

Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) | 2025 *List of Covered Drugs* (*Drug List* or *Formulary*)

Introduction

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



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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.



Table of Contents

A. Disclaimers.....	2
B. Frequently Asked Questions (FAQ).....	7
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.).....	7
B2. Does the <i>Drug List</i> ever change?.....	8
B3. What happens when there is a change to the <i>Drug List</i> ?.....	9
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	11
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?....	11
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)?.....	12
B7. How can I find a drug on the <i>Drug List</i> ?.....	12
B8. What if the drug I want to take is not on the <i>Drug List</i> ?.....	12
B9. What if I am a new Superior STAR+PLUS MMP member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug?.....	13
B10. Can I ask for an exception to cover my drug?.....	14
B11. How can I ask for an exception?.....	14
B12. How long does it take to get an exception?.....	14
B13. What are generic drugs?.....	14
B14. What are original biological products and how are they related to biosimilars?.....	15
B15. What are OTC drugs?.....	15
B16. Does Superior STAR+PLUS MMP cover non-drug OTC products?.....	15
B17. What is my copay?.....	16
B18. What are drug tiers?.....	16
C. Overview of the <i>List of Covered Drugs</i>	17
C1. Drugs Grouped by Medical Condition.....	18
D. Index of Covered Drugs.....	INDEX-1



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.
- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us 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. Someone that speaks English/ Language can help you. This is a free service.

Contamos con los servicios gratuitos de un intérprete para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, llámenos al **1-866-896-1844 (TTY: 711)**. El horario de atención es de 8 a.m. a 8 p.m., de lunes a viernes. Es posible que fuera del horario de atención, los fines de semana y los días festivos le pidan que deje un mensaje. Lo llamaremos el siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

我们提供免费的口译服务，为您解答您对我们的健康或药物计划可能存有的疑问。要获得口译员，致电 **1-866-896-1844 (TTY: 711)** 联系我们即可。我们的工作时间：周一至周五早上 8 点至晚上 8 点。非工作时间、周末和节假日请留言。我们将在下一个工作日内给您回电。会讲中文（普通话）的人员可以为您提供帮助。这项服务免费。

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，請致電 **1-866-896-1844 (TTY: 711)**。服務時間為週一至週五，上午 8 點至晚上 8 點。非營業時間、週末及假日，可能會要求您留言。我們將在下一個工作日内回電給您。會說廣東話的人員可以幫助您。此為免費服務。

May mga libre kaming serbisyo sa pagsasalin para sagutin ang anumang posibleng tanong ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para makakuha ng tagasalin, tawagan lang kami sa **1-866-896-1844 (TTY: 711)**. Ang mga oras ay 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Sa mga oras na tapos na ang trabaho, kapag Sabado at Linggo, at tuwing mga holiday, posibleng hilingin sa inyo na mag-iwan ng mensahe. Tatawagan kayo sa susunod na araw na may pasok. May nagsasalita ng Tagalog na makakatulong sa inyo. Isa itong libreng serbisyo.

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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.

Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous vous posez sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il vous suffit de nous appeler au **1-866-896-1844 (TTY : 711)**. Les heures d'ouverture sont de 8 heures à 20 heures, du lundi au vendredi. En dehors des heures d'ouverture, les week-ends et les jours fériés, il peut vous être demandé de laisser un message. Vous serez rappelé le jour ouvrable suivant. Une personne parlant français pourra vous aider. Ce service est gratuit.

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời mọi câu hỏi quý vị có thể có về chương trình sức khỏe hoặc thuốc của chúng tôi. Để được hỗ trợ thông dịch, chỉ cần gọi cho chúng tôi theo số **1-866-896-1844 (TTY: 711)**. Giờ làm việc là từ 8 a.m. đến 8 p.m., từ Thứ Hai đến Thứ Sáu. Sau giờ làm việc, vào cuối tuần và ngày lễ, quý vị có thể được yêu cầu để lại tin nhắn. Chúng tôi sẽ trả lời cuộc gọi của quý vị vào ngày làm việc tiếp theo. Nhân viên nói tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.

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 unter folgender Telefonnummer an: **1-866-896-1844 (TTY: 711)**. Wir sind montags bis freitags von 8 bis 20 Uhr erreichbar. 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.

당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-866-896-1844(TTY: 711)**번으로 연락해 주십시오. 월요일부터 금요일까지 오전 8시~오후 8시에 문의하십시오. 주말 및 주 또는 연방 공휴일에는 메시지를 남길 것을 요청할 수 있습니다. 그러면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

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 а.м. до 8 р.м., с понедельника по пятницу. В нерабочее время, в выходные и праздничные дни вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

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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.

نوفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-866-896-1844 (TTY: 711)**. من الاثنين إلى الجمعة، من الساعة 8 صباحًا وحتى الساعة 8 مساءً. قد يُطلب منك ترك رسالة في عطلات نهاية الأسبوع وفي أيام الإجازات الرسمية وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية وهذه الخدمة مجانية.

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)** dalle 8:00 alle 20:00, dal lunedì al venerdì. Al di fuori di questi orari, nei fine settimana e nei giorni festivi potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

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 horário é de segunda-feira a sexta-feira, das 08:00 às 20:00. Se ligar fora deste horário, num fim de semana ou num feriado, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

Nou gen sèvis tradiksyon nan bouch gratis pou reponn nenpòt kesyon ou gendwa vle poze konsènan sante w ak plan medikaman w lan. Pou jwenn yon entèprèt pou tradui pou w, annik rele nou nan **1-866-896-1844 (TTY: 711)**. Orè a se Lendi pou Vandredi, 8 a.m. jiska 8 p.m. Lè biwo yo fèmen, nan wikenn epi pandan jou ferye yo, yo gendwa mande w pou w kite yon mesaj. Y ap rele w nan landemen si biwo yo louvri. Yon moun ki pale Kreyòl Ayisyen pral ede w. Sèvis sa a gratis.

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 (TTY: 711)** od poniedziałku do piątku w godzinach od 8:00 do 20:00. 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.

हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-866-896-1844 (TTY: 711)** पर कॉल करें। कार्य का समय सोमवार से शुक्रवार सुबह 8 बजे से लेकर रात 8 बजे तक है। कार्य समय के अलावा, सप्ताहांत और राज्य या संघीय अवकाशों पर, आपसे संदेश छोड़ने के लिए कहा जा सकता है। आपके कॉल का जवाब अगले व्यावसायिक दिन के अंदर दिया जाएगा। हर्दी में बात करने वाला सहायक आपकी मदद करेगा। यह एक नशुलक सेवा है।

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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.

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、1-866-896-1844 (TTY : 711) にお電話ください。対応時間は月曜日～金曜日の午前8時～午後8時です。対応時間後、または週末および祝日はボイスメッセージを残してください。次の対応時間内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。

ہمارے صحت یا دوائی پلان کے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے، ہم مفت ترجمان کی سروسز فراہم کرتے ہیں۔ ترجمان کی خدمت حاصل کرنے کے لیے ہمیں بس 1-866-896-1844 (TTY: 711) پر کال کریں۔ رابطہ کرنے کے اوقات صبح 8 بجے سے شام 8 بجے تک، پیر تا جمعہ ہیں۔ ان اوقات کے علاوہ، ویکینڈ اور تعطیلات پر، آپ کو پیغام بھیجنے کے لیے کہا جا سکتا ہے۔ آپ کے کال کا جواب اگلے کاروباری دن میں دیا جائے گا۔ اردو میں بات کرنے والا شخص آپ کی مدد کرے گا/ کرے گی۔ یہ ایک مفت سروس ہے۔

برای پاسخگویی به هرگونه سوالی که ممکن است درباره طرح سلامت یا داروی ما داشته باشید، خدمات مترجم شفاهی رایگان ارائه می‌دهیم. برای دریافت خدمات مترجم شفاهی کافی است از طریق شماره 1-866-896-1844 (TTY: 711). با ما تماس بگیرید. ساعات کاری از 8 صبح تا 8 شب طی روزهای دوشنبه تا جمعه است. پس از ساعات کاری، روزهای آخر هفته، و طی تعطیلات رسمی ممکن است از شما خواسته شود که پیام بگذارید. در اولین روز کاری پس از تعطیلات با شما تماس خواهیم گرفت. فردی که به زبان فارسی صحبت می‌کند شما را راهنمایی خواهد کرد. این خدمات رایگان است.

અમારા હેલ્થ અથવા ડ્રગ પ્લાન વર્ણિ તમને હોઈ શકે તેવા કોઈ પણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષણિની સેવાઓ રહેલી છે. દુભાષણિ મેળવવા માટે, બસ અમને 1-866-896-1844 (TTY: 711) પર કોલ કરો. કોલ કરવાનો સમય, સોમવારથી શુક્રવાર સુધી, સવારે 8 વાગ્યાથી રાત્રે 8 વાગ્યા સુધીનો છે. આ પછીના સમય પર, શનિ-રવિ અને રજાઓ પર, તમને મેસેજ આપી રાખવા માટે કહેવામાં આવી શકે છે. તમારા કોલ પર વળતો કોલ કામકાજના આગામી દવિસની અંદર કરવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિ તમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.

ພວກເຮົາມີບໍລິການນາຍແປພາສາພຣີເພື່ອຕອບຄໍາຖາມຂອງທ່ານທີ່ກ່ຽວຂ້ອງກັບປະກັນສຸຂະພາບ ຫຼື ການຢາ. ເພື່ອຂໍນາຍແປພາສາ ກະລຸນາໂທທີ່ເບີ 1-866-896-1844 (TTY: 711). ໂມງລັດຖະການແມ່ນ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, ວັນຈັນ ຫາ ວັນສຸກ. ຫຼັງຈາກໂມງລັດຖະການໃນວັນເສົາອາທິດ ແລະ ໃນວັນພັກ, ທ່ານອາດຈະຕ້ອງໄດ້ຝາກຂໍຄວາມໄວ້. ສາຍຂອງທ່ານຈະຖືກໂທກັບພາຍໃນມື້ລັດຖະການມື້ຕໍ່ໄປ. ທີ່ມາງານທີ່ສາມາດເວົ້າພາສາລາວໄດ້ ສາມາດຊ່ວຍທ່ານໄດ້. ບໍລິການນີ້ບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

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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.

- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-896-1844 (TTY: 711). 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. The call is free.
- ❖ This document is available for free in Spanish.
- ❖ 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.



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For more information, visit mmp.SuperiorHealthPlan.com.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* in section C1 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/prescription-drug-part-d/formulary.html 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.



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.

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 below 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/prescription-drug-part-d/formulary.html. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services to check the current *Drug List* at 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.



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.

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

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

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).

Some of these drug types may be new to you. For more information, refer to Section B14.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. Please talk to your doctor or other prescriber to help you decide if there is a similar drug on the *Drug List* that you can take instead.

This section is continued on the next page.



If you have questions, 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.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the Drug List when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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

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

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



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.

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 provider thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in section C1. You can also get more information by visiting our website at mmp.superiorhealthplan.com/prescription-drug-part-d/prior-auth.html. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

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

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

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



If you have questions, 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.

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

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

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



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.

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 (such as moving to or from a long-term care facility or hospital), we will cover one temporary 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a total of a 30-day supply.



If you have questions, 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.

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

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



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.

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

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

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

B15. What are OTC drugs?

OTC stands for “over-the-counter.” 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.

B16. 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.



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.

B17. 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.

B18. What are drug tiers?

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

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

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



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.

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. 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.



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.

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 any of 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 prescriber 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 section C.



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.

Table of Contents

ANTI - INFECTIVES	21
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	30
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	39
CARDIOVASCULAR, HYPERTENSION / LIPIDS	55
DERMATOLOGICALS/TOPICAL THERAPY	64
DIAGNOSTICS / MISCELLANEOUS AGENTS	69
EAR, NOSE / THROAT MEDICATIONS	72
ENDOCRINE/DIABETES	72
GASTROENTEROLOGY	78
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	81
MISCELLANEOUS SUPPLIES	85
MUSCULOSKELETAL / RHEUMATOLOGY	87
OBSTETRICS / GYNECOLOGY	90
OPHTHALMOLOGY	96
RESPIRATORY AND ALLERGY	98
UROLOGICALS	103
VITAMINS, HEMATINICS / ELECTROLYTES	104

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	\$0 (Tier 1)
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	\$0 (Tier 1)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (Tier 1)
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	\$0 (Tier 1)
<i>amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg</i>	\$0 (Tier 1)
<i>ampicillin oral capsule 500 mg</i>	\$0 (Tier 1)
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	\$0 (Tier 1)
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	\$0 (Tier 1)
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 (Tier 2)
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)
<i>nafcillin injection recon soln 10 gram</i>	\$0 (Tier 2) ^
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	\$0 (Tier 2)
<i>penicillin g potassium injection recon soln 20 million unit</i>	\$0 (Tier 1)
<i>penicillin g sodium injection recon soln 5 million unit</i>	\$0 (Tier 1)
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0 (Tier 1)
QUINOLONES	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	\$0 (Tier 1)

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

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

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

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

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0 (Tier 2) PA-NS; LA; QL (56 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0 (Tier 2) PA-NS; LA; QL (112 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0 (Tier 2) PA-NS; LA; QL (84 EA per 28 days); ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 2) PA-NS; LA; QL (63 EA per 28 days); ^
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1) B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	\$0 (Tier 2) B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1) B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1) B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1) B/D
DAURISMO ORAL TABLET 100 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
DAURISMO ORAL TABLET 25 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (Tier 2)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 (Tier 2) PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 (Tier 2) PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 (Tier 2) PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 (Tier 2) PA-NS
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (Tier 2) B/D
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 240 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 60 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
<i>erlotinib oral tablet 25 mg</i>	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	\$0 (Tier 2) PA-NS; QL (150 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	\$0 (Tier 2) B/D

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (Tier 2) B/D; ^
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)
EXKIVITY ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0 (Tier 2) PA-NS; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0 (Tier 2) PA-NS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (Tier 2) PA-NS; QL (84 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (Tier 2) PA-NS; QL (21 EA per 28 days); ^
GAVRETO ORAL CAPSULE 100 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
<i>gefitinib oral tablet 250 mg</i>	\$0 (Tier 1) PA-NS; QL (30 EA per 30 days); ^
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1) B/D
<i>gengraf oral solution 100 mg/ml</i>	\$0 (Tier 1) B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0 (Tier 2)
GLEOSTINE ORAL CAPSULE 100 MG	\$0 (Tier 2) ^
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>imatinib oral tablet 100 mg</i>	\$0 (Tier 2) PA-NS; QL (180 EA per 30 days); ^
<i>imatinib oral tablet 400 mg</i>	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (324 ML per 30 days); ^
IMBRUVICA ORAL TABLET 420 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
INQOVI ORAL TABLET 35-100 MG	\$0 (Tier 2) PA-NS; LA; QL (5 EA per 28 days); ^

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

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

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	\$0 (Tier 2) PA-NS; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 2) ^
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	\$0 (Tier 2) PA-NS; QL (84 EA per 28 days); ^
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	\$0 (Tier 2) PA-NS; QL (112 EA per 28 days); ^
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	\$0 (Tier 2) PA-NS; QL (140 EA per 28 days); ^
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 2) LA; ^
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	\$0 (Tier 2) PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (Tier 2)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	\$0 (Tier 2) PA-NS; QL (1200 ML per 30 days); ^
MEKINIST ORAL TABLET 0.5 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
MEKINIST ORAL TABLET 2 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
MEKTOVI ORAL TABLET 15 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 1) B/D
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1) B/D
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	\$0 (Tier 2) B/D; ^
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	\$0 (Tier 1) B/D
<i>mycophenolic acid dr 180 mg tb</i>	\$0 (Tier 1) B/D; mycophenolate sodium = mycophenolic acid
<i>mycophenolic acid dr 360 mg tb</i>	\$0 (Tier 1) B/D; mycophenolate sodium = mycophenolic acid
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; ^
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 2) ^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 2) PA-NS; QL (3 EA per 28 days); ^
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 2) PA; ^
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0 (Tier 1) PA
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2) PA-NS; QL (56 EA per 28 days); ^
OGSIVEO ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; QL (180 EA per 30 days); ^
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	\$0 (Tier 2) PA-NS; QL (96 ML per 28 days); ^
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	\$0 (Tier 2) PA-NS; QL (16 EA per 28 days); ^
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	\$0 (Tier 2) PA-NS; QL (20 EA per 28 days); ^
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	\$0 (Tier 2) PA-NS; QL (24 EA per 28 days); ^
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (Tier 2) PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 28 days); ^
ORSERDU ORAL TABLET 345 MG	\$0 (Tier 2) PA-NS; QL (30 EA per 30 days); ^
ORSERDU ORAL TABLET 86 MG	\$0 (Tier 2) PA-NS; QL (90 EA per 30 days); ^
<i>pazopanib oral tablet 200 mg</i>	\$0 (Tier 1) PA-NS; QL (120 EA per 30 days); ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (Tier 2) PA-NS; LA; QL (28 EA per 28 days); ^
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (Tier 2) PA-NS; QL (28 EA per 28 days); ^
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0 (Tier 2) PA-NS; QL (56 EA per 28 days); ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 2) PA-NS; LA; QL (21 EA per 28 days); ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (Tier 2) B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (Tier 2) ^
QINLOCK ORAL TABLET 50 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
RETEVMO ORAL CAPSULE 40 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
RETEVMO ORAL CAPSULE 80 MG	\$0 (Tier 2) PA-NS; LA; QL (120 EA per 30 days); ^
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (Tier 2) PA-NS; LA; QL (60 EA per 30 days); ^
RETEVMO ORAL TABLET 40 MG	\$0 (Tier 2) PA-NS; LA; QL (90 EA per 30 days); ^
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
REZUROCK ORAL TABLET 200 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^

