aubra eq oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
aviane oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (Tier 1)	
cryselle (28) oral tablet 0.3-30 mg-mcg	$0 (Tier 1)	
cyred eq oral tablet 0.15-0.03 mg	$0 (Tier 1)	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (Tier 1)	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (Tier 1)	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	$0 (Tier 1)	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0 (Tier 1)	
econtra ez 1.5 mg tablet inner	$0 (Tier 3)	NT
econtra ez 1.5 mg tablet outer	$0 (Tier 3)	NT
elinest oral tablet 0.3-30 mg-mcg	$0 (Tier 1)	
emoquette oral tablet 0.15-0.03 mg	$0 (Tier 1)	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (Tier 1)	
enskyce oral tablet 0.15-0.03 mg	$0 (Tier 1)	
estarylla oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0 (Tier 1)	
falmina (28) oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (Tier 1)	
isibloom oral tablet 0.15-0.03 mg	$0 (Tier 1)	
jasmiel (28) oral tablet 3-0.02 mg	$0 (Tier 1)	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (Tier 1)	
juleber oral tablet 0.15-0.03 mg	$0 (Tier 1)	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	$0 (Tier 1)	
kurvelo (28) oral tablet 0.15-0.03 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
l norgest/e.estradiol-e.estrad 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)	$0 (Tier 1)	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (Tier 1)	
larin 1/20 (21) oral tablet 1-20 mg-mcg	$0 (Tier 1)	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (Tier 1)	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
lessina oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (Tier 1)	
levonorgestrel 1.5 mg tablet (otc)	$0 (Tier 3)	NT
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	$0 (Tier 1)	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (Tier 1)	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (Tier 1)	
levora-28 oral tablet 0.15-0.03 mg	$0 (Tier 1)	
loryna (28) oral tablet 3-0.02 mg	$0 (Tier 1)	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	$0 (Tier 1)	
lutera (28) oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
marlissa (28) oral tablet 0.15-0.03 mg	$0 (Tier 1)	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (Tier 1)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	$0 (Tier 1)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
mili oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
mono-linyah oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
my way 1.5 mg tablet (otc)	$0 (Tier 3)	NT
new day 1.5 mg tablet	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nikki (28) oral tablet 3-0.02 mg	$0 (Tier 1)	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0 (Tier 1)	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
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	$0 (Tier 1)	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0 (Tier 1)	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	$0 (Tier 1)	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (Tier 1)	
opcicon one-step 1.5 mg tablet	$0 (Tier 3)	NT
philith oral tablet 0.4-35 mg-mcg	$0 (Tier 1)	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
pirmella oral tablet 1-35 mg-mcg	$0 (Tier 1)	
portia 28 oral tablet 0.15-0.03 mg	$0 (Tier 1)	
reclipsen (28) oral tablet 0.15-0.03 mg	$0 (Tier 1)	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (Tier 1)	
sprintec (28) oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
sronyx oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
syeda oral tablet 3-0.03 mg	$0 (Tier 1)	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (Tier 1)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (Tier 1)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	$0 (Tier 1)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (Tier 1)	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	$0 (Tier 1)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	$0 (Tier 1)	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	$0 (Tier 1)	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	$0 (Tier 1)	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	$0 (Tier 1)	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (Tier 1)	
turqoz (28) oral tablet 0.3-30 mg-mcg	$0 (Tier 1)	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	$0 (Tier 1)	
vestura (28) oral tablet 3-0.02 mg	$0 (Tier 1)	
vienva oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
wera (28) oral tablet 0.5-35 mg-mcg	$0 (Tier 1)	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
zumandimine (28) oral tablet 3-0.03 mg	$0 (Tier 1)	
OPHTHALMOLOGY		
ANTIBIOTICS		
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	$0 (Tier 1)	
bacitracin ophthalmic (eye) ointment 500 unit/gram	$0 (Tier 1)	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	$0 (Tier 1)	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	$0 (Tier 2)	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	$0 (Tier 2)	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	$0 (Tier 1)	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	$0 (Tier 1)	
gatifloxacin ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	$0 (Tier 1)	
gentamicin ophthalmic (eye) drops 0.3 %	$0 (Tier 1)	
moxifloxacin ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	$0 (Tier 1)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	$0 (Tier 2)	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	$0 (Tier 1)	
ofloxacin ophthalmic (eye) drops 0.3 %	$0 (Tier 1)	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	$0 (Tier 1)	
tobramycin ophthalmic (eye) drops 0.3 %	$0 (Tier 1)	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	$0 (Tier 1)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	$0 (Tier 2)	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
carteolol ophthalmic (eye) drops 1 %	$0 (Tier 1)	
levobunolol ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	$0 (Tier 1)	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	$0 (Tier 1)	
MISCELLANEOUS OPHTHALMOLOGICS		
artificial tears drops 0.5-0.6 %	$0 (Tier 3)	NT
atropine ophthalmic (eye) drops 1 %	$0 (Tier 1)	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	$0 (Tier 1)	
azelastine ophthalmic (eye) drops 0.05 %	$0 (Tier 1)	
cromolyn ophthalmic (eye) drops 4 %	$0 (Tier 1)	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	$0 (Tier 2)	PA; LA; ^
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	$0 (Tier 2)	PA; LA; ^
dry eye relief 0.3-0.4% drop 0.4-0.3 %	$0 (Tier 3)	NT
DRY EYE RELIEF 1% DROP	$0 (Tier 3)	NT
DRY EYE RELIEF EYE DROPS 1-0.2-0.2 %	$0 (Tier 3)	NT
eye allergy itch rlf 0.2% drop	$0 (Tier 3)	NT
eye allergy itch-red 0.1% drop	$0 (Tier 3)	NT
eye itch relief 0.025% drops 0.025 % (0.035 %)	$0 (Tier 3)	NT
EYE WASH IRRIGATING SOLUTION	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ketotifen fum 0.035% eye drops (otc) 0.025 % (0.035 %)	$0 (Tier 3)	NT
LASTACAFT ONCE DAILY 0.25% DRP	$0 (Tier 3)	NT
LUBRICANT 0.5% EYE DROP	$0 (Tier 3)	NT
lubricant 0.5% eye drops	$0 (Tier 3)	NT
LUBRICANT 0.6% EYE DROP	$0 (Tier 3)	NT
LUBRICANT EYE 0.4%-0.3% DROP 0.4-0.3 %	$0 (Tier 3)	NT
lubricant eye drops 0.4-0.3 %	$0 (Tier 3)	NT
LUBRICANT EYE OINTMENT 57.3-42.5 %	$0 (Tier 3)	NT
lubricating eye drop 0.4-0.3 %	$0 (Tier 3)	NT
lubricating plus 0.5% eye drps p/f, 30x0.4ml	$0 (Tier 3)	NT
lubricating plus 0.5% eye drps p/f, 50x0.4ml	$0 (Tier 3)	NT
LUBRICATING TEARS 0.1-0.3% DRP	$0 (Tier 3)	NT
lubrifresh pm eye ointment 83-15 %	$0 (Tier 3)	NT
MURO-128 2% EYE DROPS	$0 (Tier 3)	NT
MURO-128 5% EYE DROPS	$0 (Tier 3)	NT
olopatadine hcl 0.1% eye drops (otc)	$0 (Tier 3)	NT
olopatadine hcl 0.2% eye drop (otc)	$0 (Tier 3)	NT
olopatadine ophthalmic (eye) drops 0.1 %	$0 (Tier 1)	
PATADAY ONCE DAILY 0.2% DROPS	$0 (Tier 3)	NT
PATADAY ONCE DAILY 0.7% DROPS	$0 (Tier 3)	NT
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	$0 (Tier 1)	
polyvinyl alcohol 1.4% eyedrop	$0 (Tier 3)	NT
REFRESH CELLUVISC 1% EYE GEL	$0 (Tier 3)	NT
REFRESH LACRI-LUBE OINTMENT 56.8-42.5 %	$0 (Tier 3)	NT
REFRESH OPTIVE MEGA-3 DROPS 0.5-1-0.5 %	$0 (Tier 3)	NT
REFRESH PLUS 0.5% EYE DROPS U-D,50X.4ML	$0 (Tier 3)	NT
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	$0 (Tier 2)	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	$0 (Tier 2)	QL (60 EA per 30 days)
sodium chloride 5% eye drop	$0 (Tier 3)	NT
sodium chloride 5% eye oint	$0 (Tier 3)	NT
sulfacetamide sodium ophthalmic (eye) drops 10 %	$0 (Tier 1)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sulfacetamide sodium ophthalmic (eye) ointment 10 %	$0 (Tier 1)	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	$0 (Tier 1)	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	$0 (Tier 2)	
ULTRA LUBRICANT 0.4-0.3% DROP	$0 (Tier 3)	NT
ultra lubricant eye drops 0.4-0.3 %	$0 (Tier 3)	NT
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	$0 (Tier 2)	PA; QL (10 ML per 42 days); ^
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	$0 (Tier 2)	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.09 %	$0 (Tier 1)	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	$0 (Tier 2)	
diclofenac sodium ophthalmic (eye) drops 0.1 %	$0 (Tier 1)	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	$0 (Tier 1)	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	$0 (Tier 2)	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	$0 (Tier 1)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	$0 (Tier 2)	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	$0 (Tier 1)	
acetazolamide oral tablet 125 mg, 250 mg	$0 (Tier 1)	
methazolamide oral tablet 25 mg, 50 mg	$0 (Tier 1)	
OTHER GLAUCOMA DRUGS		
brinzolamide ophthalmic (eye) drops,suspension 1 %	$0 (Tier 1)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	$0 (Tier 2)	
dorzolamide ophthalmic (eye) drops 2 %	$0 (Tier 1)	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	$0 (Tier 1)	
latanoprost ophthalmic (eye) drops 0.005 %	$0 (Tier 1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	$0 (Tier 2)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	$0 (Tier 2)	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	$0 (Tier 2)	
travoprost ophthalmic (eye) drops 0.004 %	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	$0 (Tier 1)	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	$0 (Tier 1)	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	$0 (Tier 1)	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	$0 (Tier 1)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	$0 (Tier 2)	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	$0 (Tier 2)	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	$0 (Tier 1)	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	$0 (Tier 2)	
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	$0 (Tier 2)	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	$0 (Tier 1)	
difluprednate ophthalmic (eye) drops 0.05 %	$0 (Tier 1)	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	$0 (Tier 2)	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	$0 (Tier 1)	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	$0 (Tier 2)	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	$0 (Tier 1)	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	$0 (Tier 2)	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	$0 (Tier 2)	