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

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

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

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

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

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

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 ORAL SOLUTION 10 MG/ML	\$0 (Tier 2) QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (Tier 1)
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (Tier 1) PA-NS; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1) PA-NS; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (Tier 1) QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1) QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (Tier 2) PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 250 MG	\$0 (Tier 2) PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 500 MG	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	\$0 (Tier 1)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0 (Tier 2)
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	\$0 (Tier 2)
DILANTIN ORAL CAPSULE 30 MG	\$0 (Tier 2)
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	\$0 (Tier 2)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (Tier 1)
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 2) PA-NS; LA
<i>epitol oral tablet 200 mg</i>	\$0 (Tier 1)
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (Tier 2) PA-NS
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)
<i>ethosuximide oral solution 250 mg/5 ml</i>	\$0 (Tier 1)
<i>felbamate oral suspension 600 mg/5 ml</i>	\$0 (Tier 2)
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (Tier 1)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (Tier 2) PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 2) QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	\$0 (Tier 1) QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	\$0 (Tier 1) QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	\$0 (Tier 1) PA; QL (180 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (Tier 1) QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	\$0 (Tier 1)
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (Tier 1)
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	\$0 (Tier 1)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 2) PA-NS; QL (10 EA per 30 days); ^
<i>methsuximide oral capsule 300 mg</i>	\$0 (Tier 1)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (Tier 2) PA-NS; QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	\$0 (Tier 1)
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 2) PA-NS
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (Tier 2) PA-NS
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)
<i>phenytoin oral tablet, chewable 50 mg</i>	\$0 (Tier 1)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	\$0 (Tier 2)
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (Tier 1)
<i>roweepra oral tablet 500 mg</i>	\$0 (Tier 1)
<i>rufinamide oral suspension 40 mg/ml</i>	\$0 (Tier 2) PA-NS; QL (2400 ML per 30 days); ^
<i>rufinamide oral tablet 200 mg</i>	\$0 (Tier 1) PA-NS; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	\$0 (Tier 2) PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (Tier 2)
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days); ^
SYMPAZAN ORAL FILM 5 MG	\$0 (Tier 2) PA-NS; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	\$0 (Tier 1)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 1)
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0 (Tier 2) PA-NS; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigabatrin oral tablet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral powder in packet 500 mg</i>	\$0 (Tier 2) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral tablet 500 mg</i>	\$0 (Tier 1) PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigpoder oral powder in packet 500 mg</i>	\$0 (Tier 1) PA-NS; LA; QL (180 EA per 30 days); ^
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0 (Tier 2) QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2) QL (60 EA per 30 days); ^
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	\$0 (Tier 2) QL (28 EA per 180 days)

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

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

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

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

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

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

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0 (Tier 2) PA; QL (90 EA per 30 days); ^
<i>tetrabenazine oral tablet 25 mg</i>	\$0 (Tier 2) PA; QL (120 EA per 30 days); ^
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY	
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) PA
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (Tier 1)
<i>tizanidine oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)
NARCOTIC ANALGESICS	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (Tier 1) QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>endocet oral tablet 10-325 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 2) PA; QL (120 EA per 30 days); ^
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	\$0 (Tier 1) PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0 (Tier 1) PA; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	\$0 (Tier 1) QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	\$0 (Tier 1) QL (600 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	\$0 (Tier 1) PA; QL (450 ML per 30 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>methadone oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 1) QL (180 ML per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>oxycodone oral capsule 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	\$0 (Tier 1) QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
NON-NARCOTIC ANALGESICS	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 1)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>diclofenac sodium topical gel 1 %</i>	\$0 (Tier 1) QL (1000 GM per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	\$0 (Tier 1) QL (224 GM per 28 days)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	\$0 (Tier 1)
<i>diflunisal oral tablet 500 mg</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (Tier 1)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)
<i>ibu oral tablet 600 mg, 800 mg</i>	\$0 (Tier 1)
<i>ibuprofen oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)
<i>meloxicam oral tablet 15 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>meloxicam oral tablet 7.5 mg</i>	\$0 (Tier 1)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (Tier 1)
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	\$0 (Tier 1)
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	\$0 (Tier 1)
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (Tier 1)
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier 1)
<i>oxaprozin oral tablet 600 mg</i>	\$0 (Tier 1)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)
<i>tramadol oral tablet 50 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	\$0 (Tier 2)
PSYCHOTHERAPEUTIC DRUGS	
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	\$0 (Tier 2) QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	\$0 (Tier 2) QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (Tier 2) QL (1 EA per 28 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 2) QL (1 EA per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 (Tier 2) QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (Tier 2) QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 (Tier 2) QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 (Tier 2) QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 (Tier 2) QL (3.2 ML per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	\$0 (Tier 2) ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>buspironone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (Tier 2)
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (Tier 1)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2) PA-NS
<i>clorazepate dipotassium oral tablet 15 mg</i>	\$0 (Tier 1) PA-NS; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	\$0 (Tier 1) PA-NS; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	\$0 (Tier 1) PA-NS; QL (360 EA per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>clozapine oral tablet, disintegrating 100 mg</i>	\$0 (Tier 1) QL (270 EA per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg, 25 mg</i>	\$0 (Tier 1)
<i>clozapine oral tablet, disintegrating 150 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	\$0 (Tier 2) QL (120 EA per 30 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 1) PA-NS; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1) PA-NS; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1) PA-NS; QL (120 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 2)
<i>doxepin oral tablet 3 mg, 6 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (Tier 2)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
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); ^
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2) ST; QL (60 EA per 30 days); ^
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	\$0 (Tier 2) ST; QL (8 EA per 180 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (Tier 2) QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (Tier 1)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>guanfacine oral tablet extended release 24 hr 3 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (Tier 1)
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)
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)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 40 mg, 50 mg, 60 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 1)
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0 (Tier 1)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	\$0 (Tier 1) QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 2)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1) QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1) QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)
<i>modafinil oral tablet 100 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (Tier 2)
NUPLAZID ORAL CAPSULE 34 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
NUPLAZID ORAL TABLET 10 MG	\$0 (Tier 2) PA-NS; LA; QL (30 EA per 30 days); ^
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (Tier 1) QL (3 EA per 1 day)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	\$0 (Tier 2) QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)
<i>phenelzine oral tablet 15 mg</i>	\$0 (Tier 1)
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)
QUETIAPINE ORAL TABLET 150 MG	\$0 (Tier 1)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	\$0 (Tier 2) QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>risperidone oral tablet, disintegrating 4 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 (Tier 2) QL (30 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (Tier 1)
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	\$0 (Tier 2) PA; LA; QL (540 ML per 30 days); ^
<i>temazepam oral capsule 15 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)
<i>tranlycypromine oral tablet 10 mg</i>	\$0 (Tier 1)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2) PA-NS; QL (600 ML per 30 days); ^
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (Tier 2) QL (30 EA per 30 days); ^
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	\$0 (Tier 1)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (Tier 2) PA-NS; QL (28 EA per 365 days); ^
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (Tier 2) PA-NS; QL (14 EA per 365 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (Tier 2) PA-NS; QL (2 EA per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
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You can find information on what the symbols and abbreviations in this table mean by referring to section C. 10/15/2024

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (Tier 2)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 1)
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 2)
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0 (Tier 1)
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (Tier 1)
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)
ANTIHYPERTENSIVE THERAPY	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)
<i>aliskiren oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>amlodipine-valsartan-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</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (Tier 1)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (Tier 1)
<i>betaxolol oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 1)
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (Tier 1)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	\$0 (Tier 1)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2) QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will cost you limits on use (tier level)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 2)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (Tier 1)
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)
<i>losartan oral tablet 100 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (Tier 1)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)
<i>metyrosine oral capsule 250 mg</i>	\$0 (Tier 2) PA; ^
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>nebivolol oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>nebivolol oral tablet 20 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	\$0 (Tier 1)
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)
<i>nimodipine oral capsule 30 mg</i>	\$0 (Tier 1)
<i>olmesartan oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>olmesartan oral tablet 5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0 (Tier 1)
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (Tier 1)
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 1)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0 (Tier 1)
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)
COAGULATION THERAPY	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (Tier 1)
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 2)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)
<i>clopidogrel oral tablet 75 mg</i>	\$0 (Tier 1)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	\$0 (Tier 2) PA; LA; ^
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	\$0 (Tier 2) PA; LA; ^
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	\$0 (Tier 2) PA; LA; ^
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 (Tier 2) QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (Tier 2) QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (Tier 2) QL (74 EA per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	\$0 (Tier 1)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	\$0 (Tier 2) ^
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	\$0 (Tier 1)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (Tier 1)
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (Tier 1)
<i>phytonadione 10 mg/ml ampul sub, outer</i>	\$0 (Tier 3) NT
<i>phytonadione 5 mg tablet</i>	\$0 (Tier 3) NT
<i>prasugrel oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	\$0 (Tier 2) PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL POWDER IN PACKET 25 MG	\$0 (Tier 2) PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
<i>vitamin k-1 10 mg/ml ampul sub, outer</i>	\$0 (Tier 3) NT
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	\$0 (Tier 2) QL (51 EA per 180 days)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	\$0 (Tier 2) QL (775 ML per 28 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2) QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (Tier 2) QL (60 EA per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	\$0 (Tier 1)
<i>cholestyramine light oral powder in packet 4 gram</i>	\$0 (Tier 1)
<i>colesevelam oral powder in packet 3.75 gram</i>	\$0 (Tier 1)
<i>colesevelam oral tablet 625 mg</i>	\$0 (Tier 1)
<i>colestipol oral packet 5 gram</i>	\$0 (Tier 1)
<i>colestipol oral tablet 1 gram</i>	\$0 (Tier 1)
<i>endur-acin er 250 mg tablet</i>	\$0 (Tier 3) NT
<i>endur-acin er 500 mg tablet</i>	\$0 (Tier 3) NT
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	\$0 (Tier 1)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0 (Tier 1)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0 (Tier 1)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	\$0 (Tier 1)
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>niacin 100 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>niacin 50 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>niacin 500 mg tablet (rx)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>niacin 500 mg tablet y/f,gluten/f (rx)</i>	\$0 (Tier 3) NT
<i>niacin er 250 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>niacin er 500 mg caplet caplet,cdt,p/f (rx)</i>	\$0 (Tier 3) NT
<i>niacin er 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>niacin er 500 mg tablet n,p/f (rx)</i>	\$0 (Tier 3) NT
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)
<i>niacin sa 250 mg capsule (rx)</i>	\$0 (Tier 3) NT
<i>niacin tr 250 mg capsule (rx)</i>	\$0 (Tier 3) NT
<i>niacin tr 250 mg capsule p/f,n,gluten/f (rx)</i>	\$0 (Tier 3) NT
<i>niacin tr 250 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>niacin tr 250 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>niacin tr 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>niavasc sr 500 mg tablet</i>	\$0 (Tier 3) NT
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>plain niacin 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 (Tier 2) PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	\$0 (Tier 1)
<i>ra niacin 100 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra niacin 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
SLO-NIACIN 250 MG TABLET	\$0 (Tier 3) NT
<i>slo-niacin 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	\$0 (Tier 2)
MISCELLANEOUS CARDIOVASCULAR AGENTS	
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (Tier 2) QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	\$0 (Tier 1) QL (60 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (Tier 2) QL (60 EA per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	\$0 (Tier 1)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	\$0 (Tier 2) PA
NITRATES	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)
<i>nitro-bid transdermal ointment 2 %</i>	\$0 (Tier 2)
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (Tier 1)
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (Tier 1)
DERMATOLOGICALS/TOPICAL THERAPY	
ANTIPSORIATIC / ANTISEBORRHEIC	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1)
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 2) PA; QL (10 ML per 28 days); ^
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (Tier 2) PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (Tier 2) PA; QL (2.5 ML per 28 days); ^
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	\$0 (Tier 2) PA; QL (10 ML per 28 days); ^
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (Tier 1)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (Tier 2) PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 2) PA; QL (6 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 (Tier 2) PA; QL (0.5 ML per 28 days); ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0 (Tier 2) PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	\$0 (Tier 2) PA; QL (1 ML per 28 days); ^
TREMIFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (Tier 2) PA; QL (2 ML per 28 days); ^
TREMIFYA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 (Tier 2) PA; QL (2 ML per 28 days); ^
MISCELLANEOUS DERMATOLOGICALS	
<i>ammonium lactate topical cream 12 %</i>	\$0 (Tier 1)
<i>ammonium lactate topical lotion 12 %</i>	\$0 (Tier 1)
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
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	\$0 (Tier 2) PA; QL (4.56 ML per 28 days); ^
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 (Tier 2) PA; QL (1.34 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	\$0 (Tier 2) PA; QL (4.56 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
<i>fluorouracil topical cream 5 %</i>	\$0 (Tier 1) QL (40 GM per 30 days)
<i>fluorouracil topical solution 2 %, 5 %</i>	\$0 (Tier 1) QL (10 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	\$0 (Tier 1) QL (24 EA per 28 days)
INSECT REPELLENT 20% SPRAY	\$0 (Tier 3) NT
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (Tier 1) QL (50 ML per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	\$0 (Tier 1)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
NATRAPEL 20% SPRAY	\$0 (Tier 3) NT
OFF DEEP WOODS 25% SPRAY	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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
PANRETIN TOPICAL GEL 0.1 %	\$0 (Tier 2) PA-NS; QL (60 GM per 30 days); ^
<i>pimecrolimus topical cream 1 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (Tier 1) QL (7 ML per 28 days)
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)
<i>silver sulfadiazine topical cream 1 %</i>	\$0 (Tier 1)
<i>ssd topical cream 1 %</i>	\$0 (Tier 1)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days)
<i>tridacaine topical adhesive patch,medicated 5 %</i>	\$0 (Tier 2) PA; QL (90 EA per 30 days)
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); ^
THErapy FOR ACNE	
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>adapalene topical cream 0.1 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>adapalene topical gel 0.3 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>amneesteem oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)
<i>azelaic acid topical gel 15 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)
<i>clindamycin phosphate topical gel 1 %</i>	\$0 (Tier 1) QL (75 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	\$0 (Tier 1) QL (75 ML per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>clindamycin phosphate topical solution 1 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	\$0 (Tier 1) QL (50 GM per 30 days)
<i>ery pads topical swab 2 %</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	\$0 (Tier 1)
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	\$0 (Tier 1)
<i>metronidazole topical cream 0.75 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>metronidazole topical lotion 0.75 %</i>	\$0 (Tier 1) QL (59 ML per 30 days)
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	\$0 (Tier 1) QL (45 GM per 30 days)
<i>tazarotene topical cream 0.1 %</i>	\$0 (Tier 1) PA; QL (60 GM per 30 days)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	\$0 (Tier 1) PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	\$0 (Tier 1) PA; QL (50 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1) PA; QL (45 GM per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	\$0 (Tier 1) PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)
TOPICAL ANTIBACTERIALS	
<i>gentamicin topical cream 0.1 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	\$0 (Tier 1) QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	\$0 (Tier 1) QL (44 GM per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (Tier 1)
TOPICAL ANTIFUNGALS	
<i>ciclopirox topical cream 0.77 %</i>	\$0 (Tier 1) QL (90 GM per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	\$0 (Tier 1) QL (100 GM per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	\$0 (Tier 1) QL (60 ML per 28 days)
<i>clotrimazole topical cream 1 %</i>	\$0 (Tier 1) QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	\$0 (Tier 1) QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (Tier 1) QL (45 GM per 28 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	\$0 (Tier 1) QL (60 ML per 28 days)
<i>ketoconazole topical cream 2 %</i>	\$0 (Tier 1) QL (60 GM per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	\$0 (Tier 1) QL (120 ML per 28 days)
<i>naftifine topical cream 1 %</i>	\$0 (Tier 1) QL (90 GM per 28 days)
<i>naftifine topical cream 2 %</i>	\$0 (Tier 1) QL (60 GM per 28 days)
<i>naftifine topical gel 2 %</i>	\$0 (Tier 1) QL (60 GM per 28 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (Tier 1) QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (Tier 1) QL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	\$0 (Tier 1) QL (120 GM per 30 days)
TOPICAL CORTICOSTEROIDS	
<i>ala-cort topical cream 1 %, 2.5 %</i>	\$0 (Tier 1)
<i>alclometasone topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>alclometasone topical ointment 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (Tier 1) QL (135 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (Tier 1) QL (135 GM per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (Tier 1) QL (135 GM per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (Tier 1) QL (135 GM per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (Tier 1) QL (150 GM per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (Tier 1) QL (150 GM per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	\$0 (Tier 1) QL (150 GM per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	\$0 (Tier 1) QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	\$0 (Tier 1) QL (60 GM per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	\$0 (Tier 1) QL (118 ML per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 28 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>clodan topical shampoo 0.05 %</i>	\$0 (Tier 1) QL (118 ML per 28 days)
<i>desonide topical lotion 0.05 %</i>	\$0 (Tier 1) QL (118 ML per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	\$0 (Tier 1) QL (118.28 ML per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	\$0 (Tier 1) QL (120 ML per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	\$0 (Tier 1) QL (120 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	\$0 (Tier 1)
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0 (Tier 1) QL (100 GM per 30 days)
<i>hydrocortisone topical cream 1 %</i>	\$0 (Tier 1)
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	\$0 (Tier 1)
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (Tier 1)
<i>mometasone topical cream 0.1 %</i>	\$0 (Tier 1)
<i>mometasone topical ointment 0.1 %</i>	\$0 (Tier 1)
<i>mometasone topical solution 0.1 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)
<i>triderm topical cream 0.5 %</i>	\$0 (Tier 1)
TOPICAL SCABICIDES / PEDICULICIDES	
<i>malathion topical lotion 0.5 %</i>	\$0 (Tier 1)
<i>permethrin topical cream 5 %</i>	\$0 (Tier 1) QL (60 GM per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS	
MISCELLANEOUS AGENTS	
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	\$0 (Tier 1)
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>carglumic acid oral tablet, dispersible 200 mg</i>	\$0 (Tier 2) PA; LA; ^
<i>cevimeline oral capsule 30 mg</i>	\$0 (Tier 1)
CHEMET ORAL CAPSULE 100 MG	\$0 (Tier 2)
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2) B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 2)
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 2) PA; ^
<i>deferasirox oral tablet 180 mg, 360 mg</i>	\$0 (Tier 2) PA
<i>deferasirox oral tablet 90 mg</i>	\$0 (Tier 1) PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	\$0 (Tier 2) PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	\$0 (Tier 1) PA; ^
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	\$0 (Tier 2)
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (Tier 1)
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	\$0 (Tier 1)
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	\$0 (Tier 1)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
<i>droxidopa oral capsule 100 mg</i>	\$0 (Tier 2) PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0 (Tier 2) PA; QL (180 EA per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 (Tier 2) PA; LA; ^
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	\$0 (Tier 1) PA; ^
GNP ELECTROLYTE POWDER PACKET	\$0 (Tier 3) NT
HYDRALYTE ELECTROLYTE PWDR PKT	\$0 (Tier 3) NT
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (Tier 2) PA; LA; ^

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
KINDERLYTE ELECTROLYTE PWD PKT	\$0 (Tier 3) NT
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (Tier 1)
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	\$0 (Tier 1)
<i>levocarnitine oral tablet 330 mg</i>	\$0 (Tier 1)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 (Tier 2)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 2) PA; ^
<i>nitisinone oral capsule 20 mg</i>	\$0 (Tier 1) PA; ^
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	\$0 (Tier 2) PA; LA; ^
RA CALCIUM-BORON TABLET 500-1.5 MG	\$0 (Tier 3) NT
<i>riluzole oral tablet 50 mg</i>	\$0 (Tier 1)
<i>risedronate oral tablet 30 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (Tier 1)
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	\$0 (Tier 2) PA; ^
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (Tier 2) PA; ^
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (Tier 1)
<i>trientine oral capsule 250 mg</i>	\$0 (Tier 2) PA; ^
NEUTRACEUTICALS	
<i>cranberry urinary comfort sfgl 140-100 mg</i>	\$0 (Tier 3) NT
SMOKING DETERRENTS	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (Tier 1)
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (Tier 2)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 (Tier 2)
<i>varenicline oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	\$0 (Tier 1)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
EAR, NOSE / THROAT MEDICATIONS	
MISCELLANEOUS AGENTS	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	\$0 (Tier 1) QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	\$0 (Tier 1) QL (30 ML per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	\$0 (Tier 1) QL (45 ML per 30 days)
<i>kourzeq dental paste 0.1 %</i>	\$0 (Tier 1)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	\$0 (Tier 1)
<i>periogard mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)
<i>triamcinolone acetonide dental paste 0.1 %</i>	\$0 (Tier 1)
MISCELLANEOUS OTIC PREPARATIONS	
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 1)
<i>flac otic oil otic (ear) drops 0.01 %</i>	\$0 (Tier 1)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	\$0 (Tier 1)
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (Tier 1)
OTIC STEROID / ANTIBIOTIC	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1) QL (7.5 ML per 7 days)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)
ENDOCRINE/DIABETES	
ADRENAL HORMONES	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	\$0 (Tier 1)
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (Tier 1)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1) B/D

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	\$0 (Tier 1)
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (Tier 1)
<i>prednisone intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 2)
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 1)
ANTITHYROID AGENTS	
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)
DIABETES THERAPY	
<i>acarbose oral tablet 100 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	\$0 (Tier 1) QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
<i>alcohol pads topical pads, medicated</i>	\$0 (Tier 2)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	\$0 (Tier 2) PA; QL (3.4 ML per 28 days)
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 2) ^
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)

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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 1) QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 1) QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1) Generic for Glucophage XR; QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 1) Generic for Glucophage XR; QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	\$0 (Tier 2) PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	\$0 (Tier 1) QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2) (brand RELION not covered)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2) (brand RELION not covered)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0 (Tier 2) PA; QL (3 ML per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	\$0 (Tier 1) QL (90 EA per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>repaglinide oral tablet 0.5 mg</i>	\$0 (Tier 1) QL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	\$0 (Tier 1) QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1) QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (Tier 2) PA; QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 (Tier 2) QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (Tier 2) QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	\$0 (Tier 2) QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	\$0 (Tier 2) QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	\$0 (Tier 2) PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0 (Tier 2) QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	\$0 (Tier 2) QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	\$0 (Tier 2) QL (15 ML per 30 days)
MISCELLANEOUS HORMONES	
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	\$0 (Tier 1)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1)
<i>cinacalcet oral tablet 30 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	\$0 (Tier 2) QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	\$0 (Tier 2) QL (120 EA per 30 days); ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 2)
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)
GASTROENTEROLOGY	
ANTIDIARRHEALS / ANTISPASMODICS	
<i>dicyclomine oral capsule 10 mg</i>	\$0 (Tier 2)
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (Tier 2)
<i>dicyclomine oral tablet 20 mg</i>	\$0 (Tier 2)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (Tier 2)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 2)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)
<i>loperamide oral capsule 2 mg</i>	\$0 (Tier 1)
MISCELLANEOUS GASTROINTESTINAL AGENTS	
<i>alosetron oral tablet 0.5 mg</i>	\$0 (Tier 2) PA; QL (60 EA per 30 days)
<i>alosetron oral tablet 1 mg</i>	\$0 (Tier 2) PA; QL (60 EA per 30 days); ^
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	\$0 (Tier 1) B/D
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	\$0 (Tier 1) B/D
<i>balsalazide oral capsule 750 mg</i>	\$0 (Tier 1)
<i>betaine oral powder 1 gram/scoop</i>	\$0 (Tier 2) LA; ^
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	\$0 (Tier 1)
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	\$0 (Tier 2) PA; QL (30 EA per 30 days); ^
<i>compro rectal suppository 25 mg</i>	\$0 (Tier 1)
<i>constulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	\$0 (Tier 2)
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (Tier 1)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1) B/D; QL (60 EA per 30 days)
<i>enulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2) PA; LA; ^
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0 (Tier 1)
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (Tier 1)
<i>generlac oral solution 10 gram/15 ml</i>	\$0 (Tier 1)
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1) B/D
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	\$0 (Tier 1)
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)
<i>lactulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
MAGNESIUM LACTATE SR 84 MG CPT	\$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
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 2)
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	\$0 (Tier 1)
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	\$0 (Tier 1)
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	\$0 (Tier 1)
<i>mesalamine rectal enema 4 gram/60 ml</i>	\$0 (Tier 1)
<i>mesalamine rectal suppository 1,000 mg</i>	\$0 (Tier 1)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	\$0 (Tier 2) QL (30 GM per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	\$0 (Tier 1)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0 (Tier 1)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	\$0 (Tier 1)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (Tier 1)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0 (Tier 1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 (Tier 2)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)
<i>ra magnesium 250 mg tablet (rx)</i>	\$0 (Tier 3) NT
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (Tier 2) QL (30 GM per 30 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (Tier 2) PA; QL (10 EA per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	\$0 (Tier 2) PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	\$0 (Tier 2) PA; QL (2.4 ML per 56 days); ^
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i>	\$0 (Tier 1)
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	\$0 (Tier 2) PA; ^
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 1)
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	\$0 (Tier 1)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 (Tier 2)
TRULANCE ORAL TABLET 3 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)
VOWST ORAL CAPSULE	\$0 (Tier 2) PA; LA; ^
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	\$0 (Tier 2)
ULCER THERAPY	
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)

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

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0 (Tier 2) PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0 (Tier 2) PA; ^
VACCINES / MISCELLANEOUS IMMUNOLOGICALS	
ABRYSV0 (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 (Tier 2) NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 2) NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 2) NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 2) NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 (Tier 2) NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (Tier 2) NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (Tier 2) NM
BIVIGAM INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2) PA; NM; LA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 2) NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 2) NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (Tier 2) NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 (Tier 2) B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (Tier 2) B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (Tier 2) B/D; NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (Tier 2) PA; NM; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 (Tier 2) PA; NM; ^
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 2) PA; NM; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 2) PA; NM; LA; ^

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

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

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

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

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (Tier 2) NM
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	\$0 (Tier 2) B/D; NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	\$0 (Tier 2) NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (Tier 2) NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT-20 MCG/ML	\$0 (Tier 2) NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (Tier 2) NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (Tier 2) NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 2) NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 2) NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (Tier 2) NM
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 (Tier 2) NM
MISCELLANEOUS SUPPLIES	
<i>MISCELLANEOUS SUPPLIES</i>	
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 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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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
ASSURE ID INSULIN SAFETY 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
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
EQ SPACE CHAMBER-LARGE MASK	\$0 (Tier 3) NT
EQ SPACE CHAMBER-MEDIUM MASK	\$0 (Tier 3) NT
EQ SPACE CHAMBER-SMALL MASK	\$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)
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

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
LITETOUCH SMALL MASK	\$0 (Tier 3) NT
MICROCHAMBER	\$0 (Tier 3) NT
MICROSPACER FOR AEROSOL DEVICE	\$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
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	\$0 (Tier 2) BD Preferred
POCKET CHAMBER	\$0 (Tier 3) NT
PROCARE SPACER WITH ADULT MASK	\$0 (Tier 3) NT
PROCARE SPACER WITH CHILD MASK	\$0 (Tier 3) NT
RITEFLO SPACER	\$0 (Tier 3) NT
SILICONE MASK-INFANT	\$0 (Tier 3) NT
VORTEX HOLDING CHAMBER HRI	\$0 (Tier 3) NT
VORTEX VHC FROG CHILD MASK HRI	\$0 (Tier 3) NT
MUSCULOSKELETAL / RHEUMATOLOGY	
GOUT THERAPY	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)
<i>colchicine oral capsule 0.6 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	\$0 (Tier 1) QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	\$0 (Tier 1)
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0 (Tier 1)
OSTEOPOROSIS THERAPY	
<i>alendronate oral solution 70 mg/75 ml</i>	\$0 (Tier 1) QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	\$0 (Tier 1) QL (4 EA per 28 days)
<i>ibandronate oral tablet 150 mg</i>	\$0 (Tier 1) QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (Tier 2) QL (1 ML per 180 days)
<i>raloxifene oral tablet 60 mg</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>risedronate oral tablet 150 mg</i>	\$0 (Tier 1) QL (1 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	\$0 (Tier 1) QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	\$0 (Tier 1) QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	PA; Only Teriparatide NDC 47781065289 is covered; QL (2.48 ML per 28 days); ^
OTHER RHEUMATOLOGICALS	
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 (Tier 2) PA; QL (3.6 ML per 28 days); ^
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 (Tier 2) PA; QL (3.6 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 (Tier 2) PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (Tier 2) PA; LA; QL (8 ML per 28 days); ^
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (6 EA per 180 days); ^
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (4 EA per 180 days); ^
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (4 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0 (Tier 2) PA; QL (2 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; QL (4 EA per 28 days); ^
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 (Tier 2) PA; QL (8 ML per 28 days); ^
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 180 days); ^
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2) PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (Tier 2)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 2)	PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 2)	PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 180 days); ^
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (Tier 2)	PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0 (Tier 2)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 2)	PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	\$0 (Tier 2)	PA; Only Humira NDCs starting 00074 are covered; QL (2 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (Tier 2)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	\$0 (Tier 2)	PA; QL (55 EA per 180 days); ^
<i>penicillamine oral tablet 250 mg</i>	\$0 (Tier 2)	^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	\$0 (Tier 2)	PA; QL (84 EA per 180 days); ^
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 (Tier 2)	QL (55 EA per 180 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0 (Tier 2)	PA; QL (3 EA per 180 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	\$0 (Tier 2)	PA; QL (4 EA per 28 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0 (Tier 2)	PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	\$0 (Tier 2)	PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (Tier 2)	PA; QL (4 EA per 28 days); ^

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
OBSTETRICS / GYNECOLOGY	
ESTROGENS / PROGESTINS	
<i>camila oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>deblitane oral tablet 0.35 mg</i>	\$0 (Tier 1)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 (Tier 2)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 2)
<i>errin oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 2)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 2)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	\$0 (Tier 1)
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (Tier 1)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (Tier 2)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 2)
<i>heather oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>incassia oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>jinteli oral tablet 1-5 mg-mcg</i>	\$0 (Tier 2)
<i>lyleq oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 2)
<i>lyza oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0 (Tier 1)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0 (Tier 1)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>mimvey oral tablet 1-0.5 mg</i>	\$0 (Tier 2)
<i>nora-be oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 2)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (Tier 2)
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	\$0 (Tier 1)
<i>sharobel oral tablet 0.35 mg</i>	\$0 (Tier 1)
<i>yuvafem vaginal tablet 10 mcg</i>	\$0 (Tier 1)
MISCELLANEOUS OB/GYN	
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 (Tier 2)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	\$0 (Tier 1)
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 (Tier 2)
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)
ORAL CONTRACEPTIVES / RELATED AGENTS	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)
<i>apri oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will cost you (tier level) limits on use
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)
<i>cryselles (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)
<i>cyred eq oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>dolishale oral tablet 90-20 mcg (28)</i>	\$0 (Tier 1)
<i>drospirenone-e.estradiol-lm.f.a oral tablet 3-0.02-0.451 mg (24) (4)</i>	\$0 (Tier 1)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (Tier 1)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)
<i>enskyce oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (Tier 1)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (Tier 1)
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will cost you (tier level) limits on use
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)
<i>isibloom oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>juleber oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (Tier 1)
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	\$0 (Tier 1)
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (Tier 1)
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	\$0 (Tier 1)
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>loryna (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (Tier 1)
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>mili oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>nikki (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (Tier 1)
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (Tier 1)
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	\$0 (Tier 1)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>ocella oral tablet 3-0.03 mg</i>	\$0 (Tier 1)
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)
<i>portia 28 oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0 (Tier 1)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>syeda oral tablet 3-0.03 mg</i>	\$0 (Tier 1)
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	\$0 (Tier 1)
<i>vestura (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	\$0 (Tier 1)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)
OPHTHALMOLOGY	
ANTIBIOTICS	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (Tier 1)
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (Tier 1)
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (Tier 1)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 (Tier 2)
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (Tier 1)
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	\$0 (Tier 1)
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)
ANTIVIRALS	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (Tier 2)
BETA-BLOCKERS	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (Tier 1)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 % , 0.5 %</i>	\$0 (Tier 1)
MISCELLANEOUS OPHTHALMOLOGICS	
<i>atropine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (Tier 1)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	\$0 (Tier 1) QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 (Tier 2) PA; LA; ^
<i>pilocarpine hcl ophthalmic (eye) drops 1 % , 2 % , 4 %</i>	\$0 (Tier 1)
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (Tier 1)
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (Tier 1)
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (Tier 1)
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (Tier 2) PA; QL (10 ML per 42 days); ^
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	
<i>bromfenac ophthalmic (eye) drops 0.075 % , 0.09 %</i>	\$0 (Tier 1)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 1)
<i>ketorolac ophthalmic (eye) drops 0.4 % , 0.5 %</i>	\$0 (Tier 1)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 (Tier 2)
ORAL DRUGS FOR GLAUCOMA	
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (Tier 1)
<i>acetazolamide oral tablet 125 mg , 250 mg</i>	\$0 (Tier 1)
<i>methazolamide oral tablet 25 mg , 50 mg</i>	\$0 (Tier 1)
OTHER GLAUCOMA DRUGS	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	\$0 (Tier 1)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 (Tier 2)
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	\$0 (Tier 1)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	\$0 (Tier 1)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	\$0 (Tier 1)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 (Tier 2)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 (Tier 2)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	\$0 (Tier 2)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	\$0 (Tier 1)
STEROID-ANTIBIOTIC COMBINATIONS	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (Tier 1)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	\$0 (Tier 1)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	\$0 (Tier 1)
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (Tier 1)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (Tier 2)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1)
STEROIDS	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	\$0 (Tier 1)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	\$0 (Tier 1)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	\$0 (Tier 1)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (Tier 2)
SYMPATHOMIMETICS	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (Tier 2)
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	\$0 (Tier 1)
RESPIRATORY AND ALLERGY	
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS	
<i>benzonatate 100 mg capsule</i>	\$0 (Tier 3) NT
<i>benzonatate 200 mg capsule</i>	\$0 (Tier 3) NT
<i>bromphen-pse-dm 2-30-10 mg/5 ml (rx)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>cetirizine oral solution 1 mg/ml</i>	\$0 (Tier 1)
<i>cyproheptadine oral tablet 4 mg</i>	\$0 (Tier 2) PA
<i>desloratadine oral tablet 5 mg</i>	\$0 (Tier 1)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	\$0 (Tier 1) QL (4 EA per 30 days)
<i>guaifen-codeine 100-10 mg/5 ml (otc) 10-100 mg/5 ml</i>	\$0 (Tier 3) NT
<i>hydrocodone-chlorphen er susp 10-8 mg/5 ml</i>	\$0 (Tier 3) NT
<i>hydrocodone-homatropine 5-1.5 mg tablet</i>	\$0 (Tier 3) NT
<i>hydrocodone-homatropine soln 5-1.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>hydromet 5 mg-1.5 mg/5 ml soln 5-1.5 mg/5 ml</i>	\$0 (Tier 3) NT
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 2) PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 2) PA
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	\$0 (Tier 1)
<i>levocetirizine oral tablet 5 mg</i>	\$0 (Tier 1)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 2) PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 2) PA
<i>promethazine-codeine solution 6.25-10 mg/5 ml</i>	\$0 (Tier 3) NT
<i>promethazine-dm 6.25-15 mg/5 ml</i>	\$0 (Tier 3) NT
TUXARIN ER 8-54.3 MG TABLET	\$0 (Tier 3) NT
PULMONARY AGENTS	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (Tier 1) B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (Tier 2) PA; LA; QL (90 EA per 30 days); ^
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 (Tier 2) QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	\$0 (Tier 1) 8.5 gm inhaler; QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	\$0 (Tier 1) 6.7 gm inhaler; QL (13.4 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	\$0 (Tier 1) B/D

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)
<i>alyq oral tablet 20 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days); ^
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (Tier 2) QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	\$0 (Tier 1) B/D; QL (120 ML per 30 days)
ARNUIITY 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)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	\$0 (Tier 2) QL (10.7 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	\$0 (Tier 2) QL (60 EA per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	\$0 (Tier 1) QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	\$0 (Tier 2) Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0 (Tier 1) B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (Tier 2) QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1) B/D
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	\$0 (Tier 2) PA; LA; QL (1 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	\$0 (Tier 2) PA; QL (0.5 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	\$0 (Tier 2) PA; LA; QL (1 ML per 28 days); ^
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	\$0 (Tier 1) QL (50 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	\$0 (Tier 1) QL (16 GM per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	\$0 (Tier 2) B/D; QL (120 ML per 30 days)
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); ^
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	\$0 (Tier 2) PA; QL (27 ML per 30 days); ^
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	\$0 (Tier 2) QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1) B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (Tier 1) B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	\$0 (Tier 2) PA; QL (56 EA per 28 days); ^
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	\$0 (Tier 1) B/D
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	\$0 (Tier 1) QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	\$0 (Tier 1)
<i>montelukast oral tablet 10 mg</i>	\$0 (Tier 1)
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	\$0 (Tier 1)
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2) PA; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 2) PA; LA; QL (30 EA per 30 days); ^
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (Tier 2) PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 2) PA; LA; QL (112 EA per 28 days); ^
<i>pirfenidone oral capsule 267 mg</i>	\$0 (Tier 1) PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 267 mg</i>	\$0 (Tier 1) PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 801 mg</i>	\$0 (Tier 1) PA; QL (90 EA per 30 days); ^
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (Tier 2) B/D; ^
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	\$0 (Tier 2) PA; LA; QL (27 ML per 30 days); ^