apraclonidine ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	$0 (Tier 1)	
VASOCONSTRICTOR DECONGESTANTS		
eye drops 0.05%	$0 (Tier 3)	NT
eye drops advanced relief 0.05-0.1-1-1 %	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REDNESS RELIEF EYE DROPS 0.012-0.25 %	$0 (Tier 3)	NT
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
12hr nasal decongest er 120 mg	$0 (Tier 3)	NT
24hr allergy(levocetirzn) 5 mg	$0 (Tier 3)	NT
adrenalin injection solution 1 mg/ml (1 ml)	$0 (Tier 2)	
ALAHIST CF TABLET 2-10-20 MG	$0 (Tier 3)	NT
ALAHIST DM 2-15-7.5 MG/5 ML LQ 2-7.5-15 MG/5 ML	$0 (Tier 3)	NT
ala-hist ir 2 mg tablet	$0 (Tier 3)	NT
ALAHIST PE 2-7.5 MG TABLET	$0 (Tier 3)	NT
all day allergy 10 mg tablet	$0 (Tier 3)	NT
all day allergy 10 mg tablet indoor/outdoor 24 hr	$0 (Tier 3)	NT
aller-chlor 4 mg tablet	$0 (Tier 3)	NT
allergy (loratadine) 10 mg tab	$0 (Tier 3)	NT
allergy 25 mg capsule	$0 (Tier 3)	NT
allergy 4 mg tablet	$0 (Tier 3)	NT
allergy multi-symptom caplet 2-5-325 mg	$0 (Tier 3)	NT
allergy relief 10 mg tablet	$0 (Tier 3)	NT
allergy relief 180 mg tablet	$0 (Tier 3)	NT
allergy relief 25 mg softgel	$0 (Tier 3)	NT
allergy relief 25 mg tablet	$0 (Tier 3)	NT
allergy relief 4 mg tablet	$0 (Tier 3)	NT
allergy relief 5 mg/5 ml soln	$0 (Tier 3)	NT
allergy relief d-12 tablet 5-120 mg	$0 (Tier 3)	NT
allergy relief d-24hr tablet 10-240 mg	$0 (Tier 3)	NT
allergy relief-d tablet 5-120 mg	$0 (Tier 3)	NT
allergy rlf (cetrzn) 10 mg tab	$0 (Tier 3)	NT
ALLERGY RLF (DIPHEN) 25 MG CHW	$0 (Tier 3)	NT
allergy rlf (fexo) 60 mg tab	$0 (Tier 3)	NT
allergy-congest 12hr 60-120 mg	$0 (Tier 3)	NT
ALL-NITE COLD-FLU RELIEF LIQ 6.25-15-325 MG/15 ML	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
banophen 25 mg capsule	$0 (Tier 3)	NT
banophen 50 mg capsule	$0 (Tier 3)	NT
benzonatate 100 mg capsule	$0 (Tier 3)	NT
benzonatate 150 mg capsule	$0 (Tier 3)	NT
benzonatate 200 mg capsule	$0 (Tier 3)	NT
bromphen-pse-dm 2-30-10 mg/5 ml (rx)	$0 (Tier 3)	NT
cetirizine hcl 1 mg/ml soln children, grape (otc)	$0 (Tier 3)	NT
cetirizine hcl 1 mg/ml soln children's (otc)	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet indoor & outdoor	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet indoor-outdoor,24hr	$0 (Tier 3)	NT
cetirizine hcl 5 mg tablet	$0 (Tier 3)	NT
cetirizine hcl 5 mg tablet indoor & outdoor	$0 (Tier 3)	NT
cetirizine oral solution 1 mg/ml	$0 (Tier 1)	
cetirizine-pse er 5-120 mg tab	$0 (Tier 3)	NT
chest cong rlf dm 400-20 mg tb 20-400 mg	$0 (Tier 3)	NT
chest cong rlf pe 400-10 mg tb 10-400 mg	$0 (Tier 3)	NT
chest congest rlf 400 mg tab	$0 (Tier 3)	NT
chest congestion relief dm syr 10-100 mg/5 ml	$0 (Tier 3)	NT
CHEST CONGESTION RELIEF SOLN 100 MG/5 ML	$0 (Tier 3)	NT
child all day allergy 1 mg/ml	$0 (Tier 3)	NT
child allergy 5 mg/5 ml soln	$0 (Tier 3)	NT
child allergy relief 1 mg/ml	$0 (Tier 3)	NT
child allergy relief 5 mg/5 ml	$0 (Tier 3)	NT
child allergy rlf 12.5 mg/5 ml	$0 (Tier 3)	NT
child cetirizine 10 mg chew tb chewable, allergy	$0 (Tier 3)	NT
child cetirizine 5 mg chew tab	$0 (Tier 3)	NT
child cetirizine hcl 1 mg/ml	$0 (Tier 3)	NT
child cold-allergy liquid 1-2.5 mg/5 ml	$0 (Tier 3)	NT
CHILD COUGH DM ER 30 MG/5 ML	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
child loratadine 5 mg/5 ml sol	$0 (Tier 3)	NT
child loratadine 5 mg/5 ml syr grape	$0 (Tier 3)	NT
CHILD MUCUS RELIEF M-S COLD LQ 2.5-5-100 MG/5 ML	$0 (Tier 3)	NT
children's cold-cough liquid 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
CHLO TUSS LIQUID 1-30-12.5 MG/5 ML	$0 (Tier 3)	NT
CHLOPHEDIANOL-DEXCHLORP-PSE LQ 1-30-12.5 MG/5 ML	$0 (Tier 3)	NT
codeine-guaifen 10-100 mg/5 ml (otc)	$0 (Tier 3)	NT
codeine-guaifen 10-100 mg/5 ml d/f (otc)	$0 (Tier 3)	NT
cough dm er 30 mg/5 ml susp 12hr,gluten-free	$0 (Tier 3)	NT
COUGH DM ER 30 MG/5 ML SUSP	$0 (Tier 3)	NT
COUGH-COLD HBP TABLET 4-30 MG	$0 (Tier 3)	NT
cyproheptadine oral tablet 4 mg	$0 (Tier 2)	PA
day multi-symp flu-severe cold 10-20-500 mg	$0 (Tier 3)	NT
DAYTIME COLD-FLU RELIEF LIQUID 5-10-325 MG/15 ML	$0 (Tier 3)	NT
DAYTIME COLD-FLU RELIEF SFTGL 5-10-325 MG	$0 (Tier 3)	NT
DECONEX DMX 17.5-400-10 MG TAB 10-17.5-400 MG	$0 (Tier 3)	NT
DECONEX IR 385-10 MG TABLET 10-385 MG	$0 (Tier 3)	NT
desloratadine oral tablet 5 mg	$0 (Tier 1)	
DEXBROMPHENIR-PHENYLEPH 2-10 MG	$0 (Tier 3)	NT
dextromethorphan 15 mg softgel	$0 (Tier 3)	NT
dextromethorphan er 30 mg/5 ml	$0 (Tier 3)	NT
dimaphen dm elixir grape,gluten-f 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
diphenhydramine 12.5 mg/5 ml	$0 (Tier 3)	NT
diphenhydramine 25 mg capsule (otc)	$0 (Tier 3)	NT
diphenhydramine 25 mg tablet	$0 (Tier 3)	NT
diphenhydramine 50 mg capsule (otc)	$0 (Tier 3)	NT
diphenhydramine hcl injection solution 50 mg/ml	$0 (Tier 1)	
diphenhydramine hcl injection syringe 50 mg/ml	$0 (Tier 1)	
DM-GUAIF-PE 17.5-385-10 MG TAB 10-17.5-385 MG	$0 (Tier 3)	NT
DM-GUAIF-PE 18-200-10 MG/15 ML 10-18-200 MG/15 ML	$0 (Tier 3)	NT
DOXYLAMINE-PHENYLEPH 7.5-10 MG	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DURAFLU 325-20-200-60 MG TAB 60-20-200-325 MG	$0 (Tier 3)	NT
ED A-HIST DM TABLET 4-10-10 MG	$0 (Tier 3)	NT
ed a-hist liquid (otc) 4-10 mg/5 ml	$0 (Tier 3)	NT
ed bron gp liquid 5-100 mg/5 ml	$0 (Tier 3)	NT
ed chlorped jr syrup 2 mg/5 ml	$0 (Tier 3)	NT
ed-a-hist 4 mg-10 mg tablet 4-10 mg	$0 (Tier 3)	NT
ed-a-hist dm liquid banana flavor (otc) 4-10-15 mg/5 ml	$0 (Tier 3)	NT
endacof-dm liquid 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	$0 (Tier 1)	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	$0 (Tier 1)	
fexofenadine hcl 180 mg tablet (otc)	$0 (Tier 3)	NT
fexofenadine hcl 60 mg tablet (otc)	$0 (Tier 3)	NT
fexofenadine-pse er 60-120 tab (otc) 60-120 mg	$0 (Tier 3)	NT
FLU HBP 325-2-10 MG CAPLET 2-10-325 MG	$0 (Tier 3)	NT
gnp loratadine 10 mg tablet	$0 (Tier 3)	NT
gs allergy relief 10 mg tablet	$0 (Tier 3)	NT
gs allergy relief 10 mg tablet non-drowsy	$0 (Tier 3)	NT
gs tussin dm liquid 10-100 mg/5 ml	$0 (Tier 3)	NT
guaifen-codeine 100-10 mg/5 ml (otc) 10-100 mg/5 ml	$0 (Tier 3)	NT
guaifenesin er 600 mg tablet	$0 (Tier 3)	NT
guaifenesin-pse er 1200-120 mg (otc) 120-1,200 mg	$0 (Tier 3)	NT
guaifenesin-pse er 600-60 mg (otc) 60-600 mg	$0 (Tier 3)	NT
HEAD CONGESTION-MUCUS CAPLET 5-325-200 MG	$0 (Tier 3)	NT
HISTEX 2.5 MG/5 ML SYRUP	$0 (Tier 3)	NT
HISTEX PD 0.938 MG/ML DROP	$0 (Tier 3)	NT
HISTEX-DM SYRUP 2.5-10-20 MG/5 ML	$0 (Tier 3)	NT
hydrocodone-chlorphen er susp 10-8 mg/5 ml	$0 (Tier 3)	NT
hydrocodone-homatropine 5-1.5 mg tablet	$0 (Tier 3)	NT
hydrocodone-homatropine soln 5-1.5 mg/5 ml	$0 (Tier 3)	NT
hydromet 5 mg-1.5 mg/5 ml soln 5-1.5 mg/5 ml	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (Tier 2)	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	$0 (Tier 2)	PA
levocetirizine 5 mg tablet (otc)	$0 (Tier 3)	NT
levocetirizine oral solution 2.5 mg/5 ml	$0 (Tier 1)	
levocetirizine oral tablet 5 mg	$0 (Tier 1)	
lohist-d liquid 2-30 mg/5 ml	$0 (Tier 3)	NT
lohist-dm syrup 2-5-10 mg/5 ml	$0 (Tier 3)	NT
loratadine 10 mg tablet	$0 (Tier 3)	NT
loratadine 10 mg tablet non-drowsy	$0 (Tier 3)	NT
loratadine 10 mg tablet outer	$0 (Tier 3)	NT
loratadine 5 mg/5 ml solution	$0 (Tier 3)	NT
loratadine 5 mg/5 ml syrup children's	$0 (Tier 3)	NT
loratadine allergy 5 mg/5 ml d/f	$0 (Tier 3)	NT
loratadine-d 12 hour tablet 5-120 mg	$0 (Tier 3)	NT
loratadine-d 24hr tablet 10-240 mg	$0 (Tier 3)	NT
mapap cold formula caplet 5-10-325 mg	$0 (Tier 3)	NT
M-END DMX LIQUID 0.667-20-10 MG/5 ML	$0 (Tier 3)	NT
mucus relief d er 600-60 mg tb 60-600 mg	$0 (Tier 3)	NT
mucus relief dm cough tablet 20-400 mg	$0 (Tier 3)	NT
mucus relief dm max liquid 5-100 mg/5 ml	$0 (Tier 3)	NT
MUCUS RELIEF ER 1,200 MG TAB	$0 (Tier 3)	NT
mucus relief er 600 mg tablet	$0 (Tier 3)	NT
mucus relief pe tablet 10-400 mg	$0 (Tier 3)	NT
mucus rlf dm er 600-30 mg tab 30-600 mg	$0 (Tier 3)	NT
mucus rlf dm max er 1200-60 mg 60-1,200 mg	$0 (Tier 3)	NT
MUCUS-CHEST CONG 200 MG/10 ML 100 MG/5 ML	$0 (Tier 3)	NT
nasal decongestant 30 mg tab	$0 (Tier 3)	NT
nasal decongestant pe 10 mg tb	$0 (Tier 3)	NT
NASOPEN PE LIQUID 50-10 MG/15 ML	$0 (Tier 3)	NT
NIGHT SEVERE COLD-COUGH PKT 25-10-650 MG	$0 (Tier 3)	NT
nighttime cold-flu rlf sftgl 6.25-15-325 mg	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NIGHTTIME COLD-FLU RLF SFTGL 6.25-15-325 MG	$0 (Tier 3)	NT
nighttime cough liquid 6.25-15 mg/15 ml	$0 (Tier 3)	NT
NINJACOF LIQUID 12.5-12.5 MG/5 ML	$0 (Tier 3)	NT
nohist-dm liquid 4-10-15 mg/5 ml	$0 (Tier 3)	NT
nohist-lq liquid 4-10 mg/5 ml	$0 (Tier 3)	NT
PEDIACLEAR PD 0.625 MG/ML DROP	$0 (Tier 3)	NT
PEDIACLEAR-8 12.5 MG/15 ML LIQ	$0 (Tier 3)	NT
phenylephrine 10 mg tablet	$0 (Tier 3)	NT
POLY HIST FORTE 10.5-10 MG TAB	$0 (Tier 3)	NT
POLY-HIST DM LIQUID 25-5-10 MG/5 ML	$0 (Tier 3)	NT
POLYTUSSIN DM 2-15-7.5 MG/5 ML 2-7.5-15 MG/5 ML	$0 (Tier 3)	NT
POLY-VENT DM TABLET 60-20-380 MG	$0 (Tier 3)	NT
POLY-VENT IR TABLET 60-380 MG	$0 (Tier 3)	NT
promethazine injection solution 25 mg/ml, 50 mg/ml	$0 (Tier 2)	PA
promethazine oral syrup 6.25 mg/5 ml	$0 (Tier 2)	PA
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	$0 (Tier 2)	PA
promethazine-codeine solution 6.25-10 mg/5 ml	$0 (Tier 3)	NT
promethazine-codeine syrup 6.25-10 mg/5 ml	$0 (Tier 3)	NT
promethazine-dm 6.25-15 mg/5 ml	$0 (Tier 3)	NT
pseudoephedrine 30 mg tablet	$0 (Tier 3)	NT
pseudoephedrine 60 mg tablet (otc)	$0 (Tier 3)	NT
pseudoephedrine er 120 mg tab	$0 (Tier 3)	NT
pseudoephedrine er 120 mg tab coated cplt, max str	$0 (Tier 3)	NT
qc child allergy 12.5 mg/5 ml	$0 (Tier 3)	NT
qc complete allergy 25 mg cap	$0 (Tier 3)	NT
robafen 200 mg/10 ml syrup 100 mg/5 ml	$0 (Tier 3)	NT
robafen cf liquid multi-cld symptm 5-10-100 mg/5 ml	$0 (Tier 3)	NT
RU-HIST D 10-4 MG TABLET 4-10 MG	$0 (Tier 3)	NT
RYMED TABLET 2-10 MG	$0 (Tier 3)	NT
rynex dm liquid gluten/f 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT
rynex dm liquid prof use only 1-2.5-5 mg/5 ml	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rynex pe liquid 1-2.5 mg/5 ml	$0 (Tier 3)	NT
rynex pse liquid 1-15 mg/5 ml	$0 (Tier 3)	NT
SEVERE COLD-FLU CAPLET 5-10-325-200 MG	$0 (Tier 3)	NT
SINUS CONGESTION-PAIN CAPLET 5-325 MG	$0 (Tier 3)	NT
SINUS CONGST-PAIN 325-200-5 MG 5-325-200 MG	$0 (Tier 3)	NT
SINUS PRESSURE-PAIN CAPLET 5-325 MG	$0 (Tier 3)	NT
SINUS-HEADACHE 5-325 MG CAPLET	$0 (Tier 3)	NT
SLEEP AID 25 MG SOFTGEL	$0 (Tier 3)	NT
sleep aid 50 mg softgel	$0 (Tier 3)	NT
SLEEP AID 50 MG/30 ML LIQUID	$0 (Tier 3)	NT
sm loratadine 5 mg/5 ml syrup	$0 (Tier 3)	NT
sm lorata-dine d 24hr tablet 10-240 mg	$0 (Tier 3)	NT
sm tussin dm liquid 10-100 mg/5 ml	$0 (Tier 3)	NT
sudogest 12 hour 120 mg caplet	$0 (Tier 3)	NT
sudogest 30 mg tablet	$0 (Tier 3)	NT
sudogest 30 mg tablet boxed	$0 (Tier 3)	NT
sudogest 60 mg tablet	$0 (Tier 3)	NT
TRIPROLIDINE 0.938 MG/ML DROPS	$0 (Tier 3)	NT
TUSSIN CF MAX SEVERE M-S COLD 10-20-650 MG/20 ML	$0 (Tier 3)	NT
tussin cf multi-symptom cold 5-10-100 mg/5 ml	$0 (Tier 3)	NT
tussin dm 400-20 mg/20 ml liq 5-100 mg/5 ml	$0 (Tier 3)	NT
tussin mucus-cong 200 mg/10 ml 100 mg/5 ml	$0 (Tier 3)	NT
VANACOF DM 18-200-10 MG/15 ML 10-18-200 MG/15 ML	$0 (Tier 3)	NT
VANACOF DMX 18-396-10 MG/15 ML 10 MG-18 MG-396 MG/15 ML	$0 (Tier 3)	NT
VANACOF LIQUID 1-30-12.5 MG/5 ML	$0 (Tier 3)	NT
VANATAB DM CAPLET 5-9-198 MG	$0 (Tier 3)	NT
vapor steam liquid	$0 (Tier 3)	NT
WESTUSSIN DM 1-5-10 MG/5 ML SYR	$0 (Tier 3)	NT
PULMONARY AGENTS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	$0 (Tier 1)	B/D