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
UROLOGICALS	
ANTICHOLINERGICS / ANTISPASMODICS	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	\$0 (Tier 2) QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (Tier 2) QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (Tier 1)
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
<i>tropium oral tablet 20 mg</i>	\$0 (Tier 1) QL (60 EA per 30 days)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY	
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	\$0 (Tier 1)
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	\$0 (Tier 1) QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0 (Tier 1)
<i>tamsulosin oral capsule 0.4 mg</i>	\$0 (Tier 1)
MISCELLANEOUS UROLOGICALS	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 2) PA; LA
ELMIRON ORAL CAPSULE 100 MG	\$0 (Tier 2)
PHOSPHO-TRIN K500 500 MG TAB	\$0 (Tier 3) NT
<i>potassium cit-citric acid soln 1,100-334 mg/5 ml</i>	\$0 (Tier 3) NT
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	\$0 (Tier 1)
<i>sod citrate-citric acid soln (rx) 500-334 mg/5 ml</i>	\$0 (Tier 3) NT
<i>tadalafil oral tablet 2.5 mg</i>	\$0 (Tier 1) PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	\$0 (Tier 1) PA; QL (30 EA per 30 days)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>tricitrates oral solution 550-500-334 mg/5 ml</i>	\$0 (Tier 3) NT
VITAMINS, HEMATINICS / ELECTROLYTES	
ELECTROLYTES	
<i>calcium 250-vit d3 125 tablet 250 mg-3.125 mcg (125 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg chewable tablet (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg chewable tablet tab chew,p/f (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg tablet (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg tablet oyster shell,p/f (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>calcium 500 mg-vit d3 10 mcg tab (rx) 500 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
CALCIUM 500 MG-VIT D3 15 MCG TAB 500 MG-15 MCG (600 UNIT)	\$0 (Tier 3) NT
<i>calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
CALCIUM 500 MG-VIT D3 600 UNIT 500 MG-15 MCG (600 UNIT)	\$0 (Tier 3) NT
<i>calcium 500-vit d3 10 mcg chew 500 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 200 caplet caplt,p/f,no lactose (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 200 caplet gluten-free,p/f (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 200 tablet lactose free, p/f (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 200 tablet p/f,n (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 400 tablet (rx) 500 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 400 tablet (rx) 500 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 400 tablet p/f (rx) 500 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 500-vit d3 400 tablet p/f,gluten-f (rx) 500 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT

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

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>calcium 600-vit d3 200 tablet p/f (rx) 600 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 200 tablet p/f,d/f,lactose-free (rx) 600 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 200 tablet p/f,high potency (rx) 600 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 caplet (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 caplet caplet (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 tablet gluten-free (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 tablet high potency (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 tablet inner (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 tablet new formula (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 tablet outer (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 tablet p/f (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 tablet p/f, n (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 tablet p/f, no yeast (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 400 tablet p/f,lactose-free (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 800 tablet (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 800 tablet gluten-free (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>calcium 600-vit d3 800 tablet p/f (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>calcium 600-vit d3 800 tablet p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>calcium cit 200 mg-d3 3 mcg tb (rx) 200 mg-3.125 mcg (125 unit)</i>	\$0 (Tier 3) NT
<i>calcium cit 315 mg-vit d3 5 mcg (rx) 315 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
CALCIUM CIT 315-VIT D3 250 CPT (RX) 315 MG-6.25 MCG (250 UNIT)	\$0 (Tier 3) NT
<i>calcium citrate - vit d caplet (rx) 315 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium citrate - vit d caplet caplet, coated (rx) 315 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium citrate - vit d caplet caplet,p/f (rx) 315 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium citrate - vit d caplet p/f, caplet (rx) 315 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium citrate - vit d tablet p/f,coated (rx) 315 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium citrate 200 mg caplet caplet, p/f (rx) 200 mg (950 mg)</i>	\$0 (Tier 3) NT
<i>calcium citrate 200 mg tablet (rx) 200 mg (950 mg)</i>	\$0 (Tier 3) NT
<i>calcium citrate 200 mg tablet coated, p/f (rx) 200 mg (950 mg)</i>	\$0 (Tier 3) NT
<i>calcium citrate plus tablet 250-40-5-125 mg-mg-mg-unit</i>	\$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
<i>calcium citrate-vit d3 tablet (rx) 315 mg-6.25 mcg (250 unit)</i>	\$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
<i>calcium cit-vit d 315-200 tab p/f, lactose-free (rx) 315 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>calcium-magnesium-zinc tablet (rx) 333-133-5 mg</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>calcium-magnesium-zinc tablet n,p/f (rx) 333-133-5 mg</i>	\$0 (Tier 3) NT
CALTRATE 600 + D SOFT CHEW TAB CHOCOLATE TRUFFLE 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
CALTRATE 600-D3 20 MCG CHEW 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
<i>cvs calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT
<i>cvs calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
CVS MAGNESIUM 500 MG CAPLET (RX) 500 MG MAGNESIUM	\$0 (Tier 3) NT
<i>cvs pediatric electrolyte pops 16's,freezer pops (rx)</i>	\$0 (Tier 3) NT
<i>cvs pediatric electrolyte soln (rx)</i>	\$0 (Tier 3) NT
<i>cvs pediatric electrolyte soln dye/free, strawberry (rx)</i>	\$0 (Tier 3) NT
<i>cvs selenium 200 mcg tablet (rx)</i>	\$0 (Tier 3) NT
<i>cvs zinc 50 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>elemental zinc 30 mg tablet y/f,gluten/f (rx)</i>	\$0 (Tier 3) NT
ENFAMIL ENFALYTE SOLUTION RTU,UNFLAVORED (RX)	\$0 (Tier 3) NT
<i>eq calcium 500-vit d3 400 tab oyster shell (rx) 500 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>eq calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>eql calcium 600-vit d3 800 tab (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>eql calcium citrate-vit d3 cpt (rx) 315 mg-6.25 mcg (250 unit)</i>	\$0 (Tier 3) NT
EQL CALCIUM CITRATE-VIT D3 CPT (RX) 315 MG-6.25 MCG (250 UNIT)	\$0 (Tier 3) NT
<i>gnp calcium 500-vit d3 600 tab 500 mg-15 mcg (600 unit)</i>	\$0 (Tier 3) NT
<i>gnp calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>gnp calcium 600 mg-d3 800 unit p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
<i>gnp calcium citrate-vit d3 tab (rx) 315 mg-6.25 mcg (250 unit)</i>	\$0 (Tier 3) NT
<i>gs pediatric electrolyte soln (rx)</i>	\$0 (Tier 3) NT
<i>heb pediatric electrolyte soln (rx)</i>	\$0 (Tier 3) NT
<i>hydralyte electrolyte soln</i>	\$0 (Tier 3) NT
<i>kinderlyte electrolyte soln</i>	\$0 (Tier 3) NT
<i>kinderlyte electrolyte soln fruit punch</i>	\$0 (Tier 3) NT
<i>kinderlyte electrolyte soln grape</i>	\$0 (Tier 3) NT
<i>kinderlyte electrolyte soln lemon lime</i>	\$0 (Tier 3) NT
<i>kinderlyte electrolyte soln lemonade</i>	\$0 (Tier 3) NT
<i>kinderlyte electrolyte soln orange</i>	\$0 (Tier 3) NT
<i>kinderlyte electrolyte soln strawberry</i>	\$0 (Tier 3) NT
<i>kinderlyte electrolyte soln strawberry punch</i>	\$0 (Tier 3) NT
<i>klor-con 10 oral tablet extended release 10 meq</i>	\$0 (Tier 1)
<i>klor-con 8 oral tablet extended release 8 meq</i>	\$0 (Tier 1)
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	\$0 (Tier 1)
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	\$0 (Tier 1)
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	\$0 (Tier 1)
<i>klor-con oral packet 20 meq</i>	\$0 (Tier 1)
<i>k-phos neutral tablet 250 mg</i>	\$0 (Tier 3) NT
MAGNESIUM 300 MG CAPSULE (RX)	\$0 (Tier 3) NT
<i>magnesium 500 mg tablet p/f, gluten/f (rx) 500 mg magnesium</i>	\$0 (Tier 3) NT
<i>magnesium oxide 420 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 500 mg capsule (rx)</i>	\$0 (Tier 3) NT
<i>magnesium oxide 500 mg tablet extra strength (rx) 500 mg magnesium</i>	\$0 (Tier 3) NT
<i>magnesium oxide 500 mg tablet p/f,lactose-free (rx) 500 mg magnesium</i>	\$0 (Tier 3) NT
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	\$0 (Tier 2)
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	\$0 (Tier 2)

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
MG-PLUS-PROTEIN TABLET (RX) 133 MG	\$0 (Tier 3) NT
MONOCAL TABLET 22.75-625 MG	\$0 (Tier 3) NT
<i>oceanic selenium 200 mcg tab y/f,gluten/f (rx)</i>	\$0 (Tier 3) NT
<i>oceanic selenium 50 mcg tablet gluten free (rx)</i>	\$0 (Tier 3) NT
<i>oralyte solution</i>	\$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
OS-CAL 500-VIT D3 600 CAPLET 500 MG-15 MCG (600 UNIT)	\$0 (Tier 3) NT
<i>oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
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
<i>oyster shell 500 mg-vit d3 5 mcg (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell 500 mg-vit d3 5 mcg inner (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell 500 mg-vit d3 5 mcg outer (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>oyster shell calcium 500 mg tb 500mg elemental (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>oyster shell calcium 500 mg tb 500mg elemental ca (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>oyster shell calcium 500 mg tb p/f (rx) 500 mg calcium (1,250 mg)</i>	\$0 (Tier 3) NT
<i>oyster shell calcium-magnes tb 250-155 mg</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>oyster shell calcium-vit d tab p/f,gluten-free (rx) 500 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>pedi electrolyte freezer pop 16'sx62.5ml pops (rx)</i>	\$0 (Tier 3) NT
<i>pedi electrolyte freezer pop 16x62.1ml pops (rx)</i>	\$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
PEDIALYTE ADVANCED CARE SOLN TROPICAL FRUIT	\$0 (Tier 3) NT
<i>pedialyte electrolyte singles 4's (rx)</i>	\$0 (Tier 3) NT
<i>pedialyte electrolyte singles inner, apple, rtu (rx)</i>	\$0 (Tier 3) NT
<i>pedialyte electrolyte singles inner, cherry, rtu (rx)</i>	\$0 (Tier 3) NT
<i>pedialyte electrolyte singles outer, 4's, apple (rx)</i>	\$0 (Tier 3) NT
<i>pedialyte electrolyte singles outer, 4's, cherry (rx)</i>	\$0 (Tier 3) NT
<i>pedialyte freezer pops</i>	\$0 (Tier 3) NT
<i>pedialyte freezer pops 16's (rx)</i>	\$0 (Tier 3) NT
<i>pedialyte solution (rx)</i>	\$0 (Tier 3) NT
<i>pedialyte solution inner, grape (rx)</i>	\$0 (Tier 3) NT
<i>pedialyte solution outer, grape (rx)</i>	\$0 (Tier 3) NT
<i>pedialyte solution ready-to-use (rx)</i>	\$0 (Tier 3) NT
<i>pedialyte solution strawberry, rtu (rx)</i>	\$0 (Tier 3) NT
<i>pedialyte solution unflavored (rx)</i>	\$0 (Tier 3) NT
<i>pediatric electrolyte solution (rx)</i>	\$0 (Tier 3) NT
<i>pediatric electrolyte solution (rx)</i>	\$0 (Tier 3) NT
<i>pediatric electrolyte solution cherry punch (rx)</i>	\$0 (Tier 3) NT
<i>pediatric electrolyte solution mango,p/f (rx)</i>	\$0 (Tier 3) NT
<i>pediatric electrolyte solution p/f,fruit (rx)</i>	\$0 (Tier 3) NT
<i>pediatric electrolyte solution p/f,unflavored (rx)</i>	\$0 (Tier 3) NT
<i>pediatric electrolyte solution strawberry,w/zinc (rx)</i>	\$0 (Tier 3) NT
<i>phospha 250 neutral tablet 250 mg</i>	\$0 (Tier 3) NT
<i>phosphorous 250 mg tablet</i>	\$0 (Tier 3) NT
<i>phospho-trin 250 neutral tab 250 mg</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	\$0 (Tier 1)
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (Tier 1)
<i>potassium chloride oral packet 20 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	\$0 (Tier 1)
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	\$0 (Tier 2)
<i>ra calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT
<i>ra calcium 600-vit d3 400 tab (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>ra calcium citrate - vit d tab p/f, d/f (rx) 315 mg-6.25 mcg (250 unit)</i>	\$0 (Tier 3) NT
<i>ra hi-cal plus vitamin d tab (rx) 500 mg-5 mcg (200 unit)</i>	\$0 (Tier 3) NT
<i>ra magnesium 500 mg capsule (rx)</i>	\$0 (Tier 3) NT
<i>ra pediatric electrolyte soln (rx)</i>	\$0 (Tier 3) NT
<i>ra pediatric electrolyte soln strawberry (rx)</i>	\$0 (Tier 3) NT
<i>ra zinc 50 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>ra zinc 50 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>selenium 200 mcg tablet (rx)</i>	\$0 (Tier 3) NT
<i>selenium 200 mcg tablet d/f,p/f (rx)</i>	\$0 (Tier 3) NT
<i>selenium 200 mcg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>selenium 200 mcg tablet p/f, lactose free (rx)</i>	\$0 (Tier 3) NT
<i>selenium 50 mcg tablet (rx)</i>	\$0 (Tier 3) NT
SLOW-MAG 71.5 MG TABLET	\$0 (Tier 3) NT
<i>sm calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
SM CALCIUM CIT 315-D3 6.5 MCG (RX) 315 MG-6.25 MCG (250 UNIT)	\$0 (Tier 3) NT
<i>sm pediatric electrolyte soln (rx)</i>	\$0 (Tier 3) NT
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (Tier 1)
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	\$0 (Tier 1)
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	\$0 (Tier 1)
<i>super calcium 600-vit d3 400 p/f (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>sv calcium 600 mg tablet p/f, gluten-free (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3) NT
<i>sv calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 3) NT
SV CALCIUM CITRATE-VIT D3 TAB P/F, GLUTEN-FREE (RX) 315 MG-6.25 MCG (250 UNIT)	\$0 (Tier 3) NT
<i>sv selenium 200 mcg tablet d/f,p/f (rx)</i>	\$0 (Tier 3) NT
<i>sv zinc 50 mg caplet cplt,p/f,gluten-free (rx)</i>	\$0 (Tier 3) NT
trueyte advanced hydration	\$0 (Tier 3) NT
<i>ultra calc 600 mg-vit d3 10 mcg (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
<i>wes-phos 250 mg neutral tablet</i>	\$0 (Tier 3) NT
ZINC 10 MG LOZENGE Y/F, GLUTEN/F (RX)	\$0 (Tier 3) NT
<i>zinc 30 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>zinc 50 mg caplet (rx)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>zinc 50 mg caplet caplet (rx)</i>	\$0 (Tier 3) NT
<i>zinc 50 mg caplet caplet, p/f (rx)</i>	\$0 (Tier 3) NT
<i>zinc 50 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>zinc 50 mg tablet (rx) 50 mg zinc (220 mg)</i>	\$0 (Tier 3) NT
<i>zinc 50 mg tablet p/f, gluten/f (rx)</i>	\$0 (Tier 3) NT
<i>zinc gluconate 100 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>zinc gluconate 50 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>zinc sulfate 220 mg (50 mg) cap (rx) 50 mg zinc (220 mg)</i>	\$0 (Tier 3) NT
<i>zinc sulfate 220 mg capsule (rx) 50 mg zinc (220 mg)</i>	\$0 (Tier 3) NT
<i>zinc sulfate 220 mg capsule inner (rx) 50 mg zinc (220 mg)</i>	\$0 (Tier 3) NT
<i>zinc sulfate 220 mg capsule outer (rx) 50 mg zinc (220 mg)</i>	\$0 (Tier 3) NT
<i>zinc sulfate 50 mg (220 mg) tb (rx) 50 mg zinc (220 mg)</i>	\$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
<i>electrolyte-148 intravenous parenteral solution</i>	\$0 (Tier 1)
<i>intralipid intravenous emulsion 20 %</i>	\$0 (Tier 2) B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 (Tier 1) B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	\$0 (Tier 2) B/D
<i>travasol 10 % intravenous parenteral solution 10 %</i>	\$0 (Tier 2) B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 2) B/D

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
VITAMINS / HEMATINICS	
<i>a thru z advanced formula tab advanced formula 18-400 mg-mcg</i>	\$0 (Tier 3) NT
<i>a thru z advanced formula tab gluten-free 18-400 mg-mcg</i>	\$0 (Tier 3) NT
<i>a thru z advanced formula tab w/ lutein & lycopene (rx) 18-500-300-250 mg-mcg-mcg-mcg</i>	\$0 (Tier 3) NT
<i>a thru z advanced formula tab w/lutein & lycopene (rx) 18-500-300-250 mg-mcg-mcg-mcg</i>	\$0 (Tier 3) NT
A THRU Z MEN'S ULTIMATE TABLET 8 MG IRON- 200 MCG- 600 MCG	\$0 (Tier 3) NT
<i>a thru z select 50 plus tablet advanced formula 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>a thru z select multivit tab 500-300-250 mcg</i>	\$0 (Tier 3) NT
<i>a thru z select multivit tab iron-free, 50+ form 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>a thru z select tablet adults 50+, gluten-f 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>a thru z select tablet adults 50+,iron-free 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>a thru z select women's tablet</i>	\$0 (Tier 3) NT
ABANEU-SL TABLET SL 600-600 MCG	\$0 (Tier 3) NT
<i>abc cmplt senior 50 plus cplt 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
ACCRUFER 30 MG CAPSULE	\$0 (Tier 3) NT
<i>actical softgel</i>	\$0 (Tier 3) NT
<i>adults 50 plus daily formula 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>adults 50 plus multivitamin 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>adults 50 plus multivitamin tb 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
APETEX LIQUID 790 MG/15 ML	\$0 (Tier 3) NT
APETIGEN LIQUID 790 MG/15 ML	\$0 (Tier 3) NT
<i>apetigen plus liquid 12.5-16.9-790 mg/15 ml</i>	\$0 (Tier 3) NT
APETIGEN-PLUS TABLET 10-300-30 MG-MG-UNIT	\$0 (Tier 3) NT
<i>ascorbic acid 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
ASCORBIC ACID GRANULES (RX)	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>b complex capsule (rx)</i>	\$0 (Tier 3) NT
<i>b complex number 1 tablet 0.4 mg</i>	\$0 (Tier 3) NT
<i>b complex tablet</i>	\$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
<i>b-12 1,000 mcg tablet (rx)</i>	\$0 (Tier 3) NT
<i>b-12 1,000 mcg tablet p/f,gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>b-12 1,000 mcg/15 ml liquid</i>	\$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
<i>b-12 2,500 mcg tablet sl (rx)</i>	\$0 (Tier 3) NT
<i>b12 2,500 mcg tablet sl</i>	\$0 (Tier 3) NT
<i>b-12 2,500 mcg tablet sl</i>	\$0 (Tier 3) NT
<i>b-12 500 mcg tablet (rx)</i>	\$0 (Tier 3) NT
<i>b-12 dots 500 mcg tablet</i>	\$0 (Tier 3) NT
<i>b-12 er 1,000 mcg tab er (rx)</i>	\$0 (Tier 3) NT
BACMIN CAPLET 27 MG IRON- 1 MG	\$0 (Tier 3) NT
<i>balance b-100 tablet 0.4 mg</i>	\$0 (Tier 3) NT
<i>balance b-50 tablet 0.4 mg</i>	\$0 (Tier 3) NT
<i>balance b-50 tablet inner,p/f,gluten/f 0.4 mg</i>	\$0 (Tier 3) NT
<i>balance b-50 tablet outer,p/f,gluten/f 0.4 mg</i>	\$0 (Tier 3) NT
<i>b-complex tablet (rx) 0.4 mg</i>	\$0 (Tier 3) NT
<i>b-complex with c tablet (rx)</i>	\$0 (Tier 3) NT
<i>b-complex w-vitamin c caplet caplet,p/f (rx)</i>	\$0 (Tier 3) NT
<i>beta carotene 7,500 mcg sfgl (rx)</i>	\$0 (Tier 3) NT
<i>beta-carotene 25,000 unit sfgl softgel (rx) 7,500 mcg (25,000 unit)</i>	\$0 (Tier 3) NT
BIOCAL SOFTGEL 500 MG-100 UNIT -45 MG-800 MCG	\$0 (Tier 3) NT
<i>biopetit 790 mg/15 ml liquid</i>	\$0 (Tier 3) NT
<i>biotin 1,000 mcg tablet 1 mg</i>	\$0 (Tier 3) NT
<i>biotin 1,000 mcg tablet p/f 1 mg</i>	\$0 (Tier 3) NT
<i>biotin 1,000 mcg tablet p/f, lactose-free 1 mg</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>biotin 5,000 mcg capsule mx-str (rx) 5 mg</i>	\$0 (Tier 3) NT
<i>biotin 5,000 mcg capsule p/f,gluten-free (rx) 5 mg</i>	\$0 (Tier 3) NT
<i>biotin 5,000 mcg softgel p/f,gluten-free (rx) 5 mg</i>	\$0 (Tier 3) NT
<i>biotin 5,000 mcg softgel softgel (rx) 5 mg</i>	\$0 (Tier 3) NT
C 1,000-BIOFLAVONOIDS-RH CAP	\$0 (Tier 3) NT
<i>c complex 1,000 mg tablet sa</i>	\$0 (Tier 3) NT
<i>c complex 500 mg tablet sa</i>	\$0 (Tier 3) NT
<i>c-1,000 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>c-1,000 mg with rose hips cplt caplet</i>	\$0 (Tier 3) NT
<i>c-1,000 mg with rose hips tab p/f</i>	\$0 (Tier 3) NT
<i>c-1000 er caplet</i>	\$0 (Tier 3) NT
<i>c-500 er tablet 500 mg</i>	\$0 (Tier 3) NT
<i>c-500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>c-500 mg tablet chewable (rx)</i>	\$0 (Tier 3) NT
<i>c-500 mg tablet rose hips (rx)</i>	\$0 (Tier 3) NT
<i>calcidol drops 200 mcg/ml (8,000 unit/ml)</i>	\$0 (Tier 3) NT
<i>calcium 600+d plus minerals tb p/f, n (rx) 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 3) NT
CALCIUM 600-D3-MINERALS CHW TB (RX) 600 MG CALCIUM- 800 UNIT-40 MG	\$0 (Tier 3) NT
<i>calcium 600-vit d3-min chew tb 600 mg-400 unit -40 mg-7.5 mg</i>	\$0 (Tier 3) NT
<i>calcium for women chewable tab 500 mg-100 unit -40 mcg</i>	\$0 (Tier 3) NT
CALTRATE 600+D PLUS TABLET 600 MG CALCIUM- 800 UNIT-50 MG	\$0 (Tier 3) NT
<i>centratex capsule 106 mg iron- 1 mg</i>	\$0 (Tier 3) NT
<i>centravites 50 plus tablet inner 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>centravites 50 plus tablet outer 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>centrum adults tablet 18-400 mg-mcg</i>	\$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

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
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
<i>centrum women tablet 18-400 mg-mcg</i>	\$0 (Tier 3) NT
CEREFOLIN CAPLET 6-5-50-1 MG	\$0 (Tier 3) NT
<i>cerovite senior tablet 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>certavite senior tablet 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>certavite-antioxidant tablet (rx) 18-400 mg-mcg</i>	\$0 (Tier 3) NT
CERTAVITE-ANTIOXIDANT TABLET (RX) 18-400 MG-MCG	\$0 (Tier 3) NT
<i>chewable calcium tab chew soft chew, caramel (rx) 500 mg-200 unit -40 mcg</i>	\$0 (Tier 3) NT
<i>chewable calcium tab chew soft chew, chocolate (rx) 500 mg-200 unit -40 mcg</i>	\$0 (Tier 3) NT
<i>children's chewables 300 mcg</i>	\$0 (Tier 3) NT
<i>children's chewables 300 mcg</i>	\$0 (Tier 3) NT
<i>companion tablet 0.4 mg</i>	\$0 (Tier 3) NT
<i>complex b-100 tablet sa</i>	\$0 (Tier 3) NT
CORAL CALCIUM 1,000 MG CAP 185 MG-50 MG- 2.5 MCG	\$0 (Tier 3) NT
<i>corvita tablet 1.25-2.5-7 mg</i>	\$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
<i>cvs b-1 100 mg tablet p/f,gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>cvs b-12 1,000 mcg tablet (rx)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
CVS B-12 1,000 MCG/15 ML LIQ	\$0 (Tier 3) NT
<i>cvs b-complex-vit c caplet caplet (rx)</i>	\$0 (Tier 3) NT
<i>cvs beta-carotene 25,000 unit (rx) 7,500 mcg (25,000 unit)</i>	\$0 (Tier 3) NT
<i>cvs biotin 1,000 mcg tablet high potency 1 mg</i>	\$0 (Tier 3) NT
CVS CALCIUM 600-D3-MIN CHEW TB (RX) 600 MG CALCIUM- 800 UNIT-40 MG	\$0 (Tier 3) NT
<i>cvs hair, skin and nails cplt (rx)</i>	\$0 (Tier 3) NT
<i>cvs iron 27 mg tablet (rx) 240 mg (27 mg iron)</i>	\$0 (Tier 3) NT
<i>cvs iron 65 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>cvs iron 65 mg tablet p/f,lactose/free (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>cvs slow release iron 45 mg tb (rx) 143 mg (45 mg iron)</i>	\$0 (Tier 3) NT
CVS SLOW RELEASE IRON 45 MG TB (RX) 143 MG (45 MG IRON)	\$0 (Tier 3) NT
<i>cvs spectravite adult 50 plus (rx) 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>cvs spectravite adult tablet 18-400 mg-mcg</i>	\$0 (Tier 3) NT
<i>cvs spectravite advanced tab 18-400 mg-mcg</i>	\$0 (Tier 3) NT
<i>cvs spectravite men's tablet 8 mg iron- 200 mcg-600 mcg</i>	\$0 (Tier 3) NT
<i>cvs spectravite women 50 plus 8 mg iron-400 mcg-50 mcg</i>	\$0 (Tier 3) NT
<i>cvs spectravite women tablet 18-400 mg-mcg</i>	\$0 (Tier 3) NT
<i>cvs vit b-12 tr 1,000 mcg tab (rx)</i>	\$0 (Tier 3) NT
<i>cvs vit b-12 tr 2,000 mcg tab (rx)</i>	\$0 (Tier 3) NT
<i>cvs vit c-rose hip 1,000 mg tb (rx)</i>	\$0 (Tier 3) NT
<i>cvs vit c-rose hip 500 mg chew</i>	\$0 (Tier 3) NT
<i>cvs vit c-rose hips 500 mg tab (rx)</i>	\$0 (Tier 3) NT
<i>cvs vitamin a 2,400 mcg sftgl (rx)</i>	\$0 (Tier 3) NT
<i>cvs vitamin b-1 100 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>cvs vitamin b-12 500 mcg tab p/f, gluten-f</i>	\$0 (Tier 3) NT
<i>cvs vitamin b-2 100 mg tablet</i>	\$0 (Tier 3) NT
<i>cvs vitamin b-6 100 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>cvs vitamin c 1,000 mg caplet (rx)</i>	\$0 (Tier 3) NT
<i>cvs vitamin c 250 mg tablet (rx)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>cvs vitamin c 500 mg caplet p/f,gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>cvs vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>cvs vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>daily multivitamin with d3 tab 0.4 mg</i>	\$0 (Tier 3) NT
<i>daily value multivitamin tab</i>	\$0 (Tier 3) NT
<i>daily vite tablet (rx)</i>	\$0 (Tier 3) NT
<i>daily vite with iron tablet</i>	\$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
<i>dialyvite 800 tablet 0.8 mg</i>	\$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
<i>dialyvite tablet 100-1 mg</i>	\$0 (Tier 3) NT
<i>dialyvite with zinc tablet 1-100-300-50 mg-mg-mcg-mg</i>	\$0 (Tier 3) NT
<i>d-vi-sol 10 mcg/ml drop (rx) 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT
ELFOLATE PLUS 3 MG TABLET 2-3-35 MG	\$0 (Tier 3) NT
<i>endur-c rose hips sr 1,000 mg</i>	\$0 (Tier 3) NT
<i>endur-c rose hips sr 500 mg tb</i>	\$0 (Tier 3) NT
ENLYTE SOFTGEL 1.5 MG IRON- 8.73 MG	\$0 (Tier 3) NT
<i>eq complete multivitamin tab gluten-free 18-400 mg-mcg</i>	\$0 (Tier 3) NT
<i>eq complete mv adlt 50 plus tb 0.4 mg-300 mcg- 250 mcg</i>	\$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
<i>eq slow release iron 45 mg tab gluten-free (rx) 142 mg (45 mg iron)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>eql b complex 50 tablet high potency (rx)</i>	\$0 (Tier 3) NT
<i>eql biotin 5,000 mcg softgel (rx) 5 mg</i>	\$0 (Tier 3) NT
<i>eql iron 65 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>eql vitamin b-12 1,000 mcg tab (rx)</i>	\$0 (Tier 3) NT
<i>eql vitamin b-12 500 mcg tab (rx)</i>	\$0 (Tier 3) NT
<i>eql vitamin b-6 100 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>eql vitamin c 1,000 mg tablet p/f, lactose free (rx)</i>	\$0 (Tier 3) NT
<i>eql vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>ergocalciferol 200 mcg/ml drop (rx) 200 mcg/ml (8,000 unit/ml)</i>	\$0 (Tier 3) NT
<i>ergocalciferol 8,000 unit/ml (rx) 200 mcg/ml (8,000 unit/ml)</i>	\$0 (Tier 3) NT
<i>essentia tablet 18-400 mg-mcg</i>	\$0 (Tier 3) NT
<i>ezfe 200 capsule 200 mg iron</i>	\$0 (Tier 3) NT
<i>fe c tablet 100-250 mg</i>	\$0 (Tier 3) NT
<i>feosol 65 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
FEOSOL BIFERA 28 MG CAPLET	\$0 (Tier 3) NT
<i>ferate 27 mg tablet 240 mg (27 mg iron)</i>	\$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
<i>ferosul 325 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferosul 325 mg tablet f/c,blister pack (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferretts 325 mg tablet 325 mg (106 mg iron)</i>	\$0 (Tier 3) NT
FERRETTS IPS 40 MG/15 ML LIQ	\$0 (Tier 3) NT
<i>ferrex 150 capsule 150 mg iron</i>	\$0 (Tier 3) NT
<i>ferrex 150 capsule outer, u-d 150 mg iron</i>	\$0 (Tier 3) NT
<i>ferrex 150 capsule u-d,10x10 150 mg iron</i>	\$0 (Tier 3) NT
FERRIMIN 150 TAB 456 MG (150 MG IRON)	\$0 (Tier 3) NT
<i>ferro-time 325 mg tablet f/c, green 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous fumarate 324 mg tablet 324 mg (106 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous gluconate 240 mg tab (rx) 240 mg (27 mg iron)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous gluconate 324 mg tab (rx) 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous sulf 15 mg iron/ml drp (rx) 15 mg iron (75 mg)/ml</i>	\$0 (Tier 3) NT
<i>ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml</i>	\$0 (Tier 3) NT
<i>ferrous sulf 44 mg iron/5 ml lq (rx) 220 mg (44 mg iron)/5 ml</i>	\$0 (Tier 3) NT
<i>ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous sulf ec 325 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous sulf ec 325 mg tablet u-d, inner (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous sulf ec 325 mg tablet u-d, outer (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous sulfate 300 mg/5 ml cup 100's, u-d 300 mg (60 mg iron)/5 ml</i>	\$0 (Tier 3) NT
<i>ferrous sulfate 300 mg/5 ml cup 300 mg (60 mg iron)/5 ml</i>	\$0 (Tier 3) NT
<i>ferrous sulfate 300 mg/5 ml cup inner 300 mg (60 mg iron)/5 ml</i>	\$0 (Tier 3) NT
<i>ferrous sulfate 300 mg/5 ml cup outer 300 mg (60 mg iron)/5 ml</i>	\$0 (Tier 3) NT
<i>ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous sulfate 325 mg tablet f/c, green (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous sulfate 325 mg tablet f/c, red (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous sulfate 325 mg tablet p/f (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>ferrous sulfate 325 mg tablet u-d,10x10, film coat (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
FLINTSTONES MULTIVIT CHEW TAB 300 MCG	\$0 (Tier 3) NT
FLINTSTONES TABLET CHEWABLE	\$0 (Tier 3) NT
FLORIVA 0.25 MG CHEW TABLET 0.25MG FLUORIDE (0.55 MG)	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
FLORIVA 0.25 MG/ML DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	\$0 (Tier 3) NT
FLORIVA 0.5 MG CHEWABLE TABLET 0.5 MG FLUORIDE (1.1 MG)	\$0 (Tier 3) NT
FLORIVA 1 MG CHEWABLE TABLET 1 MG FLUORIDE (2.2 MG)	\$0 (Tier 3) NT
FLORIVA PLUS 0.25 MG/ML DROP 0.25MG FLUORIDE (0.55 MG)/ML	\$0 (Tier 3) NT
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)
<i>fn vitamin b-12 1,000 mcg tab time release,lac/fre (rx)</i>	\$0 (Tier 3) NT
<i>folbee plus cz tablet 5-1.5-25 mg</i>	\$0 (Tier 3) NT
<i>folbee plus tablet 5 mg</i>	\$0 (Tier 3) NT
<i>folbee tablet 2.5-25-1 mg</i>	\$0 (Tier 3) NT
<i>folbic tablet 2.5-25-2 mg</i>	\$0 (Tier 3) NT
<i>folic acid 1 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>folic acid 5 mg/ml vial mdv</i>	\$0 (Tier 3) NT
<i>folitab 500 caplet (rx) 105 mg iron- 500 mg-800 mcg</i>	\$0 (Tier 3) NT
<i>folplex 2.2 tablet 2.2-25-0.5 mg</i>	\$0 (Tier 3) NT
<i>foltabs 800 tablet 0.8-10-115 mg-mg-mcg</i>	\$0 (Tier 3) NT
<i>foltanx tablet 2-3-35 mg</i>	\$0 (Tier 3) NT
FOLTRATE TABLET (RX) 0.5-1 MG	\$0 (Tier 3) NT
<i>fruit c-500 tablet chewable 500 mg</i>	\$0 (Tier 3) NT
<i>full spectrum b with vit c tab 0.8 mg</i>	\$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
<i>gnp b12 2,500 mcg tablet sl</i>	\$0 (Tier 3) NT
<i>gnp biotin 5,000 mcg capsule (rx) 5 mg</i>	\$0 (Tier 3) NT
<i>gnp calcium 600-d3-min chew tb p/f,gluten/f,yeast/f (rx) 600 mg calcium- 800 unit-40 mg</i>	\$0 (Tier 3) NT
<i>gnp iron 45 mg tablet 159 mg (45 mg iron)</i>	\$0 (Tier 3) NT
<i>gnp iron 65 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>gnp mega multi for men tablet high potency (rx) 200-175-250 mcg</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>gnp mega multi for women tab 13.5-200-250 mg-mcg-mcg</i>	\$0 (Tier 3) NT
<i>gnp vit b-12 er 1,000 mcg tab prolonged release (rx)</i>	\$0 (Tier 3) NT
<i>gnp vit c-rose hips 500 mg tab (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin a 10,000 unit sfgl d/f, gluten-free (rx) 3,000 mcg (10,000 unit)</i>	\$0 (Tier 3) NT
<i>gnp vitamin b-1 100 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin b-12 500 mcg tab maximum strength</i>	\$0 (Tier 3) NT
<i>gnp vitamin b-6 100 mg tablet gluten free (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin c 1,000 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin c 1,000 mg tablet with rose hips (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin c 250 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin c 500 mg tab chew chewables (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin c er 500 mg tablet prolonged release (rx)</i>	\$0 (Tier 3) NT
<i>gnp vitamin e 180 mg softgel (rx) 400 unit</i>	\$0 (Tier 3) NT
<i>gnp vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>gummi bear multivit tab chew multivit & minerals (rx)</i>	\$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
<i>high potency multivitamin tab 18-400 mg-mcg</i>	\$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
<i>iferex 150 capsule 150 mg iron</i>	\$0 (Tier 3) NT
<i>infant iron 15 mg/ml drop (rx) 15 mg iron (75 mg)/ml</i>	\$0 (Tier 3) NT
<i>infant vitamin d 10 mcg/ml drp (rx) 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT
INFED 100 MG/2 ML VIAL OUTER,SUV 50 MG/ML	\$0 (Tier 3) NT
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