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
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)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	$0 (Tier 1)	8.5 gm inhaler; QL (17 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	$0 (Tier 1)	6.7 gm inhaler; QL (13.4 GM per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	$0 (Tier 1)	18 gm inhaler; QL (36 GM per 30 days)
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, 5 mg/ml	$0 (Tier 1)	B/D
albuterol sulfate oral syrup 2 mg/5 ml	$0 (Tier 1)	
albuterol sulfate oral tablet 2 mg, 4 mg	$0 (Tier 1)	
allergy relief 50 mcg spray 50 mcg/actuation	$0 (Tier 3)	NT
alyq oral tablet 20 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days); ^
ambrisentan oral tablet 10 mg, 5 mg	$0 (Tier 2)	PA-NS; 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)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	$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)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	$0 (Tier 2)	QL (25.8 GM per 30 days)
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	$0 (Tier 2)	PA; LA; QL (24 EA per 30 days); ^
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	$0 (Tier 2)	QL (10.7 GM per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	$0 (Tier 2)	PA-NS; 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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	$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)
budesonide 32 mcg nasal spray (otc) 32 mcg/actuation	$0 (Tier 3)	NT
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	$0 (Tier 1)	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	$0 (Tier 2)	QL (8 GM per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	$0 (Tier 1)	B/D
cromolyn sodium nasal spray 5.2 mg/spray (4 %)	$0 (Tier 3)	NT
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); ^
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	$0 (Tier 1)	QL (75 ML per 30 days)
fluticasone prop 50 mcg spray (otc) 50 mcg/actuation	$0 (Tier 3)	NT
fluticasone propionate nasal spray,suspension 50 mcg/actuation	$0 (Tier 1)	QL (16 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	$0 (Tier 1)	QL (60 EA per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	$0 (Tier 2)	B/D; QL (120 ML per 30 days)
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); ^
icatibant subcutaneous syringe 30 mg/3 ml	$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)
ipratropium bromide inhalation solution 0.02 %	$0 (Tier 1)	B/D
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	$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); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KALYDECO ORAL TABLET 150 MG	$0 (Tier 2)	PA; LA; QL (56 EA per 28 days); ^
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	$0 (Tier 1)	B/D
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	$0 (Tier 1)	QL (30 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	$0 (Tier 1)	QL (34 GM per 30 days)
montelukast oral granules in packet 4 mg	$0 (Tier 1)	
montelukast oral tablet 10 mg	$0 (Tier 1)	
montelukast oral tablet,chewable 4 mg, 5 mg	$0 (Tier 1)	
NASAL ALLERGY 24HR SPRAY 55 MCG	$0 (Tier 3)	NT
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-NS; 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); ^
pirfenidone oral capsule 267 mg	$0 (Tier 1)	PA; QL (270 EA per 30 days); ^
pirfenidone oral tablet 267 mg	$0 (Tier 1)	PA; QL (270 EA per 30 days); ^
PIRFENIDONE ORAL TABLET 534 MG	$0 (Tier 1)	PA; QL (90 EA per 30 days); ^
pirfenidone oral tablet 801 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days); ^
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	$0 (Tier 2)	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	$0 (Tier 2)	QL (3 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	$0 (Tier 2)	B/D; ^
roflumilast oral tablet 250 mcg, 500 mcg	$0 (Tier 1)	
S2 RACEPINEPHRINE 2.25% SOLN 30'S,STRL,U-D	$0 (Tier 3)	NT
sajazir subcutaneous syringe 30 mg/3 ml	$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)
sildenafil (pulm.hypertension) oral tablet 20 mg	$0 (Tier 1)	generic for Revatio; PA-NS; QL (90 EA per 30 days)
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); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tadalafil (pulm. hypertension) oral tablet 20 mg	$0 (Tier 1)	generic for Adcirca; PA-NS; QL (60 EA per 30 days); ^
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	$0 (Tier 2)	PA-NS; QL (300 ML per 30 days); ^
terbutaline oral tablet 2.5 mg, 5 mg	$0 (Tier 1)	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	$0 (Tier 2)	
theophylline oral elixir 80 mg/15 ml	$0 (Tier 1)	
theophylline oral solution 80 mg/15 ml	$0 (Tier 1)	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	$0 (Tier 1)	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	$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)
triamcinolone 55 mcg nasal spr (otc)	$0 (Tier 3)	NT
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); ^
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	$0 (Tier 2)	B/D; LA; ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	$0 (Tier 2)	QL (36 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	$0 (Tier 2)	PA; QL (32 ML per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	$0 (Tier 2)	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	$0 (Tier 2)	PA; LA; 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, 300 MG/2 ML	$0 (Tier 2)	PA; LA; 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); ^
zafirlukast oral tablet 10 mg, 20 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	$0 (Tier 1)	ST; QL (30 EA per 30 days)
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	$0 (Tier 1)	QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	$0 (Tier 2)	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION,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)
oxybutynin chloride oral syrup 5 mg/5 ml	$0 (Tier 1)	
oxybutynin chloride oral tablet 5 mg	$0 (Tier 1)	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	$0 (Tier 1)	QL (60 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
solifenacin oral tablet 10 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	$0 (Tier 1)	ST; QL (30 EA per 30 days)
tolterodine oral tablet 1 mg, 2 mg	$0 (Tier 1)	QL (60 EA per 30 days)
trospium oral tablet 20 mg	$0 (Tier 1)	QL (60 EA per 30 days)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	$0 (Tier 1)	QL (30 EA per 30 days)
dutasteride oral capsule 0.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	$0 (Tier 1)	QL (30 EA per 30 days)
finasteride oral tablet 5 mg	$0 (Tier 1)	
silodosin oral capsule 4 mg, 8 mg	$0 (Tier 1)	QL (30 EA per 30 days)
tamsulosin oral capsule 0.4 mg	$0 (Tier 1)	
MISCELLANEOUS UROLOGICALS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	$0 (Tier 1)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	$0 (Tier 2)	PA; LA
ELMIRON ORAL CAPSULE 100 MG	$0 (Tier 2)	PA
PHOSPHO-TRIN K500 500 MG TAB	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	$0 (Tier 1)	
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
antacid 500 mg chew tablet 200 mg calcium (500 mg)	$0 (Tier 3)	NT
antacid 750 mg chewable tablet 300 mg (750 mg)	$0 (Tier 3)	NT
antacid ex-str 750 mg tab chew 300 mg (750 mg)	$0 (Tier 3)	NT
antacid ultra str 1,000 mg chw 400 mg calcium (1,000 mg)	$0 (Tier 3)	NT
calcium 250-vit d3 125 tablet 250 mg-3.125 mcg (125 unit)	$0 (Tier 3)	NT
calcium 500 mg chewable tablet (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
calcium 500 mg chewable tablet tab chew,p/f (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
calcium 500 mg tablet (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
calcium 500 mg tablet oyster shell,p/f (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
calcium 500 mg-vit d3 10 mcg tab (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
CALCIUM 500 MG-VIT D3 15 MCG TAB 500 MG-15 MCG (600 UNIT)	$0 (Tier 3)	NT
calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
CALCIUM 500 MG-VIT D3 600 UNIT 500 MG-15 MCG (600 UNIT)	$0 (Tier 3)	NT
calcium 500-vit d3 10 mcg chew 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 200 caplet caplt,p/f,no lactose (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 200 caplet gluten-free,p/f (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 200 tablet lactose free, p/f (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 200 tablet p/f,n (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 400 tablet (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcium 500-vit d3 400 tablet (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 400 tablet p/f (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 400 tablet p/f,gluten-f (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 400 tablet p/f,gluten-free (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 400 tablet p/f,n,no lactose (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
CALCIUM 500-VIT D3 600 TABLET 500 MG-15 MCG (600 UNIT)	$0 (Tier 3)	NT
calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
calcium 600 mg tablet gluten-free,p/f (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
calcium 600 mg tablet p/f, n (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
calcium 600 mg-d3 20 mcg cplt (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium 600 mg-d3 400 unit sfgl 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600 mg-vit d3 10 mcg tb (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600 mg-vit d3 5 mcg tb (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600 with vit d chew tb p/f 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-d3 20 mcg(800 unit) (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet caplet, no lactose (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcium 600-vit d3 200 tablet gluten-free (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet lactose free, p/f (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet lactose free,p/f (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet p/f (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet p/f,d/f,lactose-free (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 200 tablet p/f,high potency (rx) 600 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 caplet (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 caplet caplet (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet gluten-free (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet high potency (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet inner (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet new formula (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet outer (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet p/f (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet p/f, n (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 400 tablet p/f, no yeast (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcium 600-vit d3 400 tablet p/f,lactose-free (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 800 tablet (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 800 tablet gluten-free (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 800 tablet p/f (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium 600-vit d3 800 tablet p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
calcium acetate(phosphat bind) oral capsule 667 mg	$0 (Tier 1)	QL (360 EA per 30 days)
calcium acetate(phosphat bind) oral tablet 667 mg	$0 (Tier 1)	QL (360 EA per 30 days)
calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg)	$0 (Tier 3)	NT
calcium antacid 500 mg chw tab gluten-f, peppermint 200 mg calcium (500 mg)	$0 (Tier 3)	NT
calcium antacid 750 mg chew tab 300 mg (750 mg)	$0 (Tier 3)	NT
calcium carb 1,250 mg/5 ml sus (rx) 500 mg/5 ml (1,250 mg/5 ml)	$0 (Tier 3)	NT
calcium carb 1,250 mg/5 ml sus n (otc) 500 mg/5 ml (1,250 mg/5 ml)	$0 (Tier 3)	NT
calcium carbonate 648 mg tab 260 mg calcium (648 mg)	$0 (Tier 3)	NT
calcium cit 200 mg-d3 3 mcg tb (rx) 200 mg-3.125 mcg (125 unit)	$0 (Tier 3)	NT
calcium cit 315 mg-vit d3 5 mcg (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
CALCIUM CIT 315-VIT D3 250 CPT (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
calcium citrate - vit d caplet (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium citrate - vit d caplet caplet, coated (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium citrate - vit d caplet caplet,p/f (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium citrate - vit d caplet p/f, caplet (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcium citrate - vit d tablet p/f,coated (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium citrate 200 mg caplet caplet, p/f (rx) 200 mg (950 mg)	$0 (Tier 3)	NT
calcium citrate 200 mg tablet (rx) 200 mg (950 mg)	$0 (Tier 3)	NT
calcium citrate 200 mg tablet coated, p/f (rx) 200 mg (950 mg)	$0 (Tier 3)	NT
calcium citrate 200 mg tablet p/f (rx) 200 mg (950 mg)	$0 (Tier 3)	NT
calcium citrate plus tablet 250-40-5-125 mg-mg-mg-unit	$0 (Tier 3)	NT
CALCIUM CITRATE-VIT D3 CAPLET CAPLET (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
CALCIUM CITRATE-VIT D3 CAPLET P/F (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
calcium citrate-vit d3 tablet (rx) 315 mg-6.25 mcg (250 unit)	$0 (Tier 3)	NT
CALCIUM CITRATE-VIT D3 TABLET INNER (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
CALCIUM CITRATE-VIT D3 TABLET OUTER (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
calcium citrate-vit d3 tablet p/f,gluten-free (rx) 315 mg-6.25 mcg (250 unit)	$0 (Tier 3)	NT
calcium cit-vit d 315-200 tab p/f, lactose-free (rx) 315 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium-magnesium-zinc tablet (rx) 333-133-5 mg	$0 (Tier 3)	NT
calcium-magnesium-zinc tablet n,p/f (rx) 333-133-5 mg	$0 (Tier 3)	NT
cal-gest 500 mg tablet chew 200 mg calcium (500 mg)	$0 (Tier 3)	NT
CALTRATE 600 + D SOFT CHEW TAB CHOCOLATE TRUFFLE 600 MG-20 MCG (800 UNIT)	$0 (Tier 3)	NT
CALTRATE 600 + D SOFT CHEW TAB VANILLA CREME 600 MG-20 MCG (800 UNIT)	$0 (Tier 3)	NT
CALTRATE 600 PLUS D3 TABLET 600 MG-20 MCG (800 UNIT)	$0 (Tier 3)	NT
CITRACAL + D MAXIMUM CAPLET (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
cvs calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cvs calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
CVS MAGNESIUM 500 MG CAPLET (RX) 500 MG MAGNESIUM	$0 (Tier 3)	NT
cvs pediatric electrolyte pops 16's,freezer pops (rx)	$0 (Tier 3)	NT
cvs pediatric electrolyte soln dye/free, strawberry (rx)	$0 (Tier 3)	NT
cvs selenium 200 mcg tablet (rx)	$0 (Tier 3)	NT
cvs zinc 50 mg tablet (rx)	$0 (Tier 3)	NT
elemental zinc 30 mg tablet y/f,gluten/f (rx)	$0 (Tier 3)	NT
ENFAMIL ENFALYTE SOLUTION RTU,LIGHT CHERRY (RX)	$0 (Tier 3)	NT