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>iron 27 mg tablet (rx) 236 mg (27 mg iron), 240 mg (27 mg iron)</i>	\$0 (Tier 3) NT
<i>iron 45 mg tablet 159 mg (45 mg iron)</i>	\$0 (Tier 3) NT
<i>iron 65 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>iron 65 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>iron 65 mg tablet gluten-free (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>iron 65 mg tablet p/f (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>iron 65 mg tablet p/f, gluten-free (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>iron-vitamin c 100-250 mg tab</i>	\$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
<i>kobee tablet 0.4 mg</i>	\$0 (Tier 3) NT
<i>l-methyl-mc tablet (rx) 6-5-50-1 mg</i>	\$0 (Tier 3) NT
<i>lysiplex plus liquid</i>	\$0 (Tier 3) NT
<i>mega multi for men tablet high potency (rx) 200-175-250 mcg</i>	\$0 (Tier 3) NT
<i>mega multi for women tab 13.5-200-250 mg-mcg-mcg</i>	\$0 (Tier 3) NT
<i>mega multivit-chelated min tab</i>	\$0 (Tier 3) NT
MERIBIN 5 MG CAPSULE	\$0 (Tier 3) NT
<i>metafolbic tablet 6-5-50-1 mg</i>	\$0 (Tier 3) NT
MTX SUPPORT TABLET 0.5-1 MG	\$0 (Tier 3) NT
<i>multi complete-iron tablet 18-400 mg-mcg</i>	\$0 (Tier 3) NT
<i>multiple vitamin with iron tab (rx)</i>	\$0 (Tier 3) NT
<i>multiple vitamin w-minerals tb</i>	\$0 (Tier 3) NT
<i>multiple vitamins tablet</i>	\$0 (Tier 3) NT
<i>multiple vitamins tablet one daily</i>	\$0 (Tier 3) NT
<i>multiple vitamins tablet p/f,n,lactose fre</i>	\$0 (Tier 3) NT
<i>multivitamin tablet (rx)</i>	\$0 (Tier 3) NT
<i>multivitamin with iron tablet (rx) 18-400 mg-mcg</i>	\$0 (Tier 3) NT
<i>multivitamin women 50 plus tab 8 mg iron-400 mcg-50 mcg</i>	\$0 (Tier 3) NT
<i>multivitamin-mineral liquid 9 mg iron/15 ml</i>	\$0 (Tier 3) NT
<i>multivitamins tablet (rx)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
MULTI-VITE LIQUID 9 MG IRON/15 ML	\$0 (Tier 3) NT
<i>multivit-fluor 0.25 mg tab chw (rx)</i>	\$0 (Tier 3) NT
<i>multivit-fluor 0.25 mg/ml drop (rx)</i>	\$0 (Tier 3) NT
<i>multivit-fluor 0.5 mg tab chew (rx)</i>	\$0 (Tier 3) NT
<i>multivit-fluor 0.5 mg/ml drop (rx)</i>	\$0 (Tier 3) NT
<i>multivit-fluoride 1 mg tab chw (rx)</i>	\$0 (Tier 3) NT
<i>multivit-fluor-iron 0.25 mg/ml (rx) 0.25mg fluoride -10 mg iron/ml</i>	\$0 (Tier 3) NT
<i>multivit-iron-fluor 0.25 mg/ml (rx) 0.25mg fluoride -10 mg iron/ml</i>	\$0 (Tier 3) NT
<i>multivit-mineral hp cap</i>	\$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
<i>mynephron capsule 1 mg</i>	\$0 (Tier 3) NT
NASCOBAL 500 MCG NASAL SPRAY 500 MCG/SPRAY	\$0 (Tier 3) NT
<i>nephplex rx tablet 1-60-300-12.5 mg-mg-mcg-mg</i>	\$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
<i>nephronex liquid 900 mcg/5 ml</i>	\$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
<i>ocutabs tablet (rx)</i>	\$0 (Tier 3) NT
<i>omnicap tablet 0.4 mg</i>	\$0 (Tier 3) NT

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

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

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
PHARMACIST CHOICE PED TRI-VIT 750 UNIT-35 MG -400 UNIT/ML	\$0 (Tier 3) NT
<i>poly-iron 150 forte capsule 150-25-1 mg-mcg-mg</i>	\$0 (Tier 3) NT
<i>poly-iron 150 mg capsule 150 mg iron</i>	\$0 (Tier 3) NT
<i>polysaccharide iron 150 mg cap (rx) 150 mg iron</i>	\$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
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	\$0 (Tier 2)
PREVENT SOFTGELS	\$0 (Tier 3) NT
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
<i>pyridoxine 50 mg tablet (rx)</i>	\$0 (Tier 3) NT
QUFLORA FE 0.25 MG CHEW TABLET 9-0.25 MG	\$0 (Tier 3) NT
QUFLORA FE PED 0.25 MG/ML DROP 9.5-0.25 MG/ML	\$0 (Tier 3) NT
QUFLORA PED 0.25 MG CHEW TAB 0.25MG FLUORIDE (0.55 MG)	\$0 (Tier 3) NT
QUFLORA PED 0.25 MG/ML DROP 0.25MG FLUORIDE (0.55 MG)/ML	\$0 (Tier 3) NT
QUFLORA PED 0.5 MG CHEW TAB 0.5 MG FLUORIDE (1.1 MG)	\$0 (Tier 3) NT
QUFLORA PED 0.5 MG/ML DROP 0.5 MG FLUORIDE (1.1 MG)/ML	\$0 (Tier 3) NT
QUFLORA PED 1 MG CHEW TAB 1 MG FLUORIDE (2.2 MG)	\$0 (Tier 3) NT
<i>quintabs-m iron free tablet 0.4 mg</i>	\$0 (Tier 3) NT
<i>ra balanced b-100 tablet 0.4 mg</i>	\$0 (Tier 3) NT
<i>ra balanced b-50 tablet natural,p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra b-complex tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra b-complex tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra b-complex with vit c tab sa (rx)</i>	\$0 (Tier 3) NT
<i>ra b-complex-vitamin b-12 tab p/f (rx)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will cost you (tier level) limits on use
<i>ra biotin 2,500 mcg capsule p/f, d/f</i>	\$0 (Tier 3) NT
<i>ra calcium 600-minerals tab (rx) 600 mg calcium- 200 unit</i>	\$0 (Tier 3) NT
RA CENTRAL-VITE WOMEN'S TABLET 8 MG IRON-400 MCG-50 MCG	\$0 (Tier 3) NT
<i>ra high potency iron 27 mg tab 134 mg (27 mg iron)</i>	\$0 (Tier 3) NT
RA HIGH POTENCY IRON 27 MG TAB 27 MG IRON	\$0 (Tier 3) NT
<i>ra one daily maximum tablet (rx) 18-0.4 mg</i>	\$0 (Tier 3) NT
RA SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	\$0 (Tier 3) NT
<i>ra vit b12 1,000 mcg tab sa natural,p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vit c-rose hips 500 mg tab natural,p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin a 10,000 unit sftgl p/f,softgel (rx) 3,000 mcg (10,000 unit)</i>	\$0 (Tier 3) NT
<i>ra vitamin b-1 100 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin b-12 100 mcg tablet (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin b12 er 2,000 mcg tb p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin b-6 100 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin b-6 50 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin c 1,000 mg tab sa w/bioflavonoids (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin c 1,000 mg tablet p/f,natural (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin c 1,000 mg tablet w/rose hips,p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin c 250 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin c 500 mg tab chew p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin c 500 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin c 500 mg tablet p/f,natural (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin c tr 500 mg caplet caplet,p/f (rx)</i>	\$0 (Tier 3) NT
<i>ra vitamin e 268 mg softgel (rx) 268 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>renal caps softgel 1 mg</i>	\$0 (Tier 3) NT
RENAL VITAMIN TABLET 0.8 MG	\$0 (Tier 3) NT
<i>rena-vite rx tablet (rx) 1-60-300 mg-mg-mcg</i>	\$0 (Tier 3) NT
<i>rena-vite tablet (rx) 0.8 mg</i>	\$0 (Tier 3) NT
<i>reno caps softgel 1 mg</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>senior tabs 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>sentry senior multivitamin tab sodium/f,yeast/f (rx) 500-300-250 mcg</i>	\$0 (Tier 3) NT
<i>sentry senior tablet 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>sentry tablet 18-400 mg-mcg</i>	\$0 (Tier 3) NT
<i>se-tan plus capsule 162-115.2-1 mg</i>	\$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
<i>slow release iron 45 mg tablet gluten-free (rx) 142 mg (45 mg iron)</i>	\$0 (Tier 3) NT
<i>sm b complex with vit c tablet (rx)</i>	\$0 (Tier 3) NT
<i>sm biotin 5,000 mcg capsule (rx) 5 mg</i>	\$0 (Tier 3) NT
SM SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	\$0 (Tier 3) NT
<i>sm vitamin b-6 100 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>sm vitamin c 1,000 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>sm vitamin c 500 mg chew tab (rx)</i>	\$0 (Tier 3) NT
<i>sodium fluoride 0.25 (0.55) mg (rx) 0.25 mg(0.55 mg sod. fluoride)</i>	\$0 (Tier 3) NT
<i>sodium fluoride 0.5 mg(1.1 mg) (rx) 0.5 mg (1.1 mg sodium fluorid)</i>	\$0 (Tier 3) NT
<i>sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0 (Tier 3) NT
SOLUVITA-E 22.5 MG/ML DROP 22.5 MG (50 UNIT)/ML	\$0 (Tier 3) NT
<i>soothing pureway-c 500 mg tab</i>	\$0 (Tier 3) NT
<i>stress b with zinc tablet</i>	\$0 (Tier 3) NT
<i>stress formula tablet (rx)</i>	\$0 (Tier 3) NT
<i>stress formula with iron tab 500 mg-400 mcg- 27 mg iron</i>	\$0 (Tier 3) NT
<i>stress formula with zinc tab (rx)</i>	\$0 (Tier 3) NT
STROVITE ONE CAPLET 1-1,000-15-5 MG-UNIT-MG-MG	\$0 (Tier 3) NT
<i>super b with vit c capsule (rx)</i>	\$0 (Tier 3) NT
<i>super quints b-50 tablet 0.4 mg</i>	\$0 (Tier 3) NT
<i>super thera vite m tablet (rx)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SUPPORT-500 SOFTGEL	\$0 (Tier 3) NT
<i>sv biotin 5,000 mcg softgel softgel (rx) 5 mg</i>	\$0 (Tier 3) NT
<i>sv iron 65 mg tablet (rx) 325 mg (65 mg iron)</i>	\$0 (Tier 3) NT
SV SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	\$0 (Tier 3) NT
<i>sv vit c-rose hips 1,000 mg tb p/f,gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>sv vit c-rose hips 500 mg tab (rx)</i>	\$0 (Tier 3) NT
<i>sv vit c-rose hips 500 mg tab p/f, gluten free (rx)</i>	\$0 (Tier 3) NT
<i>sv vitamin b-12 500 mcg tablet</i>	\$0 (Tier 3) NT
<i>sv vitamin b12 tr 1,000 mcg tb (rx)</i>	\$0 (Tier 3) NT
<i>sv vitamin b-6 100 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>sv vitamin c 500 mg tab chew p/f, gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>sv vitamin c tr 1,000 mg tab w/rose hips,p/f (rx)</i>	\$0 (Tier 3) NT
<i>sv vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>sv vitamin e 670 mg softgel p/f, gluten-free (rx) 670 mg (1,000 unit)</i>	\$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
TANDEM PLUS CAPSULE 162-115.2-1 MG	\$0 (Tier 3) NT
<i>taron forte capsule 150-60-25-1 mg-mg-mcg-mg</i>	\$0 (Tier 3) NT
<i>therapeutic-m tablet 9 mg iron-400 mcg</i>	\$0 (Tier 3) NT
<i>thera-tabs caplet</i>	\$0 (Tier 3) NT
<i>theratrum complete 50 plus tab 0.4 mg-300 mcg- 250 mcg</i>	\$0 (Tier 3) NT
<i>theratrum complete tablet mfg error (rx)</i>	\$0 (Tier 3) NT
<i>theratrum complete tablet w/lutein, p/f (rx)</i>	\$0 (Tier 3) NT
<i>thiamine 100 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>thiamine 100 mg tablet coated (rx)</i>	\$0 (Tier 3) NT
<i>triphrocaps softgel softgel (rx) 1 mg</i>	\$0 (Tier 3) NT
<i>tri-vite-fluoride 0.25 mg/ml 0.25 mg fluor. (0.55 mg)/ml</i>	\$0 (Tier 3) NT
<i>tri-vite-fluoride 0.5 mg/ml 0.5 mg fluoride (1.1 mg)/ml</i>	\$0 (Tier 3) NT
<i>true ferrous sulf ec 324 mg tb 324 mg (65 mg iron)</i>	\$0 (Tier 3) NT
<i>true vitamin b-12 1,000 mcg tab (rx)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>true vitamin b-12 500 mcg tab</i>	\$0 (Tier 3) NT
<i>true vitamin b2 100 mg tablet</i>	\$0 (Tier 3) NT
<i>true vitamin b2 25 mg tablet</i>	\$0 (Tier 3) NT
<i>true vitamin b2 50 mg tablet</i>	\$0 (Tier 3) NT
<i>true vitamin b-6 100 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>true vitamin b-6 25 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>true vitamin b-6 50 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>true vitamin c 1,000 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>true vitamin c 250 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>true vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>true vitamin e 180 mg capsule (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>v-c forte capsule 1 mg</i>	\$0 (Tier 3) NT
<i>vic-forte capsule 1 mg</i>	\$0 (Tier 3) NT
VIRT-CAPS SOFTGEL (RX) 1 MG	\$0 (Tier 3) NT
<i>vit a,c,d-fluoride 0.25 mg/ml 0.25 mg fluor. (0.55 mg)/ml</i>	\$0 (Tier 3) NT
<i>vit c-rose hip 1,000 mg caplet (rx)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips 1,000 mg cplt caplet,p/f (rx)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips 1,000 mg tab (rx)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips 500 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips 500 mg tablet with rose hips,p/f (rx)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips tr 1,000 mg (rx)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips tr 1,000 mg caplet,p/f (rx)</i>	\$0 (Tier 3) NT
<i>vit c-rose hips tr 500 mg cplt caplet,p/f (rx)</i>	\$0 (Tier 3) NT
VITAL-D RX TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG	\$0 (Tier 3) NT
<i>vitalee tablet 0.4 mg</i>	\$0 (Tier 3) NT
<i>vitalets tablet chewable child, orange (rx)</i>	\$0 (Tier 3) NT
<i>vitamin a 10,000 unit softgel p/f,n,softgel (rx) 3,000 mcg (10,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin a 3,000 mcg softgel (rx)</i>	\$0 (Tier 3) NT
<i>vitamin a 8,000 unit capsule (rx) 2,400 mcg</i>	\$0 (Tier 3) NT
<i>vitamin b complex capsule (rx)</i>	\$0 (Tier 3) NT

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

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

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

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>vitamin c 1,000 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 1,000 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 1,000 mg tablet n,caplet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 1,000 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 1,500 mg tablet sa (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 250 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 250 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 250 mg tablet chew</i>	\$0 (Tier 3) NT
<i>vitamin c 250 mg tablet chew fruity (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 250 mg tablet chew p/f (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 250 mg tablet gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 250 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg capsule sa (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet chew (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet chew (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet chew</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet chew natural & art orange (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet chew p/f (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet p/f (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet p/f,gluten-free (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet u-d (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg tablet y/f,gluten/f (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c 500 mg/5 ml liquid</i>	\$0 (Tier 3) NT
<i>vitamin c drops (rx) 60 mg</i>	\$0 (Tier 3) NT
<i>vitamin c powder (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c powder y/f,gluten/f (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c tr 1,000 mg tablet timed release (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c tr 500 mg caplet caplet (rx)</i>	\$0 (Tier 3) NT

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>vitamin c tr 500 mg tablet timed release (rx)</i>	\$0 (Tier 3) NT
<i>vitamin c-500 mg tr capsule</i>	\$0 (Tier 3) NT
<i>vitamin c-rose hip 1,000 mg tb (rx)</i>	\$0 (Tier 3) NT
<i>vitamin d2 1.25 mg(50,000 unit)</i>	\$0 (Tier 3) NT
<i>vitamin d2 1.25 mg(50,000 unit) capsule</i>	\$0 (Tier 3) NT
<i>vitamin d2 1.25 mg(50,000 unit) softgel</i>	\$0 (Tier 3) NT
<i>vitamin d3 10 mcg/ml drop (rx) 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT
<i>vitamin d3 10 mcg/ml liquid w/dropper (rx) 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT
<i>vitamin d3 400 unit/ml liquid (rx) 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 3) NT
<i>vitamin e 1,000 unit softgel p/f, blend, softgel (rx)</i>	\$0 (Tier 3) NT
<i>vitamin e 1,000 unit softgel p/f, gluten-f,sftgel (rx) 670 mg (1,000 unit)</i>	\$0 (Tier 3) NT
VITAMIN E 1,000 UNIT SOFTGEL P/F,SOFTGEL (RX)	\$0 (Tier 3) NT
<i>vitamin e 1,000 unit softgel softgel, finest (rx)</i>	\$0 (Tier 3) NT
<i>vitamin e 100 unit softgel softgel (rx) 45 mg (100 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 15 unit/0.3 ml drop 22.5 mg (50 unit)/ml</i>	\$0 (Tier 3) NT
VITAMIN E 15 UNIT/0.3 ML DROP 22.5 MG (50 UNIT)/ML	\$0 (Tier 3) NT
<i>vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 180 mg(400 unit) sfgl (rx)</i>	\$0 (Tier 3) NT
<i>vitamin e 180 mg(400 unit) sfgl inner (rx)</i>	\$0 (Tier 3) NT
<i>vitamin e 180 mg(400 unit) sfgl outer (rx)</i>	\$0 (Tier 3) NT
<i>vitamin e 200 unit softgel p/f, gluten-f,sftgel (rx) 134 mg (200 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 200 unit softgel p/f, no lactose (rx) 134 mg (200 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 400 unit capsule softgel, p/f (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 400 unit softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 400 unit softgel economy size (rx) 268 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 400 unit softgel p/f,softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 400 unit softgel p/f,softgel (rx)</i>	\$0 (Tier 3) NT
<i>vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT

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

Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>vitamin e 400 unit softgel softgel, p/f (rx) 180 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 400 unit softgel softgel,100% natural (rx) 268 mg (400 unit)</i>	\$0 (Tier 3) NT
<i>vitamin e 45 mg softgel (rx) 45 mg (100 unit)</i>	\$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
<i>vitatrum tablet 18-500-300-250 mg-mcg-mcg-mcg</i>	\$0 (Tier 3) NT
VITRUM 50 PLUS SENIOR TABLET 500-300-250 MCG	\$0 (Tier 3) NT
<i>wee care 15 mg/1.25 ml susp</i>	\$0 (Tier 3) NT
<i>wescaps capsule 1 mg</i>	\$0 (Tier 3) NT
<i>westab max tablet 2.5-25-2 mg</i>	\$0 (Tier 3) NT
<i>westab one tablet 2.5-25-1 mg</i>	\$0 (Tier 3) NT
WOMEN'S DAILY FORMULA CAPLET (RX) 18 MG IRON-400 MCG-500 MG CA	\$0 (Tier 3) NT
<i>women's daily formula caplet 27-0.4 mg</i>	\$0 (Tier 3) NT
<i>yelets tablet 18-400 mg-mcg</i>	\$0 (Tier 3) NT
ZINC LOZENGES	\$0 (Tier 3) NT

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

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

D. Index of Covered Drugs

<i>a thru z</i>	115	AEROCHAMBER PLUS FLOW- VU,M MSK.....	85	<i>amlodipine-valsartan-hcthiazyd</i> ..	56
<i>a thru z advanced formula</i>	115	AEROCHAMBER PLUS FLOW- VU,S MSK.....	85	<i>ammonium lactate</i>	65
A THRU Z MEN'S ULTIMATE.....	115	AEROCHAMBER PLUS Z STAT.....	85	<i>amnestem</i>	66
<i>a thru z select</i>	115	AEROCHAMBER PLUS Z STAT LG MSK.....	85	<i>amoxapine</i>	49
<i>a thru z select 50plus formula</i> ...115		AEROCHAMBER PLUS Z STAT MD MSK.....	85	<i>amoxicillin</i>	28, 29
<i>a thru z select women's</i>	115	AEROCHAMBER PLUS Z STAT SM MSK.....	86	<i>amoxicillin-pot clavulanate</i>	29
<i>abacavir</i>	21	AEROCHAMBER Z-STAT PLUS- FLW SG.....	85	<i>amphotericin b</i>	21
<i>abacavir-lamivudine</i>	21	AEROTRACH PLUS.....	86	<i>ampicillin</i>	29
ABANEU-SL.....	115	AEROVENT PLUS.....	86	<i>ampicillin sodium</i>	29
<i>abc complete senior 50 plus</i>	115	AIMOVIG AUTOINJECTOR.....	44	<i>ampicillin-sulbactam</i>	29
ABELCET.....	21	AKEEGA.....	31	<i>anagrelide</i>	69
ABILIFY ASIMTUFII.....	48	<i>ala-cort</i>	68	<i>anastrozole</i>	31
ABILIFY MAINTENA.....	48, 49	<i>albendazole</i>	26	ANORO ELLIPTA.....	100
<i>abiraterone</i>	31	<i>albuterol sulfate</i>	99, 100	APETEX.....	115
ABRYSVO (PF).....	82	<i>alclometasone</i>	68	APETIGEN.....	115
<i>acamprosate</i>	69	<i>alcohol pads</i>	73	<i>apetigen plus</i>	115
<i>acarbose</i>	73	ALECENSA.....	31	APETIGEN PLUS.....	115
ACCRUFER.....	115	<i>alendronate</i>	87	<i>apraclonidine</i>	98
<i>accutane</i>	66	<i>alfuzosin</i>	103	<i>aprepitant</i>	78
ACE AEROSOL CLOUD ENHANCER.....	85	<i>aliskiren</i>	56	<i>apri</i>	91
<i>acebutolol</i>	56	<i>allopurinol</i>	87	APTIOM.....	39
<i>acetaminophen-codeine</i>	46	<i>alosetron</i>	78	APTIVUS.....	22
<i>acetazolamide</i>	97	ALPHAGAN P.....	98	<i>aranelle (28)</i>	92
<i>acetic acid</i>	72	<i>alprazolam</i>	49	ARCALYST.....	81
<i>acetylcysteine</i>	99	<i>altavera (28)</i>	91	AREXVY (PF).....	82
<i>acitretin</i>	64	ALUNBRIG.....	31	<i>arformoterol</i>	100
ACTEMRA.....	88	<i>alyacen 1/35 (28)</i>	91	ARIKAYCE.....	26
ACTEMRA ACTPEN.....	88	<i>alyq</i>	100	<i>aripiprazole</i>	49
ACTHIB (PF).....	82	<i>amantadine hcl</i>	22	ARISTADA.....	49
<i>actical</i>	115	<i>ambrisentan</i>	100	ARISTADA INITIO.....	49
ACTIMMUNE.....	81	<i>amethia</i>	91	<i>armodafinil</i>	49
<i>acyclovir</i>	22	<i>amikacin</i>	26	ARNUITY ELLIPTA.....	100
<i>acyclovir sodium</i>	22	<i>amiloride</i>	56	<i>ascorbic acid (vitamin c)</i> 115, 119, 120, 130, 132, 134, 135, 136	
ADACEL(TDAP ADOLESN/ADULT)(PF).....	82	<i>amiloride-hydrochlorothiazide</i> ... 56		ASCORBIC ACID (VITAMIN C)....	115
<i>adapalene</i>	66	<i>amiodarone</i>	55	<i>asenapine maleate</i>	49
<i>adefovir</i>	22	<i>amitriptyline</i>	49	<i>ashlyna</i>	92
ADEMPAS.....	99	<i>amlodipine</i>	56	<i>aspirin-dipyridamole</i>	60
<i>adults 50 plus</i>	115	<i>amlodipine-atorvastatin</i>	62	ASSURE ID INSULIN SAFETY.....	86
ADVAIR HFA.....	99	<i>amlodipine-benazepril</i>	56	<i>atazanavir</i>	22
AEROCHAMBER MINI.....	85	<i>amlodipine-olmesartan</i>	56	<i>atenolol</i>	56
AEROCHAMBER MV.....	85	<i>amlodipine-valsartan</i>	56	<i>atenolol-chlorthalidone</i>	56
AEROCHAMBER PLUS FLOW-VU.85				<i>atomoxetine</i>	49
AEROCHAMBER PLUS FLOW- VU,L MSK.....	85			<i>atorvastatin</i>	62
				<i>atovaquone</i>	26
				<i>atovaquone-proguanil</i>	26

<i>atropine</i>	97	BETASERON.....	81	C 1000-BIOFLAVONOIDS-ROSE
ATROVENT HFA.....	100	<i>betaxolol</i>	56, 96	HIPS.....
<i>aubra eq</i>	92	<i>bethanechol chloride</i>	103	<i>c complex</i>
AUGTYRO.....	31	BEVESPI AEROSPHERE.....	100	<i>c-1000</i>
AUSTEDO.....	44	<i>bexarotene</i>	31	<i>c-1000 with rose hips</i>
AUSTEDO XR.....	44	BEXSERO.....	82	<i>c-500</i>
AUSTEDO XR TITRATION		<i>bicalutamide</i>	31	<i>cabergoline</i>
KT(WK1-4).....	44, 45	BICILLIN L-A.....	29	CABOMETYX.....
AUVELITY.....	49	BIKTARVY.....	22	CA-D3-MAG OX-ZINC-COP-
<i>aviane</i>	92	BIOCAL.....	116	MANG-BOR.....
AYVAKIT.....	31	<i>biopetit</i>	116	<i>ca-d3-mag ox-zinc-cop-mang-</i>
<i>azathioprine</i>	31	<i>biotin</i>		<i>bor</i>
<i>azelaic acid</i>	66	116, 117, 119, 121, 123, 129, 130,		117, 123
<i>azelastine</i>	72, 97	131		<i>calcidol</i>
<i>azithromycin</i>	26	<i>bisoprolol fumarate</i>	56	<i>calcipotriene</i>
<i>aztreonam</i>	26	<i>bisoprolol-hydrochlorothiazide</i> ...	57	<i>calcitonin (salmon)</i>
<i>azurette (28)</i>	92	BIVIGAM.....	82	<i>calcitriol</i>
<i>b complex 1 (with folic acid)</i>	116	<i>blisovi 24 fe</i>	92	<i>calcium 500</i>
B COMPLEX W-VIT C.....	116	<i>blisovi fe 1.5/30 (28)</i>	92	<i>calcium 500 + d</i>
<i>b-12 dots</i>	116	BOOSTRIX TDAP.....	82	<i>calcium 500 with d</i>
<i>bacitracin</i>	96	<i>bosentan</i>	100	<i>calcium 600</i>
<i>bacitracin-polymyxin b</i>	96	BOSULIF.....	31	<i>calcium 600 + d(3)</i>
<i>baclofen</i>	46	BRAFTOVI.....	31	<i>calcium 600 + minerals</i>
BACMIN.....	116	BREATHERITE VALVED MDI		<i>calcium 600 with vitamin d3</i>
<i>balance b-100 (folic acid)</i>	116	CHAMBER.....	86	<i>calcium carbonate</i>
<i>balance b-50 (with folic acid)</i>	116	BREATHERITE VALVED MDI		.....104, 105, 108, 110, 113
<i>balanced b-100</i>	128	SPACER.....	86	<i>calcium carbonate-vit d3-min</i> ...
<i>balanced b-50</i>	128	BREO ELLIPTA.....	100	<i>calcium carbonate-vitamin d3</i>
<i>balsalazide</i>	78	<i>breynga</i>	100	...104, 105, 106, 107, 108, 109, 113
BALVERSA.....	31	BREZTRI AEROSPHERE.....	100	CALCIUM CARBONATE-
<i>balziva (28)</i>	92	<i>briellyn</i>	92	VITAMIN D3.....
BARACLUDGE.....	22	BRILINTA.....	60	104, 105, 110
BCG VACCINE, LIVE (PF).....	82	<i>brimonidine</i>	98	<i>calcium citrate</i>
<i>b-complex</i>	128	<i>brinzolamide</i>	97	107
<i>b-complex with vitamin c</i>		BRIVIACT.....	39	<i>calcium citrate + d</i>
.....116, 119, 128, 130, 133		<i>bromfenac</i>	97	107
BELSOMRA.....	49	<i>bromocriptine</i>	43	<i>calcium citrate-vitamin d3</i>
<i>benazepril</i>	56	<i>brompheniramine-pseudoeph-</i>		..... 107, 108, 109, 112
<i>benazepril-hydrochlorothiazide</i> ..	56	<i>dm</i>	98	CALCIUM CITRATE-VITAMIN D3
BENLYSTA.....	88	BRUKINSA.....	31	..... 107, 108, 113
<i>benzonatate</i>	98	<i>budesonide</i>	78, 100	<i>calcium for women</i>
<i>benztropine</i>	43	<i>bumetanide</i>	57	117
BESREMI.....	81	<i>buprenorphine hcl</i>	46	CALCIUM WITH BORON.....
<i>beta carotene</i>	116, 119	<i>buprenorphine-naloxone</i>	47	71
<i>betaine</i>	78	<i>bupropion hcl</i>	49	<i>calcium with vitamin d</i>
<i>betamethasone dipropionate</i>	68	<i>bupropion hcl (smoking deter)</i>	71	106
<i>betamethasone valerate</i>	68	<i>buspirone</i>	49	<i>calcium-magnesium-zinc</i> ..
<i>betamethasone, augmented</i>	68	BYDUREON BCISE.....	73	107, 108

CALTRATE 600-D PLUS MINERALS.....	117	<i>cephalexin</i>	26	CLINIMIX 5%-D20W(SULFITE-FREE).....	114
CALTRATE WITH VITAMIN D3...	108	CEREFOLIN.....	118	<i>clobazam</i>	39
<i>camila</i>	90	<i>cerovite senior</i>	118	<i>clobetasol</i>	68
<i>camrese lo</i>	92	<i>certavite senior</i>	118	<i>clobetasol-emollient</i>	68
<i>candesartan</i>	57	<i>certavite-antioxidant</i>	118	<i>clodan</i>	69
<i>candesartan-hydrochlorothiazid</i>	57	CERTAVITE-ANTIOXIDANT.....	118	<i>clomipramine</i>	50
CAPLYTA.....	50	<i>cetirizine</i>	99	<i>clonazepam</i>	39, 40
CAPRELSA.....	31	<i>cevimeline</i>	70	<i>clonidine</i>	57
<i>captopril</i>	57	CHEMET.....	70	<i>clonidine hcl</i>	57
<i>carbamazepine</i>	39	<i>children's chewables</i>	118	<i>clonidine hcl</i>	57
<i>carbidopa</i>	43	<i>children's chewables extra c</i>	118	<i>clopidogrel</i>	61
<i>carbidopa-levodopa</i>	43	<i>chlorhexidine gluconate</i>	72	<i>clorazepate dipotassium</i>	50
<i>carbidopa-levodopa-entacapone</i>	43	<i>chloroquine phosphate</i>	27	<i>clotrimazole</i>	21, 67
<i>carglumic acid</i>	70	<i>chlorpromazine</i>	50	<i>clotrimazole-betamethasone</i>	67, 68
<i>carteolol</i>	96	<i>chlorthalidone</i>	57	<i>clozapine</i>	50
<i>cartia xt</i>	57	<i>cholecalciferol (vitamin d3)</i>	124, 127, 136	COARTEM.....	27
<i>carvedilol</i>	57	<i>cholestyramine (with sugar)</i>	62	<i>codeine-guaifenesin</i>	99
<i>caspofungin</i>	21	<i>cholestyramine light</i>	62	<i>colchicine</i>	87
CAYSTON.....	27	<i>ciclopirox</i>	67	<i>colesevelam</i>	62
<i>cefaclor</i>	25	<i>cilostazol</i>	61	<i>colestipol</i>	62
<i>cefadroxil</i>	25	CIMDUO.....	22	<i>colistin (colistimethate na)</i>	27
<i>cefazolin</i>	25	<i>cinacalcet</i>	76	COMBIGAN.....	97
<i>cefdinir</i>	25	<i>ciprofloxacin hcl</i>	29, 96	COMBIVENT RESPIMAT.....	100
<i>cefepime</i>	25	<i>ciprofloxacin in 5 % dextrose</i>	29	COMETRIQ.....	32
<i>cefixime</i>	25	<i>ciprofloxacin-dexamethasone</i>	72	COMPACT SPACE CHAMBER.....	86
<i>cefoxitin</i>	25	<i>cialopram</i>	50	COMPACT SPACE CHAMBER-LRG MASK.....	86
<i>cefpodoxime</i>	25	CITRACAL + D MAXIMUM.....	108	COMPACT SPACE CHAMBER-MED MASK.....	86
<i>cefprozil</i>	25	<i>claravis</i>	66	COMPACT SPACE CHAMBER-SM MASK.....	86
<i>ceftazidime</i>	25	<i>clarithromycin</i>	26	COMPLERA.....	22
<i>ceftriaxone</i>	25	CLEVER CHOICE CHAMBER-LRG MASK.....	86	<i>complete multivitamin-mineral</i>	120
<i>cefuroxime axetil</i>	25	CLEVER CHOICE CHAMBER-MED MASK.....	86	<i>complete mv adult 50 plus</i>	120
<i>cefuroxime sodium</i>	25	CLEVER CHOICE CHAMBER-SM MASK.....	86	<i>complex b-100</i>	118
<i>celecoxib</i>	47	<i>clindamycin hcl</i>	27	<i>compro</i>	78
CENTRAL-VITE WOMEN'S MATURE.....	129	<i>clindamycin in 5 % dextrose</i>	27	<i>constulose</i>	78
<i>centratex</i>	117	<i>clindamycin phosphate</i>	27, 66, 67, 91	COPIKTRA.....	32
<i>centravites 50 plus</i>	117	<i>clindamycin-benzoyl peroxide</i>	67	CORAL CALCIUM.....	118
<i>centrum</i>	117	CLINIMIX 5%/D15W SULFITE FREE.....	114	CORLANOR.....	63
CENTRUM.....	117	CLINIMIX 4.25%/D10W SULFITE FREE.....	114	<i>corvita</i>	118
CENTRUM COMPLETE.....	117	CLINIMIX 4.25%/D5W SULFITE FREE.....	70	CORVITE 150.....	118
CENTRUM MEN.....	117			CORVITE FE.....	118
CENTRUM SILVER.....	118			COSENTYX.....	64
CENTRUM SILVER WOMEN.....	118			COSENTYX (2 SYRINGES).....	64
CENTRUM SPECIALIST HEART... ..	118			COSENTYX PEN (2 PENS).....	64
CENTRUM ULTRA MEN'S.....	118			COSENTYX UNOREADY PEN.....	64
<i>centrum women</i>	118			COTELIC.....	32

<i>cranberry urinary comfort</i>	71	DEKAS PLUS LIQUID.....	120	<i>diltiazem hcl</i>	57
CREON.....	78	DELSTRIGO.....	22	<i>dilt-xr</i>	57
CRESEMBA.....	21	<i>demeclocycline</i>	30	<i>dimethyl fumarate</i>	45
<i>cromolyn</i>	78, 97, 100	DEPO-SUBQ PROVERA 104.....	90	<i>diphenoxylate-atropine</i>	78
<i>cryselle (28)</i>	92	DESCOVY.....	22	<i>dipyridamole</i>	61
CUTTER BACKWOODS.....	65	<i>desipramine</i>	50	<i>disopyramide phosphate</i>	56
CUTTER BACKWOODS DRY.....	65	<i>desloratadine</i>	99	<i>disulfiram</i>	70
CUTTER LEMON EUCALYPTUS....	65	<i>desmopressin</i>	77	<i>divalproex</i>	40
<i>cyanocobalamin (vitamin b-12)</i>		<i>desog-e.estradiol/e.estradiol</i>	92	<i>dofetilide</i>	56
116, 118, 119, 121, 124, 129, 131,		<i>desogestrel-ethinyl estradiol</i>	92	<i>dolishale</i>	92
132, 133, 134		<i>desonide</i>	69	<i>donepezil</i>	45
CYANOCOBALAMIN (VITAMIN		<i>desvenlafaxine succinate</i>	50	DOPTELET (10 TAB PACK).....	61
B-12).....	116, 119	<i>dexamethasone</i>	72	DOPTELET (15 TAB PACK).....	61
<i>cyclobenzaprine</i>	46	<i>dexamethasone sodium</i>		DOPTELET (30 TAB PACK).....	61
<i>cyclophosphamide</i>	32	<i>phosphate</i>	98	<i>dorzolamide</i>	97
CYCLOPHOSPHAMIDE.....	32	<i>dexlansoprazole</i>	80	<i>dorzolamide-timolol</i>	97
<i>cyclosporine</i>	32, 97	<i>dexmethylphenidate</i>	50	<i>dotti</i>	90
<i>cyclosporine modified</i>	32	<i>dextroamphetamine sulfate</i>	50	DOVATO.....	22
CYLTEZO(CF).....	88	<i>dextroamphetamine-</i>		<i>doxazosin</i>	57
CYLTEZO(CF) PEN.....	88	<i>amphetamine</i>	50	<i>doxepin</i>	51
CYLTEZO(CF) PEN CROHN'S-UC-		<i>dextrose 10 % and 0.2 % nacl</i>	70	<i>doxercalciferol</i>	77
HS.....	88	<i>dextrose 10 % in water (d10w)</i> ... 70		<i>doxy-100</i>	30
CYLTEZO(CF) PEN PSORIASIS-UV.88		<i>dextrose 5 % in water (d5w)</i>	70	<i>doxycycline hyclate</i>	30
<i>cyproheptadine</i>	99	<i>dextrose 5%-0.2 % sod chloride</i> .. 70		<i>doxycycline monohydrate</i>	30
<i>cyred eq</i>	92	DIACOMIT.....	40	DRIZALMA SPRINKLE.....	51
CYSTAGON.....	103	<i>dialyvite</i>	120	<i>dronabinol</i>	78
CYSTARAN.....	97	DIALYVITE 3000.....	120	<i>drospirenone-e.estradiol-lm.fa</i> ... 92	
<i>d10 %-0.45 % sodium chloride</i> ... 70		DIALYVITE 5000.....	120	<i>drospirenone-ethinyl estradiol</i> ...92	
<i>d2.5 %-0.45 % sodium chloride</i> ... 70		<i>dialyvite 800</i>	120	DROXIA.....	32
<i>d5 % and 0.9 % sodium chloride</i> . 70		DIALYVITE 800 WITH IRON.....	120	<i>droxidopa</i>	70
<i>d5 %-0.45 % sodium chloride</i> 70		DIALYVITE SUPREME D.....	120	<i>duloxetine</i>	51
<i>daily multivitamin with iron</i>.....125		<i>diazepam</i>	40, 51	DUPIXENT PEN.....	65
<i>daily value</i>	120	<i>diazepam intensol</i>	51	DUPIXENT SYRINGE.....	65
<i>daily vites/iron</i>	120	<i>diazoxide</i>	73	<i>dutasteride</i>	103
<i>daily-vite</i>	120	<i>diclofenac potassium</i>	47	<i>dutasteride-tamsulosin</i>	103
<i>dalfampridine</i>	45	<i>diclofenac sodium</i>	47, 97	<i>d-vi-sol</i>	120
<i>danazol</i>	77	<i>diclofenac-misoprostol</i>	47	EASIVENT HOLDING CHAMBER...86	
<i>dantrolene</i>	46	<i>dicloxacillin</i>	29	EASIVENT MASK LARGE.....	86
<i>dapsone</i>	27	<i>dicyclomine</i>	78	EASIVENT MASK MEDIUM.....	86
DAPTACEL (DTAP PEDIATRIC)		DIFICID.....	26	EASIVENT MASK SMALL.....	86
(PF).....	82	<i>diflunisal</i>	47	EDARBI.....	57
<i>daptomycin</i>	27	<i>difluprednate</i>	98	EDARBYCLOR.....	57
<i>darunavir</i>	22	<i>digoxin</i>	63, 64	EDURANT.....	22
DAURISMO.....	32	<i>dihydroergotamine</i>	44	<i>efavirenz</i>	22
<i>deblitane</i>	90	DILANTIN.....	40	<i>efavirenz-emtricitabin-tenofov</i> ... 22	
<i>deferasirox</i>	70	DILANTIN EXTENDED.....	40	<i>efavirenz-lamivu-tenofov disop</i> .. 22	
DEKAS ESSENTIAL.....	120	DILANTIN INFATABS.....	40	<i>electrolyte-148</i>	114
DEKAS PLUS (FOLIC ACID).....	120	DILANTIN-125.....	40	ELECTROLYTES-DEXTROSE.....	70