ENFAMIL ENFALYTE SOLUTION RTU,UNFLAVORED (RX)	$0 (Tier 3)	NT
eq calcium 500-vit d3 400 tab oyster shell (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
eq calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
EQ CALCIUM CITRATE-D TABLET P/F,GLUTEN-FREE (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
eql calcium 600-vit d3 800 tab (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
eql calcium citrate-vit d3 cpt (rx) 315 mg-6.25 mcg (250 unit)	$0 (Tier 3)	NT
EQL CALCIUM CITRATE-VIT D3 CPT (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
gnp calcium 500-vit d3 600 tab 500 mg-15 mcg (600 unit)	$0 (Tier 3)	NT
gnp calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
gnp calcium 600 mg-d3 800 unit p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
gnp calcium citrate-vit d3 tab (rx) 315 mg-6.25 mcg (250 unit)	$0 (Tier 3)	NT
gs pediatric electrolyte soln (rx)	$0 (Tier 3)	NT
heb pediatric electrolyte soln (rx)	$0 (Tier 3)	NT
klor-con 10 oral tablet extended release 10 meq	$0 (Tier 1)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
klor-con 8 oral tablet extended release 8 meq	$0 (Tier 1)	
klor-con m10 oral tablet,er particles/crystals 10 meq	$0 (Tier 1)	
klor-con m15 oral tablet,er particles/crystals 15 meq	$0 (Tier 1)	
klor-con m20 oral tablet,er particles/crystals 20 meq	$0 (Tier 1)	
klor-con oral packet 20 meq	$0 (Tier 1)	
k-phos neutral tablet 250 mg	$0 (Tier 3)	NT
lactated ringers intravenous parenteral solution	$0 (Tier 1)	
MAGNESIUM 300 MG CAPSULE (RX)	$0 (Tier 3)	NT
magnesium 500 mg tablet p/f, gluten/f (rx) 500 mg magnesium	$0 (Tier 3)	NT
magnesium oxide 420 mg tablet (rx)	$0 (Tier 3)	NT
magnesium oxide 500 mg capsule (rx)	$0 (Tier 3)	NT
magnesium oxide 500 mg tablet extra strength (rx) 500 mg magnesium	$0 (Tier 3)	NT
magnesium oxide 500 mg tablet p/f,lactose-free (rx) 500 mg magnesium	$0 (Tier 3)	NT
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	$0 (Tier 2)	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	$0 (Tier 2)	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	$0 (Tier 2)	
magnesium sulfate injection solution 500 mg/ml (50 %)	$0 (Tier 2)	
magnesium sulfate injection syringe 500 mg/ml (50 %)	$0 (Tier 2)	
MG-PLUS-PROTEIN TABLET (RX) 133 MG	$0 (Tier 3)	NT
MONOCAL TABLET 22.75-625 MG	$0 (Tier 3)	NT
NU-MAG 71.5 MG TABLET	$0 (Tier 3)	NT
oceanic selenium 200 mcg tab y/f,gluten/f (rx)	$0 (Tier 3)	NT
oceanic selenium 50 mcg tablet gluten free (rx)	$0 (Tier 3)	NT
ORAZINC 110 MG TABLET 25 MG ZINC (110 MG)	$0 (Tier 3)	NT
ORAZINC 220 MG CAPSULE 50 MG ZINC (220 MG)	$0 (Tier 3)	NT
OS-CAL 500-VIT D3 200 CAPLET CAPLET (RX) 500 MG-5 MCG (200 UNIT)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OS-CAL 500-VIT D3 600 CAPLET 500 MG-15 MCG (600 UNIT)	$0 (Tier 3)	NT
oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
OYSTER SHELL 250 MG-D3 3.12 MCG 250 MG-3.125 MCG (125 UNIT)	$0 (Tier 3)	NT
OYSTER SHELL 250-VIT D3 125 TB (RX) 250 MG-3.125 MCG (125 UNIT)	$0 (Tier 3)	NT
oyster shell 500 mg-vit d3 5 mcg (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell 500 mg-vit d3 5 mcg inner (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell 500 mg-vit d3 5 mcg outer (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell 500-vit d3 200 tb caplet (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
oyster shell calcium 500 mg tb 500mg elemental (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
oyster shell calcium 500 mg tb 500mg elemental ca (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
oyster shell calcium 500 mg tb p/f (rx) 500 mg calcium (1,250 mg)	$0 (Tier 3)	NT
oyster shell calcium-magnes tb 250-155 mg	$0 (Tier 3)	NT
oyster shell calcium-vit d tab p/f,gluten-free (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
pedi electrolyte freezer pop 16'sx62.5ml pops (rx)	$0 (Tier 3)	NT
pedi electrolyte freezer pop 16x62.1ml pops (rx)	$0 (Tier 3)	NT
PEDIALYTE ADVANCED CARE SOLN BLUE RASPBERRY	$0 (Tier 3)	NT
PEDIALYTE ADVANCED CARE SOLN CHERRY PUNCH	$0 (Tier 3)	NT
PEDIALYTE ADVANCED CARE SOLN STRAWBERRY LEMONADE	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEDIALYTE ADVANCED CARE SOLN TROPICAL FRUIT	$0 (Tier 3)	NT
pedialyte electrolyte singles 4's (rx)	$0 (Tier 3)	NT
pedialyte electrolyte singles inner, apple, rtu (rx)	$0 (Tier 3)	NT
pedialyte electrolyte singles inner, cherry, rtu (rx)	$0 (Tier 3)	NT
pedialyte electrolyte singles outer, 4's, apple (rx)	$0 (Tier 3)	NT
pedialyte electrolyte singles outer, 4's, cherry (rx)	$0 (Tier 3)	NT
pedialyte freezer pops	$0 (Tier 3)	NT
pedialyte freezer pops 16's (rx)	$0 (Tier 3)	NT
pedialyte solution (rx)	$0 (Tier 3)	NT
pedialyte solution inner, grape (rx)	$0 (Tier 3)	NT
pedialyte solution ready-to-use (rx)	$0 (Tier 3)	NT
pedialyte solution strawberry, rtu (rx)	$0 (Tier 3)	NT
pedialyte solution unflavored (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution cherry punch (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution mango,p/f (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution p/f,fruit (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution p/f,unflavored (rx)	$0 (Tier 3)	NT
pediatric electrolyte solution strawberry,w/zinc (rx)	$0 (Tier 3)	NT
phospha 250 neutral tablet 250 mg	$0 (Tier 3)	NT
phosphorous 250 mg tablet	$0 (Tier 3)	NT
phospho-trin 250 neutral tab 250 mg	$0 (Tier 3)	NT
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	$0 (Tier 1)	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	$0 (Tier 1)	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	$0 (Tier 1)	
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml	$0 (Tier 2)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	$0 (Tier 1)	
potassium chloride oral capsule, extended release 10 meq, 8 meq	$0 (Tier 1)	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	$0 (Tier 1)	
potassium chloride oral packet 20 meq	$0 (Tier 1)	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	$0 (Tier 1)	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	$0 (Tier 1)	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	$0 (Tier 1)	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	$0 (Tier 1)	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	$0 (Tier 1)	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	$0 (Tier 2)	
ra calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
ra calcium 600-vit d3 400 tab (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
ra calcium citrate - vit d tab p/f, d/f (rx) 315 mg-6.25 mcg (250 unit)	$0 (Tier 3)	NT
ra hi-cal plus vitamin d tab (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
ra magnesium 500 mg capsule (rx)	$0 (Tier 3)	NT
ra pediatric electrolyte soln (rx)	$0 (Tier 3)	NT
ra pediatric electrolyte soln strawberry (rx)	$0 (Tier 3)	NT
ra zinc 50 mg tablet (rx)	$0 (Tier 3)	NT
ra zinc 50 mg tablet p/f (rx)	$0 (Tier 3)	NT
selenium 200 mcg tablet (rx)	$0 (Tier 3)	NT
selenium 200 mcg tablet d/f,p/f (rx)	$0 (Tier 3)	NT
selenium 200 mcg tablet p/f (rx)	$0 (Tier 3)	NT
selenium 200 mcg tablet p/f, lactose free (rx)	$0 (Tier 3)	NT
SLOW-MAG 71.5 MG TABLET	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SM CAL CIT 315 MG-D3 250 UNIT CAPLET, GLUTEN-FREE (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
SM CALCIUM CIT 315-D3 6.5 MCG (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
sm pediatric electrolyte soln (rx)	$0 (Tier 3)	NT
smooth antacid 750 mg chew tab 300 mg (750 mg)	$0 (Tier 3)	NT
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	$0 (Tier 1)	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	$0 (Tier 1)	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	$0 (Tier 1)	
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	$0 (Tier 1)	
super calcium 600-vit d3 400 p/f (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
sv calcium 600 mg tablet p/f, gluten-free (rx) 600 mg calcium (1,500 mg)	$0 (Tier 3)	NT
sv calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	$0 (Tier 3)	NT
SV CALCIUM CITRATE-VIT D3 TAB P/F,GLUTEN-FREE (RX) 315 MG-6.25 MCG (250 UNIT)	$0 (Tier 3)	NT
sv selenium 200 mcg tablet d/f,p/f (rx)	$0 (Tier 3)	NT
sv zinc 50 mg caplet cplt,p/f,gluten-free (rx)	$0 (Tier 3)	NT
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	$0 (Tier 2)	
wes-phos 250 mg neutral tablet	$0 (Tier 3)	NT
ZINC 10 MG LOZENGE Y/F,GLUTEN/F (RX)	$0 (Tier 3)	NT
zinc 30 mg tablet p/f (rx)	$0 (Tier 3)	NT
zinc 50 mg caplet (rx)	$0 (Tier 3)	NT
zinc 50 mg caplet caplet (rx)	$0 (Tier 3)	NT
zinc 50 mg caplet caplet, p/f (rx)	$0 (Tier 3)	NT
zinc 50 mg tablet (rx)	$0 (Tier 3)	NT
zinc 50 mg tablet (rx) 50 mg zinc (220 mg)	$0 (Tier 3)	NT
zinc 50 mg tablet p/f, gluten/f (rx)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zinc gluconate 100 mg tablet (rx)	$0 (Tier 3)	NT
zinc gluconate 50 mg tablet (rx)	$0 (Tier 3)	NT
zinc sulfate 220 mg (50 mg) cap (rx) 50 mg zinc (220 mg)	$0 (Tier 3)	NT
zinc sulfate 220 mg capsule (rx) 50 mg zinc (220 mg)	$0 (Tier 3)	NT
zinc sulfate 220 mg capsule inner (rx) 50 mg zinc (220 mg)	$0 (Tier 3)	NT
zinc sulfate 220 mg capsule outer (rx) 50 mg zinc (220 mg)	$0 (Tier 3)	NT
zinc sulfate 50 mg (220 mg) tb (rx) 50 mg zinc (220 mg)	$0 (Tier 3)	NT
ZINC-15 TABLET 66 MG	$0 (Tier 3)	NT
MISCELLANEOUS NUTRITION PRODUCTS		
CALCIUM CITRATE MALATE WITH D 250 MG-2.5 MCG (100 UNIT)	$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
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	$0 (Tier 2)	B/D
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	$0 (Tier 2)	B/D
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	$0 (Tier 2)	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	$0 (Tier 2)	B/D
electrolyte-148 intravenous parenteral solution	$0 (Tier 1)	
electrolyte-48 in d5w intravenous parenteral solution	$0 (Tier 2)	
electrolyte-a intravenous parenteral solution	$0 (Tier 1)	
intralipid intravenous emulsion 20 %	$0 (Tier 2)	B/D
INTRALIPID INTRAVENOUS EMULSION 30 %	$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)	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	$0 (Tier 2)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUTRILIPID INTRAVENOUS EMULSION 20 %	$0 (Tier 2)	B/D
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	$0 (Tier 2)	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	$0 (Tier 1)	B/D
premasol 10 % intravenous parenteral solution 10 %	$0 (Tier 2)	B/D
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	$0 (Tier 2)	B/D
travasol 10 % intravenous parenteral solution 10 %	$0 (Tier 2)	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	$0 (Tier 2)	B/D
VITAMINS / HEMATINICS		
a thru z advanced formula tab advanced formula 18-400 mg-mcg	$0 (Tier 3)	NT
a thru z advanced formula tab gluten-free 18-400 mg-mcg	$0 (Tier 3)	NT
a thru z advanced formula tab w/ lutein & lycopene (rx) 18-500-300-250 mg-mcg-mcg-mcg	$0 (Tier 3)	NT
a thru z advanced formula tab w/lutein & lycopene (rx) 18-500-300-250 mg-mcg-mcg-mcg	$0 (Tier 3)	NT
A THRU Z MEN'S ULTIMATE TABLET 8 MG IRON- 200 MCG-600 MCG	$0 (Tier 3)	NT
a thru z select 50 plus tablet advanced formula 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
a thru z select multivit tab 500-300-250 mcg	$0 (Tier 3)	NT
a thru z select multivit tab iron-free, 50+ form 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
a thru z select tablet adults 50+, gluten-f 0.4 mg-300 mcg-250 mcg	$0 (Tier 3)	NT
a thru z select tablet adults 50+,iron-free 0.4 mg-300 mcg-250 mcg	$0 (Tier 3)	NT
a thru z select women's tablet	$0 (Tier 3)	NT
ABANEU-SL TABLET SL 600-600 MCG	$0 (Tier 3)	NT
ACCRUFER 30 MG CAPSULE	$0 (Tier 3)	NT
adults 50 plus daily formula 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
adults 50 plus multivitamin 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
adults 50 plus multivitamin tb 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
APETEX LIQUID 790 MG/15 ML	$0 (Tier 3)	NT
APETIGEN LIQUID 790 MG/15 ML	$0 (Tier 3)	NT
apetigen plus liquid 12.5-16.9-790 mg/15 ml	$0 (Tier 3)	NT
APETIGEN-PLUS TABLET 10-300-30 MG-MG-UNIT	$0 (Tier 3)	NT
ascorbic acid 500 mg tablet (rx)	$0 (Tier 3)	NT
ASCORBIC ACID GRANULES (RX)	$0 (Tier 3)	NT
b complex capsule (rx)	$0 (Tier 3)	NT
b complex number 1 tablet 0.4 mg	$0 (Tier 3)	NT
b complex tablet	$0 (Tier 3)	NT
B COMPLEX WITH VITAMIN C TAB 18-10-45-5-250 MG	$0 (Tier 3)	NT
B COMPLEX-FOLIC ACID TABLET 0.5-5-0.2 MG	$0 (Tier 3)	NT
b-12 1,000 mcg tablet (rx)	$0 (Tier 3)	NT
b-12 1,000 mcg tablet p/f,gluten-free (rx)	$0 (Tier 3)	NT
b-12 1,000 mcg/15 ml liquid	$0 (Tier 3)	NT
B-12 1,000 MCG/15 ML LIQUID	$0 (Tier 3)	NT
B-12 1,000 MCG/15 ML LIQUID	$0 (Tier 3)	NT
b-12 2,500 mcg tablet sl (rx)	$0 (Tier 3)	NT
b12 2,500 mcg tablet sl	$0 (Tier 3)	NT
b-12 2,500 mcg tablet sl	$0 (Tier 3)	NT
b-12 500 mcg tablet (rx)	$0 (Tier 3)	NT
b-12 dots 500 mcg tablet	$0 (Tier 3)	NT
b-12 er 1,000 mcg tab er (rx)	$0 (Tier 3)	NT
BACMIN CAPLET 27 MG IRON- 1 MG	$0 (Tier 3)	NT
balance b-100 tablet 0.4 mg	$0 (Tier 3)	NT
balance b-50 tablet 0.4 mg	$0 (Tier 3)	NT
b-complex tablet (rx) 0.4 mg	$0 (Tier 3)	NT
b-complex with b12 tablet (rx)	$0 (Tier 3)	NT
b-complex with c tablet (rx)	$0 (Tier 3)	NT
b-complex w-vitamin c caplet caplet,p/f (rx)	$0 (Tier 3)	NT
beta carotene 7,500 mcg sfgl (rx)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
beta-carotene 25,000 unit sfgl softgel (rx) 7,500 mcg (25,000 unit)	$0 (Tier 3)	NT
BIOCAL SOFTGEL 500 MG-100 UNIT -45 MG-800 MCG	$0 (Tier 3)	NT
biopetit 790 mg/15 ml liquid	$0 (Tier 3)	NT
biotin 1,000 mcg tablet 1 mg	$0 (Tier 3)	NT
biotin 1,000 mcg tablet p/f 1 mg	$0 (Tier 3)	NT
biotin 1,000 mcg tablet p/f, lactose-free 1 mg	$0 (Tier 3)	NT
biotin 5,000 mcg capsule mx-str (rx) 5 mg	$0 (Tier 3)	NT
biotin 5,000 mcg capsule p/f,gluten-free (rx) 5 mg	$0 (Tier 3)	NT
biotin 5,000 mcg softgel (rx) 5 mg	$0 (Tier 3)	NT
biotin 5,000 mcg softgel p/f,gluten-free (rx) 5 mg	$0 (Tier 3)	NT
biotin 5,000 mcg softgel softgel (rx) 5 mg	$0 (Tier 3)	NT
C 1,000-BIOFLAVONOIDS-RH CAP	$0 (Tier 3)	NT
c complex 1,000 mg tablet sa	$0 (Tier 3)	NT
c complex 500 mg tablet sa	$0 (Tier 3)	NT
c-1,000 mg tablet (rx)	$0 (Tier 3)	NT
c-1,000 mg with rose hips cplt caplet	$0 (Tier 3)	NT
c-1,000 mg with rose hips tab p/f	$0 (Tier 3)	NT
c-1000 er caplet	$0 (Tier 3)	NT
c-500 er tablet 500 mg	$0 (Tier 3)	NT
c-500 mg tablet (rx)	$0 (Tier 3)	NT
c-500 mg tablet chewable (rx)	$0 (Tier 3)	NT
c-500 mg tablet rose hips (rx)	$0 (Tier 3)	NT
calcidol drops 200 mcg/ml (8,000 unit/ml)	$0 (Tier 3)	NT
calcium 600+d plus minerals tb p/f, n (rx) 600 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
CALCIUM 600-D3-MINERALS CHW TB (RX) 600 MG CALCIUM- 800 UNIT-40 MG	$0 (Tier 3)	NT
calcium 600-vit d3-min chew tb 600 mg-400 unit -40 mg-7.5 mg	$0 (Tier 3)	NT
calcium for women chewable tab 500 mg-100 unit -40 mcg	$0 (Tier 3)	NT

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CALTRATE 600+D PLUS TABLET 600 MG CALCIUM- 800 UNIT-50 MG	$0 (Tier 3)	NT
centratex capsule 106 mg iron- 1 mg	$0 (Tier 3)	NT
centravites 50 plus tablet inner 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
centravites 50 plus tablet outer 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
centrum adults tablet 18-400 mg-mcg	$0 (Tier 3)	NT
CENTRUM COMPLETE MULTIVIT TAB (RX) 18-400 MG-MCG	$0 (Tier 3)	NT
CENTRUM MEN'S TABLET 8 MG IRON- 200 MCG-600 MCG	$0 (Tier 3)	NT
CENTRUM MULTIVIT-MINERAL LIQ (RX) 9 MG IRON/15 ML	$0 (Tier 3)	NT
CENTRUM SILVER TABLET (RX) 0.4 MG-300 MCG- 250 MCG	$0 (Tier 3)	NT
CENTRUM SILVER TABLET ADULTS 50 + (RX) 0.4 MG-300 MCG- 250 MCG	$0 (Tier 3)	NT
CENTRUM SILVER TABLET ADULTS 50+ (RX) 0.4 MG-300 MCG- 250 MCG	$0 (Tier 3)	NT
CENTRUM SILVER TABLET FOR ADULT 50+ (RX) 0.4 MG-300 MCG- 250 MCG	$0 (Tier 3)	NT
CENTRUM SILVER WOMEN TABLET 8 MG IRON-400 MCG-50 MCG	$0 (Tier 3)	NT
CENTRUM SPECIALIST HEART TAB (RX) 3-200-400 MG-MCG-MG	$0 (Tier 3)	NT
CENTRUM ULTRA MEN'S TABLET (RX) 8 MG IRON- 200 MCG-600 MCG	$0 (Tier 3)	NT
centrum women tablet 18-400 mg-mcg	$0 (Tier 3)	NT
CEREFOLIN CAPLET 6-5-50-1 MG	$0 (Tier 3)	NT
cerovite senior tablet 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
certavite senior tablet 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
certavite-antioxidant tablet (rx) 18-400 mg-mcg	$0 (Tier 3)	NT
CERTAVITE-ANTIOXIDANT TABLET (RX) 18-400 MG-MCG	$0 (Tier 3)	NT
chewable calcium tab chew soft chew, caramel (rx) 500 mg-200 unit -40 mcg	$0 (Tier 3)	NT
chewable calcium tab chew soft chew, chocolate (rx) 500 mg-200 unit -40 mcg	$0 (Tier 3)	NT
children's chewables 300 mcg	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
children's chewables 300 mcg	$0 (Tier 3)	NT
companion tablet 0.4 mg	$0 (Tier 3)	NT
complex b-100 tablet sa	$0 (Tier 3)	NT
CORAL CALCIUM 1,000 MG CAP 185 MG-50 MG- 2.5 MCG	$0 (Tier 3)	NT
corvita tablet 1.25-2.5-7 mg	$0 (Tier 3)	NT
CORVITE 150 TABLET 150 MG IRON- 1 MG	$0 (Tier 3)	NT
CORVITE FE TABLET 150 MG IRON- 1 MG	$0 (Tier 3)	NT
cvs b-1 100 mg tablet p/f,gluten-free (rx)	$0 (Tier 3)	NT
cvs b-12 1,000 mcg tablet (rx)	$0 (Tier 3)	NT
cvs b-complex-vit c caplet caplet (rx)	$0 (Tier 3)	NT
cvs beta-carotene 25,000 unit (rx) 7,500 mcg (25,000 unit)	$0 (Tier 3)	NT
cvs biotin 1,000 mcg tablet high potency 1 mg	$0 (Tier 3)	NT
CVS CALCIUM 600-D3-MIN CHEW TB (RX) 600 MG CALCIUM- 800 UNIT-40 MG	$0 (Tier 3)	NT
cvs hair, skin and nails cplt (rx)	$0 (Tier 3)	NT
cvs iron 27 mg tablet (rx) 240 mg (27 mg iron)	$0 (Tier 3)	NT
cvs iron 65 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
cvs iron 65 mg tablet p/f,lactose/free (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
cvs slow release iron 45 mg tb (rx) 143 mg (45 mg iron)	$0 (Tier 3)	NT
CVS SLOW RELEASE IRON 45 MG TB (RX) 143 MG (45 MG IRON)	$0 (Tier 3)	NT
cvs spectravite adult 50 plus (rx) 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
cvs spectravite adult tablet 18-400 mg-mcg	$0 (Tier 3)	NT
cvs spectravite advanced tab 18-400 mg-mcg	$0 (Tier 3)	NT
cvs spectravite men's tablet 8 mg iron- 200 mcg-600 mcg	$0 (Tier 3)	NT
cvs spectravite women 50 plus 8 mg iron-400 mcg-50 mcg	$0 (Tier 3)	NT
cvs spectravite women tablet 18-400 mg-mcg	$0 (Tier 3)	NT
cvs vit b-12 tr 1,000 mcg tab (rx)	$0 (Tier 3)	NT
cvs vit b-12 tr 2,000 mcg tab (rx)	$0 (Tier 3)	NT
cvs vit c-rose hip 1,000 mg tb (rx)	$0 (Tier 3)	NT
cvs vit c-rose hip 500 mg chew	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cvs vit c-rose hips 500 mg tab (rx)	$0 (Tier 3)	NT
cvs vitamin a 2,400 mcg sftgl (rx)	$0 (Tier 3)	NT
cvs vitamin b-1 100 mg tablet (rx)	$0 (Tier 3)	NT
cvs vitamin b-12 500 mcg tab p/f, gluten-f	$0 (Tier 3)	NT
cvs vitamin b-2 100 mg tablet	$0 (Tier 3)	NT
cvs vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
cvs vitamin c 1,000 mg caplet (rx)	$0 (Tier 3)	NT
cvs vitamin c 250 mg tablet (rx)	$0 (Tier 3)	NT
cvs vitamin c 500 mg caplet p/f,gluten-free (rx)	$0 (Tier 3)	NT
cvs vitamin c 500 mg tablet (rx)	$0 (Tier 3)	NT
cvs vitamin e 180 mg softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
daily multi vitamin-iron tab (rx)	$0 (Tier 3)	NT
daily multivitamin with d3 tab 0.4 mg	$0 (Tier 3)	NT
daily value multivitamin tab	$0 (Tier 3)	NT
daily vite tablet (rx)	$0 (Tier 3)	NT
daily vite with iron tablet	$0 (Tier 3)	NT
DEKAS ESSENTIAL CAPSULE 600 MCG-50 MCG- 101 MG-1,000MCG	$0 (Tier 3)	NT
DEKAS ESSENTIAL LIQUID 2,000 UNIT- 2,000 MCG/ML	$0 (Tier 3)	NT
DEKAS PLUS LIQUID 500 MCG/ML	$0 (Tier 3)	NT
DEKAS PLUS SOFTGEL 200 MCG-1,000 MCG-10 MG	$0 (Tier 3)	NT
DIALYVITE 3,000 TABLET 3-70-15 MG-MCG-MG	$0 (Tier 3)	NT
DIALYVITE 5000 TABLET 5 MG	$0 (Tier 3)	NT
dialyvite 800 tablet 0.8 mg	$0 (Tier 3)	NT
DIALYVITE 800 WITH IRON TAB 29-800 MG-MCG	$0 (Tier 3)	NT
DIALYVITE SUPREME D TABLET 3-2,000 MG-UNIT	$0 (Tier 3)	NT
dialyvite tablet 100-1 mg	$0 (Tier 3)	NT
dialyvite with zinc tablet 1-100-300-50 mg-mg-mcg-mg	$0 (Tier 3)	NT
d-vi-sol 10 mcg/ml drop (rx) 10 mcg/ml (400 unit/ml)	$0 (Tier 3)	NT
ELFOLATE PLUS 3 MG TABLET 2-3-35 MG	$0 (Tier 3)	NT
endur-c rose hips sr 1,000 mg	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
endur-c rose hips sr 500 mg tb	$0 (Tier 3)	NT
ENLYTE SOFTGEL 1.5 MG IRON- 8.73 MG	$0 (Tier 3)	NT
eq complete multivitamin tab gluten-free 18-400 mg-mcg	$0 (Tier 3)	NT
eq complete mv adlt 50 plus tb 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
EQ ONE DAILY WOMEN'S HEALTH TB 18 MG IRON-400 MCG-500 MG CA	$0 (Tier 3)	NT
EQ ONE DAILY WOMEN'S TABLET GLUTEN FREE 18 MG IRON-400 MCG-500 MG CA	$0 (Tier 3)	NT
eq slow release iron 45 mg tab gluten-free (rx) 142 mg (45 mg iron)	$0 (Tier 3)	NT
eql b complex 50 tablet high potency (rx)	$0 (Tier 3)	NT
eql vitamin b-12 500 mcg tab (rx)	$0 (Tier 3)	NT
eql vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
eql vitamin c 1,000 mg tablet p/f, lactose free (rx)	$0 (Tier 3)	NT
eql vitamin e 180 mg softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
ergocalciferol 200 mcg/ml drop (rx) 200 mcg/ml (8,000 unit/ml)	$0 (Tier 3)	NT
ergocalciferol 8,000 unit/ml (rx) 200 mcg/ml (8,000 unit/ml)	$0 (Tier 3)	NT
essentia tablet 18-400 mg-mcg	$0 (Tier 3)	NT
ezfe 200 capsule 200 mg iron	$0 (Tier 3)	NT
fabb tablet 2.2-25-1 mg	$0 (Tier 3)	NT
fe c tablet 100-250 mg	$0 (Tier 3)	NT
feosol 65 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
FEOSOL BIFERA 28 MG CAPLET	$0 (Tier 3)	NT
ferate 27 mg tablet 240 mg (27 mg iron)	$0 (Tier 3)	NT
FER-IN-SOL 15 MG/ML DROPS 15 MG IRON (75 MG)/ML	$0 (Tier 3)	NT
FERIVA 21-7 TABLET 75 MG IRON-175 MG-1 MG-12 MCG	$0 (Tier 3)	NT
FERIVA FA CAPSULE 110 MG-175 MG- 1 MG-12 MCG	$0 (Tier 3)	NT
ferosul 325 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferosul 325 mg tablet f/c,blister pack (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
FERRALET 90 DUAL-IRON DELIVERY ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ferretts 325 mg tablet 325 mg (106 mg iron)	$0 (Tier 3)	NT
FERRETTS IPS 40 MG/15 ML LIQ	$0 (Tier 3)	NT
ferrex 150 capsule 150 mg iron	$0 (Tier 3)	NT
ferrex 150 capsule outer, u-d 150 mg iron	$0 (Tier 3)	NT
ferrex 150 capsule u-d,10x10 150 mg iron	$0 (Tier 3)	NT
FERRIMIN 150 TAB 456 MG (150 MG IRON)	$0 (Tier 3)	NT
ferro-time 325 mg tablet f/c, green 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous fumarate 324 mg tablet 324 mg (106 mg iron)	$0 (Tier 3)	NT
ferrous gluconate 240 mg tab (rx) 240 mg (27 mg iron)	$0 (Tier 3)	NT
ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron)	$0 (Tier 3)	NT
ferrous gluconate 324 mg tab (rx) 324 mg (37.5 mg iron), 324 mg (38 mg iron)	$0 (Tier 3)	NT
ferrous sulf 15 mg iron/ml drp (rx) 15 mg iron (75 mg)/ml	$0 (Tier 3)	NT
ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml	$0 (Tier 3)	NT
ferrous sulf 44 mg iron/5 ml lq (rx) 220 mg (44 mg iron)/5 ml	$0 (Tier 3)	NT
ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulf ec 325 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulf ec 325 mg tablet u-d, inner (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulf ec 325 mg tablet u-d, outer (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulfate 300 mg/5 ml cup 100's, u-d 300 mg (60 mg iron)/5 ml	$0 (Tier 3)	NT
ferrous sulfate 300 mg/5 ml cup 300 mg (60 mg iron)/5 ml	$0 (Tier 3)	NT
ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulfate 325 mg tablet f/c, green (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulfate 325 mg tablet f/c, red (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
ferrous sulfate 325 mg tablet p/f (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ferrous sulfate 325 mg tablet u-d,10x10, film coat (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
FLINTSTONES COMPLETE TABLET	$0 (Tier 3)	NT
FLINTSTONES MULTIVIT CHEW TAB 300 MCG	$0 (Tier 3)	NT
FLINTSTONES TABLET CHEWABLE	$0 (Tier 3)	NT
FLORIVA PLUS 0.25 MG/ML DROP 0.25MG FLUORIDE (0.55 MG)/ML	$0 (Tier 3)	NT
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	$0 (Tier 1)	
fn vitamin b-12 1,000 mcg tab time release,lac/fre (rx)	$0 (Tier 3)	NT
folbee plus cz tablet 5-1.5-25 mg	$0 (Tier 3)	NT
folbee plus tablet 5 mg	$0 (Tier 3)	NT
folbee tablet 2.5-25-1 mg	$0 (Tier 3)	NT
folbic tablet 2.5-25-2 mg	$0 (Tier 3)	NT
folic acid 1 mg tablet (rx)	$0 (Tier 3)	NT
folic acid 5 mg/ml vial mdv	$0 (Tier 3)	NT
folitab 500 caplet (rx) 105 mg iron- 500 mg-800 mcg	$0 (Tier 3)	NT
folplex 2.2 tablet 2.2-25-0.5 mg	$0 (Tier 3)	NT
foltabs 800 tablet 0.8-10-115 mg-mg-mcg	$0 (Tier 3)	NT
foltanx tablet 2-3-35 mg	$0 (Tier 3)	NT
FOLTRATE TABLET (RX) 0.5-1 MG	$0 (Tier 3)	NT
fosfree oral tablet 175.5-14.5 mg	$0 (Tier 3)	NT
fruit c-500 tablet chewable 500 mg	$0 (Tier 3)	NT
full spectrum b with vit c tab 0.8 mg	$0 (Tier 3)	NT
FUSION CAPSULE 130 MG IRON-25 MG-30 MG	$0 (Tier 3)	NT
FUSION PLUS CAPSULE 130 MG IRON -1,250 MCG	$0 (Tier 3)	NT
gnp b12 2,500 mcg tablet sl	$0 (Tier 3)	NT
gnp biotin 5,000 mcg capsule (rx) 5 mg	$0 (Tier 3)	NT
gnp iron 45 mg tablet 159 mg (45 mg iron)	$0 (Tier 3)	NT
gnp iron 65 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
gnp mega multi for men tablet high potency (rx) 200-175-250 mcg	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gnp mega multi for women tab 13.5-200-250 mg-mcg-mcg	$0 (Tier 3)	NT
gnp vit b-12 er 1,000 mcg tab prolonged release (rx)	$0 (Tier 3)	NT
gnp vit c-rose hips 500 mg tab (rx)	$0 (Tier 3)	NT
gnp vitamin a 10,000 unit sfgl d/f, gluten-free (rx) 3,000 mcg (10,000 unit)	$0 (Tier 3)	NT
gnp vitamin b-1 100 mg tablet (rx)	$0 (Tier 3)	NT
gnp vitamin b-12 500 mcg tab maximum strength	$0 (Tier 3)	NT
gnp vitamin b-6 100 mg tablet gluten free (rx)	$0 (Tier 3)	NT
gnp vitamin c 1,000 mg tablet (rx)	$0 (Tier 3)	NT
gnp vitamin c 1,000 mg tablet with rose hips (rx)	$0 (Tier 3)	NT
gnp vitamin c 250 mg tablet (rx)	$0 (Tier 3)	NT
gnp vitamin c 500 mg tab chew chewables (rx)	$0 (Tier 3)	NT
gnp vitamin c 500 mg tablet (rx)	$0 (Tier 3)	NT
gnp vitamin c er 500 mg tablet prolonged release (rx)	$0 (Tier 3)	NT
gnp vitamin e 180 mg softgel (rx) 400 unit	$0 (Tier 3)	NT
gnp vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
gummi bear multivit tab chew multivit & minerals (rx)	$0 (Tier 3)	NT
HARD NAILS 2.5 MG CAPSULE	$0 (Tier 3)	NT
HEMOCYTE PLUS CAPSULE (RX) 106 MG IRON- 1 MG	$0 (Tier 3)	NT
high potency multivitamin tab 18-400 mg-mcg, 9 mg iron-400 mcg	$0 (Tier 3)	NT
hm biotin 5,000 mcg capsule (rx) 5 mg	$0 (Tier 3)	NT
hm vitamin b-12 500 mcg tablet	$0 (Tier 3)	NT
hm vitamin c 500 mg tab chew (rx)	$0 (Tier 3)	NT
hm vitamin e 180 mg softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
ICAPS MV TABLET (RX) 100-1.66-0.83 MCG-MG-MG	$0 (Tier 3)	NT
ICAPS TABLET (RX) 3,300-5-200-75 UNIT-MG-MG-UNIT	$0 (Tier 3)	NT
ICAR 15 MG/1.25 ML SUSPENSION	$0 (Tier 3)	NT
ICAR-C TABLET 100-250 MG	$0 (Tier 3)	NT
infant iron 15 mg/ml drop (rx) 15 mg iron (75 mg)/ml	$0 (Tier 3)	NT
infant vitamin d 10 mcg/ml drp (rx) 10 mcg/ml (400 unit/ml)	$0 (Tier 3)	NT
INFED 100 MG/2 ML VIAL OUTER,SUV 50 MG/ML	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INTEGRA CAPSULE 125-40-3 MG	$0 (Tier 3)	NT
INTEGRA F CAPSULE 125-1-40-3 MG	$0 (Tier 3)	NT
INTEGRA PLUS CAPSULE 125 MG IRON- 1 MG	$0 (Tier 3)	NT
iron 27 mg tablet (rx) 236 mg (27 mg iron), 240 mg (27 mg iron)	$0 (Tier 3)	NT
iron 45 mg tablet 159 mg (45 mg iron)	$0 (Tier 3)	NT
iron 65 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
iron 65 mg tablet (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
iron 65 mg tablet gluten-free (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
iron 65 mg tablet p/f (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
iron 65 mg tablet p/f, gluten-free (rx) 325 mg (65 mg iron)	$0 (Tier 3)	NT
iron-vitamin c 100-250 mg tab	$0 (Tier 3)	NT
IROSPAN 24/6 TABLET 65 MG-65 MG -1,000 MCG (24)	$0 (Tier 3)	NT
KIDS MULTIVIT-MINERALS GUMMIES 200 MCG	$0 (Tier 3)	NT
kobee tablet 0.4 mg	$0 (Tier 3)	NT
l-methyl-mc tablet (rx) 6-5-50-1 mg	$0 (Tier 3)	NT
lysiplex plus liquid	$0 (Tier 3)	NT
mega multi for men tablet high potency (rx) 200-175-250 mcg	$0 (Tier 3)	NT
mega multi for women tab 13.5-200-250 mg-mcg-mcg	$0 (Tier 3)	NT
mega multivit-chelated min tab	$0 (Tier 3)	NT
MERIBIN 5 MG CAPSULE	$0 (Tier 3)	NT
metafolbic tablet 6-5-50-1 mg	$0 (Tier 3)	NT
MTX SUPPORT TABLET 0.5-1 MG	$0 (Tier 3)	NT
multi complete-iron tablet 18-400 mg-mcg	$0 (Tier 3)	NT
multiple vitamin with iron tab (rx)	$0 (Tier 3)	NT
multiple vitamin w-minerals tb	$0 (Tier 3)	NT
multiple vitamins tablet	$0 (Tier 3)	NT
multiple vitamins tablet one daily	$0 (Tier 3)	NT
multiple vitamins tablet p/f,n,lactose fre	$0 (Tier 3)	NT
multivitamin tablet (rx)	$0 (Tier 3)	NT
multivitamin women 50 plus tab 8 mg iron-400 mcg-50 mcg	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
multivitamin-mineral liquid 9 mg iron/15 ml	$0 (Tier 3)	NT
multivitamins tablet (rx)	$0 (Tier 3)	NT
MULTI-VITE LIQUID 9 MG IRON/15 ML	$0 (Tier 3)	NT
multivit-fluor 0.25 mg/ml drop (rx)	$0 (Tier 3)	NT
multivit-fluor 0.5 mg/ml drop (rx)	$0 (Tier 3)	NT
multivit-iron-fluor 0.25 mg/ml (rx) 0.25mg fluoride -10 mg iron/ml	$0 (Tier 3)	NT
multivit-mineral hp cap	$0 (Tier 3)	NT
MVW COMPLETE FORM MULTIVI SFGL 1,500-800 UNIT-MCG, 750-500 UNIT-MCG	$0 (Tier 3)	NT
MVW COMPLETE FORM MULTIVIT CHW 1,500-1,000 UNIT-MCG	$0 (Tier 3)	NT
MVW COMPLETE FORMUL D3000 CHEW	$0 (Tier 3)	NT
MVW COMPLETE FORMUL D3000 SFGL	$0 (Tier 3)	NT
MVW COMPLETE FORMUL D5000 CHEW	$0 (Tier 3)	NT
MVW COMPLETE FORMUL D5000 SFGL	$0 (Tier 3)	NT
MVW COMPLETE FORMUL PEDIA DRPS 750-500 UNIT-MCG/0.5 ML	$0 (Tier 3)	NT
mynephron capsule 1 mg	$0 (Tier 3)	NT
NASCOBAL 500 MCG NASAL SPRAY 500 MCG/SPRAY	$0 (Tier 3)	NT
nephplex rx tablet 1-60-300-12.5 mg-mg-mcg-mg	$0 (Tier 3)	NT
NEPHRO VITAMINS TABLET 0.8 MG	$0 (Tier 3)	NT
NEPHRON FA TABLET 66 MG IRON- 1,000 MCG	$0 (Tier 3)	NT
NEPHRO-VITE TABLET (RX) 0.8 MG	$0 (Tier 3)	NT
NEURIN-SL TABLET SL 600-600 MCG	$0 (Tier 3)	NT
NIVA-FOL TABLET 2.5-25-2 MG	$0 (Tier 3)	NT
NU-IRON 150 CAPSULE 150 MG IRON	$0 (Tier 3)	NT
NUTRIVIT LIQUID 15 MG IRON-800 MG-1 MG/15 ML	$0 (Tier 3)	NT
ocutabs tablet (rx)	$0 (Tier 3)	NT
omnicap tablet 0.4 mg	$0 (Tier 3)	NT
ONCOVITE TABLET	$0 (Tier 3)	NT
one daily complete tablet	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
one daily essential tablet (rx)	$0 (Tier 3)	NT
one daily for men 50+ adv tab 400-600-120 mcg-mcg-mg	$0 (Tier 3)	NT
one daily for women 50+ adv tb w/ginkgo,50+advanced 400-120 mcg-mg	$0 (Tier 3)	NT
one daily for women tablet 18-0.4 mg	$0 (Tier 3)	NT
one daily maximum tablet (rx) 18-0.4 mg	$0 (Tier 3)	NT
one daily men's 50+ tablet 400-600-120 mcg-mcg-mg	$0 (Tier 3)	NT
one daily multivitamin-iron tb 18-400 mg-mcg	$0 (Tier 3)	NT
one daily with iron-calcium tb	$0 (Tier 3)	NT
one daily with minerals tablet (rx)	$0 (Tier 3)	NT
ONE DAILY WOMEN 50 PLUS TAB Y/F,P/F 400-120 MCG-MG	$0 (Tier 3)	NT
one daily womens 50 plus tab (rx) 0.4 mg	$0 (Tier 3)	NT
ONE DAILY WOMEN'S 50+ TABLET WOMEN'S HEALTH 50+ 400-120 MCG-MG	$0 (Tier 3)	NT
one-a-day essential tablet (rx)	$0 (Tier 3)	NT
ONE-A-DAY MEN'S 50 PLUS TABLET 400-300-120 MCG-MCG-MG	$0 (Tier 3)	NT
one-a-day teen advantage tab 18-400 mg-mcg, 9 mg iron-400 mcg	$0 (Tier 3)	NT
ONE-A-DAY WOMEN'S TABLET 18 MG IRON-400 MCG-500 MG CA	$0 (Tier 3)	NT
one-daily multi-vitamin tab (rx)	$0 (Tier 3)	NT
pedia d-vite 400 unit/ml liq 10 mcg/ml (400 unit/ml)	$0 (Tier 3)	NT
pedia iron 15 mg/ml drop 15 mg iron (75 mg)/ml	$0 (Tier 3)	NT
PEDIA TRI-VITE DROP 250 MCG-50 MG- 10 MCG/ML	$0 (Tier 3)	NT
pediatric d-vite 10 mcg/ml liq 10 mcg/ml (400 unit/ml)	$0 (Tier 3)	NT
pediatric fe-vite 15 mg/ml drp 15 mg iron (75 mg)/ml	$0 (Tier 3)	NT
PEDIATRIC TRI-VITE DROPS 750 UNIT-35 MG -400 UNIT/ML	$0 (Tier 3)	NT
PERIDIN-C TABLET (RX) 200-150-50 MG	$0 (Tier 3)	NT
pharm chc ped iron 15 mg/ml drp (rx) 15 mg iron (75 mg)/ml	$0 (Tier 3)	NT
pharm choice d3 400 unit/ml (rx) 10 mcg/ml (400 unit/ml)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PHARMACIST CHOICE PED TRI-VIT 750 UNIT-35 MG -400 UNIT/ML	$0 (Tier 3)	NT
poly-iron 150 forte capsule 150-25-1 mg-mcg-mg	$0 (Tier 3)	NT
poly-iron 150 mg capsule 150 mg iron	$0 (Tier 3)	NT
polysaccharide iron 150 mg cap (rx) 150 mg iron	$0 (Tier 3)	NT
POLY-VI-SOL 250 MCG-50 MG/ML DRP 250 MCG-50 MG- 10 MCG/ML	$0 (Tier 3)	NT
POLY-VI-SOL WITH IRON DROPS 11 MG IRON/ML	$0 (Tier 3)	NT
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	$0 (Tier 2)	
PRO FE 180 MG CAPSULE 180 MG IRON	$0 (Tier 3)	NT
PROFERRIN ES 12 MG TABLET	$0 (Tier 3)	NT
PROFERRIN-FORTE TABLET 12-1 MG	$0 (Tier 3)	NT
PROTECT IRON TABLET 60 MG IRON-1 MG	$0 (Tier 3)	NT
pyridoxine 50 mg tablet (rx)	$0 (Tier 3)	NT
quintabs-m iron free tablet 0.4 mg	$0 (Tier 3)	NT
ra balanced b-100 tablet 0.4 mg	$0 (Tier 3)	NT
ra balanced b-50 tablet natural,p/f (rx)	$0 (Tier 3)	NT
ra b-complex tablet p/f (rx)	$0 (Tier 3)	NT
ra b-complex tablet p/f (rx)	$0 (Tier 3)	NT
ra b-complex with vit c tab sa (rx)	$0 (Tier 3)	NT
ra b-complex-vitamin b-12 tab p/f (rx)	$0 (Tier 3)	NT
ra biotin 2,500 mcg capsule p/f, d/f	$0 (Tier 3)	NT
ra calcium 600-minerals tab (rx) 600 mg calcium- 200 unit	$0 (Tier 3)	NT
RA CENTRAL-VITE WOMEN'S TABLET 8 MG IRON-400 MCG-50 MCG	$0 (Tier 3)	NT
ra high potency iron 27 mg tab 134 mg (27 mg iron)	$0 (Tier 3)	NT
RA HIGH POTENCY IRON 27 MG TAB 27 MG IRON	$0 (Tier 3)	NT
ra one daily maximum tablet (rx) 18-0.4 mg	$0 (Tier 3)	NT
RA SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	$0 (Tier 3)	NT
ra vit b12 1,000 mcg tab sa natural,p/f (rx)	$0 (Tier 3)	NT
ra vit c-rose hips 500 mg tab natural,p/f (rx)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ra vitamin a 10,000 unit sftgl p/f,softgel (rx) 3,000 mcg (10,000 unit)	$0 (Tier 3)	NT
ra vitamin b-1 100 mg tablet p/f (rx)	$0 (Tier 3)	NT
ra vitamin b-12 100 mcg tablet (rx)	$0 (Tier 3)	NT
ra vitamin b12 er 2,000 mcg tb p/f (rx)	$0 (Tier 3)	NT
ra vitamin b-6 100 mg tablet p/f (rx)	$0 (Tier 3)	NT
ra vitamin b-6 50 mg tablet p/f (rx)	$0 (Tier 3)	NT
ra vitamin c 1,000 mg tab sa w/bioflavonoids (rx)	$0 (Tier 3)	NT
ra vitamin c 1,000 mg tablet p/f,natural (rx)	$0 (Tier 3)	NT
ra vitamin c 1,000 mg tablet w/rose hips,p/f (rx)	$0 (Tier 3)	NT
ra vitamin c 250 mg tablet p/f (rx)	$0 (Tier 3)	NT
ra vitamin c 500 mg tab chew p/f (rx)	$0 (Tier 3)	NT
ra vitamin c 500 mg tablet p/f (rx)	$0 (Tier 3)	NT
ra vitamin c 500 mg tablet p/f,natural (rx)	$0 (Tier 3)	NT
ra vitamin c tr 500 mg caplet caplet,p/f (rx)	$0 (Tier 3)	NT
ra vitamin e 268 mg softgel (rx) 268 mg (400 unit)	$0 (Tier 3)	NT
renal caps softgel 1 mg	$0 (Tier 3)	NT
RENAL VITAMIN TABLET 0.8 MG	$0 (Tier 3)	NT
rena-vite rx tablet (rx) 1-60-300 mg-mg-mcg	$0 (Tier 3)	NT
rena-vite tablet (rx) 0.8 mg	$0 (Tier 3)	NT
senior tabs 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
sentry senior multivitamin tab sodium/f,yeast/f (rx) 500-300-250 mcg	$0 (Tier 3)	NT
sentry senior tablet 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
sentry tablet 18-400 mg-mcg	$0 (Tier 3)	NT
se-tan plus capsule 162-115.2-1 mg	$0 (Tier 3)	NT
SLOW FE 45 MG TABLET 137 MG (45 MG IRON)	$0 (Tier 3)	NT
SLOW RELEASE IRON 45 MG TABLET (RX) 140 MG (45 MG IRON), 142 MG (45 MG IRON), 143 MG (45 MG IRON)	$0 (Tier 3)	NT
slow release iron 45 mg tablet gluten-free (rx) 142 mg (45 mg iron)	$0 (Tier 3)	NT
sm b complex with vit c tablet (rx)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sm biotin 5,000 mcg capsule (rx) 5 mg	$0 (Tier 3)	NT
SM SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	$0 (Tier 3)	NT
sm vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
sm vitamin c 1,000 mg tablet (rx)	$0 (Tier 3)	NT
sm vitamin c 500 mg chew tab (rx)	$0 (Tier 3)	NT
SOLUVITA-E 22.5 MG/ML DROP 22.5 MG (50 UNIT)/ML	$0 (Tier 3)	NT
soothing pureway-c 500 mg tab	$0 (Tier 3)	NT
stress b with zinc tablet	$0 (Tier 3)	NT
stress formula tablet (rx)	$0 (Tier 3)	NT
stress formula with iron tab 500 mg-400 mcg- 27 mg iron	$0 (Tier 3)	NT
stress formula with zinc tab (rx)	$0 (Tier 3)	NT
STROVITE ONE CAPLET 1-1,000-15-5 MG-UNIT-MG-MG	$0 (Tier 3)	NT
super b with vit c capsule (rx)	$0 (Tier 3)	NT
super quints b-50 tablet 0.4 mg	$0 (Tier 3)	NT
super thera vite m tablet (rx)	$0 (Tier 3)	NT
sv biotin 5,000 mcg softgel softgel (rx) 5 mg	$0 (Tier 3)	NT
SV SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	$0 (Tier 3)	NT
sv vit c-rose hips 1,000 mg tb p/f,gluten-free (rx)	$0 (Tier 3)	NT
sv vit c-rose hips 500 mg tab (rx)	$0 (Tier 3)	NT
sv vit c-rose hips 500 mg tab p/f, gluten free (rx)	$0 (Tier 3)	NT
sv vitamin b-12 500 mcg tablet	$0 (Tier 3)	NT
sv vitamin b12 tr 1,000 mcg tb (rx)	$0 (Tier 3)	NT
sv vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
sv vitamin c 500 mg tab chew p/f, gluten-free (rx)	$0 (Tier 3)	NT
sv vitamin c tr 1,000 mg tab w/rose hips,p/f (rx)	$0 (Tier 3)	NT
sv vitamin e 180 mg softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
sv vitamin e 670 mg softgel p/f, gluten-free (rx) 670 mg (1,000 unit)	$0 (Tier 3)	NT
TAB-A-VITE MULTIVIT WITH IRON 18-400 MG-MCG	$0 (Tier 3)	NT
TANDEM DUAL ACTION CAPSULE 162-115.2 (106) MG	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TANDEM PLUS CAPSULE 162-115.2-1 MG	$0 (Tier 3)	NT
taron forte capsule 150-60-25-1 mg-mg-mcg-mg	$0 (Tier 3)	NT
thera m plus tablet 9 mg iron-400 mcg	$0 (Tier 3)	NT
thera-m tablet w/beta carotene 9 mg iron-400 mcg	$0 (Tier 3)	NT
therapeutic-m tablet 9 mg iron-400 mcg	$0 (Tier 3)	NT
thera-tabs caplet	$0 (Tier 3)	NT
theratrum complete 50 plus tab 0.4 mg-300 mcg- 250 mcg	$0 (Tier 3)	NT
theratrum complete tablet mfg error (rx)	$0 (Tier 3)	NT
theratrum complete tablet w/lutein, p/f (rx)	$0 (Tier 3)	NT
therems-m tablet 9 mg iron-400 mcg	$0 (Tier 3)	NT
thiamine 100 mg tablet (rx)	$0 (Tier 3)	NT
thiamine 100 mg tablet coated (rx)	$0 (Tier 3)	NT
triphrocaps softgel softgel (rx) 1 mg	$0 (Tier 3)	NT
v-c forte capsule 1 mg	$0 (Tier 3)	NT
vic-forte capsule 1 mg	$0 (Tier 3)	NT
VIRT-CAPS SOFTGEL (RX) 1 MG	$0 (Tier 3)	NT
virt-gard tablet 2.2-25-1 mg	$0 (Tier 3)	NT
vit a,c,d-fluoride 0.25 mg/ml 0.25 mg fluor. (0.55 mg)/ml	$0 (Tier 3)	NT
vit c-rose hip 1,000 mg caplet (rx)	$0 (Tier 3)	NT
vit c-rose hips 1,000 mg cplt caplet,p/f (rx)	$0 (Tier 3)	NT
vit c-rose hips 1,000 mg tab (rx)	$0 (Tier 3)	NT
vit c-rose hips 500 mg tablet (rx)	$0 (Tier 3)	NT
vit c-rose hips 500 mg tablet p/f (rx)	$0 (Tier 3)	NT
vit c-rose hips 500 mg tablet with rose hips,p/f (rx)	$0 (Tier 3)	NT
vit c-rose hips tr 1,000 mg (rx)	$0 (Tier 3)	NT
vit c-rose hips tr 1,000 mg caplet,p/f (rx)	$0 (Tier 3)	NT
vit c-rose hips tr 500 mg cplt caplet,p/f (rx)	$0 (Tier 3)	NT
vit c-rose hips tr 500 mg tab (rx)	$0 (Tier 3)	NT
VITAL-D RX TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG	$0 (Tier 3)	NT
vitalee tablet 0.4 mg	$0 (Tier 3)	NT
vitalets tablet chewable child, orange (rx)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin a 10,000 unit softgel p/f,n,softgel (rx) 3,000 mcg (10,000 unit)	$0 (Tier 3)	NT
vitamin a 3,000 mcg softgel (rx)	$0 (Tier 3)	NT
vitamin a 8,000 unit capsule (rx) 2,400 mcg	$0 (Tier 3)	NT
vitamin b complex capsule (rx)	$0 (Tier 3)	NT
vitamin b complex softgel (rx)	$0 (Tier 3)	NT
vitamin b complex tablet n,p/f (rx) 0.4 mg	$0 (Tier 3)	NT
vitamin b complex-vit c caplet (rx)	$0 (Tier 3)	NT
vitamin b complex-vitamin c tb (rx)	$0 (Tier 3)	NT
vitamin b-1 100 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-1 100 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-1 250 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-1 50 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-1 50 mg tablet gluten free (rx)	$0 (Tier 3)	NT
vitamin b-12 1,000 mcg tablet (rx)	$0 (Tier 3)	NT
vitamin b-12 1,000 mcg tablet (rx)	$0 (Tier 3)	NT
vitamin b-12 1,000 mcg tablet inner (rx)	$0 (Tier 3)	NT
vitamin b-12 1,000 mcg tablet n, p/f (rx)	$0 (Tier 3)	NT
vitamin b-12 1,000 mcg tablet outer (rx)	$0 (Tier 3)	NT
vitamin b-12 1,000 mcg tablet p/f,gluten-free (rx)	$0 (Tier 3)	NT
vitamin b-12 1,000 mcg tablet p/f,starch/soy-free (rx)	$0 (Tier 3)	NT
vitamin b-12 100 mcg tablet (rx)	$0 (Tier 3)	NT
vitamin b-12 100 mcg tablet (rx)	$0 (Tier 3)	NT
vitamin b-12 100 mcg tablet p/f,n (rx)	$0 (Tier 3)	NT
vitamin b-12 2,000 mcg tab sa (rx)	$0 (Tier 3)	NT
vitamin b-12 2,000 mcg tab sa lactose free (rx)	$0 (Tier 3)	NT
vitamin b-12 250 mcg tablet (rx)	$0 (Tier 3)	NT
vitamin b-12 250 mcg tablet (rx)	$0 (Tier 3)	NT
vitamin b-12 50 mcg tablet (rx)	$0 (Tier 3)	NT
vitamin b12 500 mcg tablet (rx)	$0 (Tier 3)	NT
vitamin b-12 500 mcg tablet (rx)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin b-12 500 mcg tablet	$0 (Tier 3)	NT
vitamin b-12 500 mcg tablet inner	$0 (Tier 3)	NT
vitamin b-12 500 mcg tablet outer	$0 (Tier 3)	NT
vitamin b-12 500 mcg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin b-12 500 mcg tablet p/f,gluten-free	$0 (Tier 3)	NT
vitamin b-12 tr 1,000 mcg tab (rx)	$0 (Tier 3)	NT
vitamin b-12 tr 1,000 mcg tab gluten-free, f/c (rx)	$0 (Tier 3)	NT
vitamin b-12 tr 1,000 mcg tab p/f (rx)	$0 (Tier 3)	NT
vitamin b-12 tr 2,000 mcg tab (rx)	$0 (Tier 3)	NT
vitamin b-12 tr 2,000 mcg tab p/f,lactose-free (rx)	$0 (Tier 3)	NT
vitamin b-12 tr 2,000 mcg tab p/f,no-lactose (rx)	$0 (Tier 3)	NT
vitamin b-12 tr 2,000 mcg tab timed release (rx)	$0 (Tier 3)	NT
vitamin b-2 100 mg tablet	$0 (Tier 3)	NT
vitamin b-2 100 mg tablet coated,p/f (rx)	$0 (Tier 3)	NT
vitamin b-2 100 mg tablet gluten-free (rx)	$0 (Tier 3)	NT
vitamin b-2 100 mg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin b-2 100 mg tablet p/f, lactose-f (rx)	$0 (Tier 3)	NT
vitamin b-2 100 mg tablet y/f,gluten/f (rx)	$0 (Tier 3)	NT
vitamin b-2 25 mg tablet	$0 (Tier 3)	NT
vitamin b-2 50 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-6 100 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-6 100 mg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin b-6 100 mg tablet p/f,no lactose (rx)	$0 (Tier 3)	NT
vitamin b-6 100 mg tablet p/f,no-lactose (rx)	$0 (Tier 3)	NT
vitamin b-6 100 mg tablet y/f,gluten/f (rx)	$0 (Tier 3)	NT
vitamin b-6 25 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-6 50 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-6 50 mg tablet (rx)	$0 (Tier 3)	NT
vitamin b-6 50 mg tablet inner (rx)	$0 (Tier 3)	NT
vitamin b-6 50 mg tablet outer (rx)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin b-6 50 mg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin b-6 50 mg tablet y/f,gluten/f (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg caplet (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg caplet (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg caplet n,caplet (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg tablet n,caplet (rx)	$0 (Tier 3)	NT
vitamin c 1,000 mg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin c 1,500 mg tablet sa (rx)	$0 (Tier 3)	NT
vitamin c 250 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 250 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 250 mg tablet chew	$0 (Tier 3)	NT
vitamin c 250 mg tablet chew fruity (rx)	$0 (Tier 3)	NT
vitamin c 250 mg tablet chew p/f (rx)	$0 (Tier 3)	NT
vitamin c 250 mg tablet gluten-free (rx)	$0 (Tier 3)	NT
vitamin c 250 mg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin c 500 mg capsule sa (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet chew (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet chew (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet chew	$0 (Tier 3)	NT
vitamin c 500 mg tablet chew natural & art orange (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet chew p/f (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet gluten-free (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet p/f,gluten-free (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet u-d (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet y/f,gluten/f (rx)	$0 (Tier 3)	NT
vitamin c 500 mg/5 ml liquid	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin c drops (rx) 60 mg	$0 (Tier 3)	NT
vitamin c powder (rx)	$0 (Tier 3)	NT
vitamin c powder y/f,gluten/f (rx)	$0 (Tier 3)	NT
vitamin c tr 1,000 mg tablet timed release (rx)	$0 (Tier 3)	NT
vitamin c tr 500 mg caplet caplet (rx)	$0 (Tier 3)	NT
vitamin c tr 500 mg tablet timed release (rx)	$0 (Tier 3)	NT
vitamin c-500 mg tr capsule	$0 (Tier 3)	NT
vitamin c-rose hip 1,000 mg tb (rx)	$0 (Tier 3)	NT
vitamin d2 1.25 mg(50,000 unit)	$0 (Tier 3)	NT
vitamin d2 1.25 mg(50,000 unit) capsule	$0 (Tier 3)	NT
vitamin d2 1.25 mg(50,000 unit) softgel	$0 (Tier 3)	NT
vitamin d3 10 mcg/ml drop (rx) 10 mcg/ml (400 unit/ml)	$0 (Tier 3)	NT
vitamin d3 10 mcg/ml liquid w/dropper (rx) 10 mcg/ml (400 unit/ml)	$0 (Tier 3)	NT
vitamin d3 400 unit/ml liquid (rx) 10 mcg/ml (400 unit/ml)	$0 (Tier 3)	NT
vitamin e 1,000 unit softgel p/f, blend, softgel (rx)	$0 (Tier 3)	NT
vitamin e 1,000 unit softgel p/f, gluten-f,sftgel (rx) 670 mg (1,000 unit)	$0 (Tier 3)	NT
VITAMIN E 1,000 UNIT SOFTGEL P/F,SOFTGEL (RX)	$0 (Tier 3)	NT
vitamin e 1,000 unit softgel softgel, finest (rx)	$0 (Tier 3)	NT
vitamin e 100 unit softgel softgel (rx) 45 mg (100 unit)	$0 (Tier 3)	NT
vitamin e 15 unit/0.3 ml drop 22.5 mg (50 unit)/ml	$0 (Tier 3)	NT
VITAMIN E 15 UNIT/0.3 ML DROP 22.5 MG (50 UNIT)/ML	$0 (Tier 3)	NT
vitamin e 180 mg softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 180 mg softgel inner (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 180 mg softgel outer (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 180 mg(400 unit) sfgl (rx)	$0 (Tier 3)	NT
vitamin e 180 mg(400 unit) sfgl inner (rx)	$0 (Tier 3)	NT
vitamin e 180 mg(400 unit) sfgl outer (rx)	$0 (Tier 3)	NT
vitamin e 200 unit softgel p/f, gluten-f,sftgel (rx) 134 mg (200 unit)	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin e 200 unit softgel p/f, no lactose (rx) 134 mg (200 unit)	$0 (Tier 3)	NT
vitamin e 400 unit capsule softgel, p/f (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 400 unit softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 400 unit softgel economy size (rx) 268 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 400 unit softgel p/f,softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 400 unit softgel p/f,softgel (rx)	$0 (Tier 3)	NT
vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 400 unit softgel softgel, p/f (rx) 180 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 400 unit softgel softgel,100% natural (rx) 268 mg (400 unit)	$0 (Tier 3)	NT
vitamin e 45 mg softgel (rx) 45 mg (100 unit)	$0 (Tier 3)	NT
VITAMIN E NATURAL OIL DROPS 100 UNIT/0.25 ML	$0 (Tier 3)	NT
VITAMIN E OIL DROPS 100 UNIT/0.25 ML	$0 (Tier 3)	NT
vitatrum tablet 18-500-300-250 mg-mcg-mcg-mcg	$0 (Tier 3)	NT
VITRUM 50 PLUS SENIOR TABLET 500-300-250 MCG	$0 (Tier 3)	NT
vp-vite rx tablet 1-60-300 mg-mg-mcg	$0 (Tier 3)	NT
wee care 15 mg/1.25 ml susp	$0 (Tier 3)	NT
wescaps capsule 1 mg	$0 (Tier 3)	NT
westab max tablet 2.5-25-2 mg	$0 (Tier 3)	NT
westab one tablet 2.5-25-1 mg	$0 (Tier 3)	NT
WOMEN'S DAILY FORMULA CAPLET (RX) 18 MG IRON-400 MCG-500 MG CA	$0 (Tier 3)	NT
women's daily formula caplet 27-0.4 mg	$0 (Tier 3)	NT
yelets tablet 18-400 mg-mcg	$0 (Tier 3)	NT
ZINC LOZENGES	$0 (Tier 3)	NT

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

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12/01/2024

D. Index of Covered Drugs

Statement of Non-Discrimination

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Superior STAR+PLUS MMP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Superior STAR+PLUS MMP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Superior STAR+PLUS MMP's Member Services at **1-866-896-1844** (TTY: **711**) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

If you believe that Superior STAR+PLUS MMP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Superior STAR+PLUS MMP's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, HHH Building Room 509F
Washington, DC 20201
1-800–368–1019, (TDD: **1-800–537–7697**)

Declaración de No Discriminación

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) cumple con las leyes de derechos civiles federales aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Superior STAR+PLUS MMP no excluye ni trata a las personas de manera diferente por su raza, color, nacionalidad, edad, discapacidad o sexo.

Superior STAR+PLUS MMP:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que puedan comunicarse adecuadamente con nosotros, tales como intérpretes calificados de lengua de señas e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuyo idioma principal no es el inglés, tales como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, comuníquese con Servicios para Miembros de Superior STAR+PLUS MMP al **1-866-896-1844** (TTY: **711**), de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y días feriados, es posible que se le solicite dejar un mensaje. Se le devolverá la llamada el siguiente día hábil. La llamada es gratuita.

Si considera que Superior STAR+PLUS MMP no ha proporcionado estos servicios o lo ha discriminado por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja llamando al número indicado anteriormente mencionando que necesita ayuda para presentar una queja; el Departamento de Servicios para Miembros de Superior STAR+PLUS MMP está disponible para ayudarle.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. de manera electrónica a través del Portal para Quejas de la Oficina de Derechos Civiles, disponible en **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, por correo postal o por teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue SW, HHH Building Room 509F
Washington, DC 20201
1-800–368–1019, (TDD: **1-800–537–7697**)

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English: Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, call **1-866-896-1844** (TTY: **711**).

Spanish: Contamos con servicios de asistencia lingüística, servicios y asistencia auxiliares y otros formatos alternativos para usted de forma gratuita. Para recibirlos, llame al **1-866-896-1844** (TTY: **711**).

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al **1-866-896-1844** (TTY: **711**). El horario de atención es de lunes a viernes, de 8 a.m. a 8 p.m. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Se le devolverá la llamada el siguiente día hábil. Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-866-896-1844** (TTY: **711**). Giờ làm việc là từ Thứ Hai đến Thứ Sáu, từ 8 a.m. đến 8 p.m. Vào các ngày cuối tuần và ngày lễ của tiểu bang hoặc liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Sẽ có người phản hồi cuộc gọi của quý vị vào ngày làm việc tiếp theo. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

Chinese : 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，您僅需於週一至週五上午 8 點至晚上 8 點致電 **1-866-896-1844** (TTY：**711**) 與我們聯絡。週末及州或聯邦假日時，可能會要求您留言。我們將在下一個工作日內回電給您。會說中文的人員可以幫助您。此為免費服務。

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 월요일 ~금요일, 오전 8시부터 오후 8시까지 **1-866-896-1844** (TTY: **711**)번으로 당사에 연락해 주십시오. 주말 및 공휴일에는 메시지를 남겨 주시면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

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Arabic: نوفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، يرجى الاتصال بنا على الرقم **1-866-896-1844** (TTY: **711**) من الساعة 8 صباحًا لغاية الساعة 8 مساءً، من الاثنين إلى الجمعة. قد يُطلب منك ترك رسالة في عطلات نهاية الأسبوع وخلال إجازات الولاية أو الإجازات الفيدرالية، وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Urdu: ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوالوں کا جواب دینے کے لیے ہمارے پاس مفت ترجمان سروسز ہیں۔ مترجم کے لیے ہمیں صرف اس **1-866-896-1844** (TTY: **711**) نمبر پے صبح 8 بجے سے شام 8 بجے تک، پیر تا جمعہ کال کریں۔ اختتام ہفتہ اور ریاستی یا وفاقی تعطیلات میں، آپ کو پیغام بھیجنے کے لیے کہا جا سکتا ہے۔ آپ کی کال اگلے کاروباری دن میں واپس کی جائے گی۔ اردو بولنے والا کوئی بھی شخص آپ کی مدد کر سکتا ہے۔ یہ مفت سروس ہے۔

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng interpreter, tumawag lang sa amin sa **1-866-896-1844** (TTY: **711**) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Para sa mga oras pagkatapos ng trabaho, Sabado at Linggo, at pista opisyal, maaaring magpaiwan sa inyo ng mensahe. May tatawag sa inyo sa susunod na araw na may pasok. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-866-896-1844** (TTY : **711**) du lundi au vendredi, de 8 h à 20 h. Si vous appelez pendant les week-ends et jours fériés, vous devrez peut-être laisser un message. Nous vous rappellerons le jour ouvrable suivant. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए बस हमें **1-866-896-1844** (TTY: **711**) पर कॉल करें। कार्य समय पर सोमवार से शुक्रवार सुबह 8 बजे से रात 8 बजे तक। सप्ताहांत और राज्य या संघीय छुट्टियों पर, आपसे एक संदेश छोड़ने के लिए कहा जा सकता है। अगले कार्य दिवस पर आपके कॉल का जवाब दिया जाएगा। हिंदी बोलने वाला कोई भी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

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Persian/Farsi: ما برای پاسخگویی به همه پرسشهایی که ممکن است درباره طرح بهداشتی یا دارویی ما داشته باشید، خدمات ترجمه شفاهی رایگان ارائه میدهیم. برای در اختیار داشتن مترجم میتوانید دوشنبه تا جمعه از 8 صبح تا 8 شب از طریق شماره **1-866-896-1844** (TTY: **711**) با ما تماس بگیرید. بعد از ساعات اداری، آخر هفتهها و روزهای تعطیل ممکن است از شما خواسته شود که پیام بگذارید. در روز کاری بعدی با شما تماس گرفته خواهد شد. شخصی که به زبان فارسی صحبت میکند میتواند به شما کمک کند. این خدمات بهطور رایگان ارائه میشود.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns von Montag bis Freitag zwischen 8 und 20 Uhr unter folgender Telefonnummer an: **1-866-896-1844** (TTY: **711**). An Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Gujarati: આરોગ્ય અથવા દવા સંબંધી યોજના વિશે તમને હોઈ શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે દુભાષિયાની મફત સેવાઓ છે. દુભાષિયો મેળવવા માટે, બસ અમને **1-866-896-1844** (TTY: **711**) પર કોલ કરો. અમારા કામકાજનો સમય સોમવારથી શુક્રવાર સુધી સવારે 8 વાગ્યાથી રાતના 8 વાગ્યા સુધીનો છે. વીકેન્ડ પર અને રાજ્યની કે સંઘીય રજાઓના દિવસે, તમને એક મેસેજ મૂકવા માટે કહેવામાં આવી શકે છે. તમારા કોલનો વળતો જવાબ કામકાજના આગલા દિવસની અંદર આપવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિ તમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-866-896-1844** (TTY: **711**). Часы работы: с 8 a.m. до 8 p.m. с понедельника по пятницу. В выходные и праздничные дни федерального уровня или на уровне штата вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、月曜日～金曜日の午前 8 時～午後 8 時に、**1-866-896-1844**（TTY：**711**）までお電話ください。週末、祝日は、留守番電話にメッセージを残す必要がある場合があります。その場合は、次の営業日に折り返しお電話いたします。日本語の通訳担当者が対応します。これは無料のサービスです。

Laotian: ພວກເຮົາມີບໍລິການແປພາສາຟຣີເພື່ອຕອບທຸກຄຳຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼືຢາຂອງພວກເຮົາ. ຫາກຕ້ອງການຄົນແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ **1-866-896-1844** (TTY: **711**) ເວລາແຕ່ 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ວັນຈັນຫາວັນສຸກ. ໜ້ງຊ໊ວໂມງ ເຮັດວຽກ, ໃນທ້າຍອາທິດ ແລະ ໃນວັນພັກ, ທ່ານອາດຈະຖ້ກບອກໃຫ້ຝາກຂ້ຄວາມໄວ້. ທ່ານຈະ ໄດ້ຮັບການໂທກັບພາຍໃນໃນມ໊ເຮັດວຽກທັດໄປ. ຈະມີຄົນທ໊ເວ້ົາພາສາລາວສາມາດຊ່ວຍ ທ່ານໄດ້. ນ໊ເມ່ນການບໍລິການຟຣີ

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-866-896-1844** (TTY: **711**) dal lunedì al venerdì, dalle 8:00 alle 20:00. Nei fine settimana e nei giorni festivi statali o federali potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-866-896-1844** (TTY: **711**). O serviço está disponível de segunda-feira a sexta-feira, das 8:00 às 20:00. Se ligar ao fim de semana ou num feriado, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan **1-866-896-1844** (TTY: **711**) soti 8è a.m. rive 8è p.m., Lendi pou Vandredi. Aprè lè biwo yo fèmen, nan wikenn ak pandan jou ferye, yo gendwa mande w pou ou kite yon mesaj. Y ap tounen rele w pwochen jou biwo yo louvri a. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-866-896-1844** (telefon tekstowy (TTY): **711**) w godzinach od 8:00 do 20:00, od poniedziałku do piątku. W weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Updated on 12/01/2024.

Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, contact us at **1-866-896-1844** (TTY: **711**), 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. Or visit **mmp.SuperiorHealthPlan.com**.

MedicareRx
Prescription Drug Coverage