<i>electrolytes-dextrose</i>	109, 111	<i>ertapenem</i>	27	<i>feosol</i>	121
ELFOLATE PLUS.....	120	<i>ery pads</i>	67	FEOSOL BIFERA.....	121
ELIGARD.....	32	<i>ery-tab</i>	26	<i>ferate</i>	121
ELIGARD (3 MONTH).....	32	ERYTHROCIN.....	26	FER-IN-SOL.....	121
ELIGARD (4 MONTH).....	32	<i>erythrocin (as stearate)</i>	26	FERIVA 21-7.....	121
ELIGARD (6 MONTH).....	32	<i>erythromycin</i>	26, 96	<i>ferosul</i>	121
ELIQUIS.....	61	<i>erythromycin with ethanol</i>	67	<i>ferretts</i>	121
ELIQUIS DVT-PE TREAT 30D START.....	61	<i>erythromycin-benzoyl peroxide</i> ..	67	FERRETTS IPS.....	121
ELMIRON.....	103	<i>escitalopram oxalate</i>	51	<i>ferrex 150</i>	121
<i>eluryng</i>	91	<i>esomeprazole magnesium</i>	81	FERRIMIN 150.....	121
EMSAM.....	51	<i>essentia</i>	121	<i>ferro-time</i>	121
<i>emtricitabine</i>	22	<i>estarylla</i>	92	<i>ferrous fumarate</i>	121
<i>emtricitabine-tenofovir (tdf)</i>	22	<i>estradiol</i>	90	<i>ferrous gluconate</i>	119, 121, 122, 125
EMTRIVA.....	22	<i>estradiol valerate</i>	90	<i>ferrous sulfate</i>	119, 122, 124, 125, 127, 131
EMVERM.....	27	<i>estradiol-norethindrone acet</i>	90	FETZIMA.....	51
<i>enalapril maleate</i>	57	<i>ethambutol</i>	27	<i>fe-vite</i>	127
<i>enalapril-hydrochlorothiazide</i>	57	<i>ethosuximide</i>	40	<i>finasteride</i>	103
ENBREL.....	88	<i>ethynodiol diac-eth estradiol</i>	92	<i>finngolimod</i>	45
ENBREL MINI.....	88	<i>etodolac</i>	48	FINTEPLA.....	40
ENBREL SURECLICK.....	88	<i>etonogestrel-ethinyl estradiol</i>	91	<i>finzala</i>	92
ENDARI.....	70	<i>etravirine</i>	22	FIRMAGON KIT W DILUENT SYRINGE.....	33
<i>endocet</i>	46	<i>euthyrox</i>	77	<i>flac otic oil</i>	72
<i>endur-acin</i>	62	<i>everolimus (antineoplastic)</i>	32	<i>flecainide</i>	56
<i>endur-c with rose hips</i>	120	<i>everolimus</i> (immunosuppressive).....	32, 33	FLEXICHAMBER.....	86
ENFAMIL ENFALYTE.....	108	EVOTAZ.....	22	FLEXICHAMBER-LG CHILD MASK	86
ENGERIX-B (PF).....	82	<i>exemestane</i>	33	FLEXICHAMBER-SM ADULT MASK.....	86
ENGERIX-B PEDIATRIC (PF).....	82	EXKIVITY.....	33	FLEXICHAMBER-SM CHILD MASK.....	86
ENLYTE.....	120	<i>ezetimibe</i>	62	FLINTSTONES MULTIVITAMIN..	122
<i>enoxaparin</i>	61	<i>ezetimibe-simvastatin</i>	62	FLORIVA.....	122, 123
<i>enpresse</i>	92	<i>ezfe 200</i>	121	FLORIVA (FLUORIDE-VITAMIN D3).....	123
<i>enskyce</i>	92	<i>falmina (28)</i>	92	FLORIVA PLUS.....	123
<i>entacapone</i>	43	<i>famciclovir</i>	23	<i>fluconazole</i>	21
<i>entecavir</i>	22	<i>famotidine</i>	81	<i>fluconazole in nacl (iso-osm)</i>	21
ENTRESTO.....	64	FANAPT.....	51	<i>flucytosine</i>	21
<i>enulose</i>	78	FARXIGA.....	73	<i>fludrocortisone</i>	72
ENVARUSUS XR.....	32	FASENRA.....	100	<i>flunisolide</i>	100
EPIDIOLEX.....	40	FASENRA PEN.....	100	<i>fluocinolone</i>	69
<i>epinephrine</i>	99	<i>fe c</i>	121	<i>fluocinolone acetonide oil</i>	72
<i>epitol</i>	40	<i>febuxostat</i>	87	<i>fluocinolone and shower cap</i>	69
<i>eplerenone</i>	58	<i>felbamate</i>	40	<i>fluocinonide</i>	69
EPRONTIA.....	40	<i>felodipine</i>	58	<i>fluocinonide-emollient</i>	69
<i>ergocalciferol (vitamin d2)</i>	121, 136	<i>fenofibrate</i>	62	<i>fluoride (sodium)</i>	123, 130
<i>ergotamine-caffeine</i>	44	<i>fenofibrate micronized</i>	62		
ERIVEDGE.....	32	<i>fenofibrate nanocrystallized</i>	62		
ERLEADA.....	32	<i>fenofibric acid (choline)</i>	62		
<i>erlotinib</i>	32	<i>fentanyl</i>	46		
<i>errin</i>	90	<i>fentanyl citrate</i>	46		

<i>fluorometholone</i>	98	GAUZE PAD	86	<i>high potency multivit (w-iron)</i> ..	124
<i>fluorouracil</i>	65	<i>gavilyte-c</i>	79	HUMIRA	89
<i>fluoxetine</i>	51	<i>gavilyte-g</i>	79	HUMIRA PEN	88
<i>fluphenazine decanoate</i>	51	GAVRETO	33	HUMIRA PEN PSOR-UVEITS- ADOL HS	88
<i>fluphenazine hcl</i>	51	<i>gefitinib</i>	33	HUMIRA(CF)	89
<i>flurbiprofen</i>	48	<i>gemfibrozil</i>	62	HUMIRA(CF) PEN	89
<i>flurbiprofen sodium</i>	97	<i>gemmily</i>	92	HUMIRA(CF) PEN CROHNS-UC- HS	89
<i>fluticasone propionate</i>	69, 100	<i>generlac</i>	79	HUMIRA(CF) PEN PEDIATRIC UC ..	89
<i>fluticasone propion-salmeterol</i> ..	101	<i>gengraf</i>	33	HUMIRA(CF) PEN PSOR-UV- ADOL HS	89
<i>fluvastatin</i>	62	<i>gentamicin</i>	27, 67, 96	HUMULIN R U-500 (CONC) INSULIN	74
<i>fluvoxamine</i>	51	<i>gentamicin in nacl (iso-osm)</i>	27	HUMULIN R U-500 (CONC) KWIKPEN	74
<i>folbee</i>	123	GENVOYA	23	<i>hydralazine</i>	58
<i>folbee plus</i>	123	GILOTRIF	33	HYDRALYTE	70
<i>folbic</i>	123	<i>glatiramer</i>	45	<i>hydralyte</i>	109
<i>folic acid</i>	123	<i>glatopa</i>	45	<i>hydrochlorothiazide</i>	58
FOLIC ACID-VIT B6-VIT B12	116	GLEOSTINE	33	<i>hydrocodone-acetaminophen</i>	46
<i>folitab</i>	123	<i>glimepiride</i>	73	<i>hydrocodone-chlorpheniramine</i> ..	99
<i>folplex 2.2</i>	123	<i>glipizide</i>	73	<i>hydrocodone-homatropine</i>	99
<i>foltabs 800</i>	123	<i>glipizide-metformin</i>	73	<i>hydrocodone-ibuprofen</i>	46
<i>foltanx</i>	123	<i>glutamine (sickle cell)</i>	70	<i>hydrocortisone</i>	69, 72, 79
FOLTRATE	123	<i>glycopyrrolate</i>	78	<i>hydromet</i>	99
<i>fondaparinux</i>	61	GLYXAMBI	74	<i>hydromorphone</i>	46
<i>formoterol fumarate</i>	101	<i>granisetron hcl</i>	79	<i>hydroxychloroquine</i>	27
<i>fosamprenavir</i>	23	<i>griseofulvin microsize</i>	21	<i>hydroxyurea</i>	33
<i>fosinopril</i>	58	<i>griseofulvin ultramicrosize</i>	21	<i>hydroxyzine hcl</i>	99
<i>fosinopril-hydrochlorothiazide</i> ...	58	<i>guanfacine</i>	51, 52, 58	<i>hydroxyzine pamoate</i>	99
FOTIVDA	33	<i>gummi bear multivitamin</i>	124	<i>ibandronate</i>	87
<i>fruit c-500</i>	123	GVOKE	74	IBRANCE	33
FRUZAQLA	33	GVOKE HYOPEN 2-PACK	74	<i>ibu</i>	48
<i>full spectrum b-vitamin c</i>	123	GVOKE PFS 1-PACK SYRINGE	74	<i>ibuprofen</i>	48
<i>furosemide</i>	58	HAEGARDA	101	ICAPS	124
FUSION	123	<i>hailey 24 fe</i>	92	ICAPS MV	124
FUSION PLUS	123	<i>hair, skin and nails</i>	119	ICAR	124
FUZEON	23	<i>halobetasol propionate</i>	69	ICAR-C	124
<i>fyavolv</i>	90	<i>haloette</i>	91	<i>icatibant</i>	101
FYCOMPA	40	<i>haloperidol</i>	52	<i>iclevia</i>	92
<i>gabapentin</i>	40, 41	<i>haloperidol decanoate</i>	52	ICLUSIG	33
<i>galantamine</i>	45	<i>haloperidol lactate</i>	52	IDHIFA	33
GAMMAGARD LIQUID	82	HARD NAILS	124	<i>iferex 150</i>	124
GAMMAGARD S-D (IGA < 1 MCG/ML)	82	HAVRIX (PF)	83	<i>imatinib</i>	33
GAMMAKED	82	<i>heather</i>	90	IMBRUVICA	33
GAMMAPLEX	83	HEMOCYTE-PLUS	124	<i>imipenem-cilastatin</i>	27
GAMMAPLEX (WITH SORBITOL) ..	82	<i>heparin (porcine)</i>	61	<i>imipramine hcl</i>	52
GAMUNEX-C	83	HEPLISAV-B (PF)	83		
GARDASIL 9 (PF)	83	HIBERIX (PF)	83		
<i>gatifloxacin</i>	96	<i>hi-cal plus vit d</i>	112		
GATTEX 30-VIAL	79	<i>high potency iron</i>	129		
		HIGH POTENCY IRON	129		

<i>imiquimod</i>	65	<i>itraconazole</i>	21	KORLYM.....	77
IMOVAX RABIES VACCINE (PF)....	83	<i>ivabradine</i>	64	KOSELUGO.....	34
<i>incassia</i>	90	<i>ivermectin</i>	27	<i>kourzeq</i>	72
INCRELEX.....	70	IWILFIN.....	34	<i>k-phos-neutral</i>	109
INCRUSE ELLIPTA.....	101	IXCHIQ (PF).....	83	KRAZATI.....	34
<i>indapamide</i>	58	IXIARO (PF).....	83	<i>kurvelo (28)</i>	93
INFANRIX (DTAP) (PF).....	83	JAKAFI.....	34	<i>l norgest/e.estradiol-e.estrad</i>	93
INFED.....	124	<i>jantoven</i>	61	<i>labetalol</i>	58
INLYTA.....	33	JANUMET.....	74	<i>lacosamide</i>	41
INQOVI.....	33	JANUMET XR.....	74	<i>lactulose</i>	79
INREBIC.....	34	JANUVIA.....	74	<i>lamivudine</i>	23
INSECT REPELLENT (PICARIDIN)..	65	JARDIANCE.....	74	<i>lamivudine-zidovudine</i>	23
INSULIN ASP PRT-INSULIN		<i>jasmiel (28)</i>	93	<i>lamotrigine</i>	41
ASPART.....	74	JAYPIRCA.....	34	<i>lansoprazole</i>	81
INSULIN ASPART U-100.....	74	JENTADUETO.....	75	<i>lapatinib</i>	34
INSULIN DEGLUDEC.....	74	JENTADUETO XR.....	75	<i>larin 1.5/30 (21)</i>	93
INSULIN GLARGINE U-300 CONC	74	<i>jinteli</i>	90	<i>larin 1/20 (21)</i>	93
INSULIN GLARGINE-YFGN.....	74	<i>juleber</i>	93	<i>larin fe 1.5/30 (28)</i>	93
INSULIN SYRINGE-NEEDLE U-		JULUCA.....	23	<i>larin fe 1/20 (28)</i>	93
100.....	86	<i>junel 1.5/30 (21)</i>	93	<i>latanoprost</i>	97
INTEGRA.....	124	<i>junel 1/20 (21)</i>	93	<i>layolis fe</i>	93
INTEGRA F.....	124	<i>junel fe 1.5/30 (28)</i>	93	LEDIPASVIR-SOFOSBUVIR.....	23
INTEGRA PLUS.....	124	<i>junel fe 1/20 (28)</i>	93	<i>leflunomide</i>	89
INTELENCE.....	23	<i>junel fe 24</i>	93	<i>lenalidomide</i>	34
<i>intralipid</i>	114	JYNNEOS (PF).....	83	LENVIMA.....	34
<i>introvale</i>	93	<i>kaitlib fe</i>	93	<i>lessina</i>	93
INVEGA HAFYERA.....	52	KALYDECO.....	101	<i>letrozole</i>	34
INVEGA SUSTENNA.....	52	<i>kariva (28)</i>	93	<i>leucovorin calcium</i>	30
INVEGA TRINZA.....	52	<i>kelnor 1/35 (28)</i>	93	LEUKERAN.....	34
IPOL.....	83	<i>kelnor 1/50 (28)</i>	93	<i>leuprolide</i>	34
<i>ipratropium bromide</i>	72, 101	KERENDIA.....	58	<i>levalbuterol hcl</i>	101
<i>ipratropium-albuterol</i>	101	<i>ketoconazole</i>	21, 68	<i>levetiracetam</i>	41
<i>irbesartan</i>	58	<i>ketorolac</i>	97	<i>levobunolol</i>	96
<i>irbesartan-hydrochlorothiazide</i> ..	58	KIDS MULTIVITAMIN-MINERALS		<i>levocarnitine</i>	71
<i>iron</i>	123, 125	.....	125	<i>levocarnitine (with sugar)</i>	71
<i>iron (ferrous sulfate)</i> . 119, 121, 125		KINDERLYTE.....	71	<i>levocetirizine</i>	99
<i>iron,carbonyl-vitamin c</i>	125	<i>kinderlyte</i>	109	<i>levofloxacin</i>	30
IROSPAN 24/6.....	125	KINRIX (PF).....	83	<i>levofloxacin in d5w</i>	30
ISENTRESS.....	23	<i>kionex (with sorbitol)</i>	71	<i>levonest (28)</i>	93
ISENTRESS HD.....	23	KISQALI.....	34	<i>levonorgestrel-ethinyl estrad</i>	93
<i>isibloom</i>	93	KISQALI FEMARA CO-PACK.....	34	<i>levonorg-eth estrad triphasic</i>	94
ISOLYTE S PH 7.4.....	114	<i>klor-con</i>	109	<i>levora-28</i>	94
ISOLYTE-P IN 5 % DEXTROSE.....	114	<i>klor-con 10</i>	109	<i>levothyroxine</i>	77
<i>isoniazid</i>	27	<i>klor-con 8</i>	109	<i>levoxyl</i>	77
<i>isosorbide dinitrate</i>	64	<i>klor-con m10</i>	109	LEXIVA.....	23
<i>isosorbide mononitrate</i>	64	<i>klor-con m15</i>	109	LIBERVANT.....	41
<i>isotretinoin</i>	67	<i>klor-con m20</i>	109	<i>lidocaine</i>	65
<i>isradipine</i>	58	<i>kobee</i>	125	<i>lidocaine hcl</i>	65

<i>lidocaine viscous</i>	65	MAGNESIUM (OXIDE/AA	<i>metoprolol ta-hydrochlorothiaz</i> ..	59
<i>lidocaine-prilocaine</i>	65	CHELATE).....	<i>metoprolol tartrate</i>	59
<i>lidocan iii</i>	65	MAGNESIUM L-LACTATE.....	<i>metronidazole</i>	27, 67, 91
LILETTA.....	91	MAGNESIUM OXIDE.....	<i>metronidazole in nacl (iso-os)</i>	27
<i>linezolid</i>	27	<i>magnesium oxide</i>	<i>metyrosine</i>	59
<i>linezolid in dextrose 5%</i>	27	<i>magnesium sulfate</i>	<i>mexiletine</i>	56
LINZESS.....	79	MAGTAB.....	MG-PLUS-PROTEIN.....	110
<i>liothyronine</i>	77	<i>malathion</i>	<i>mibelas 24 fe</i>	94
<i>liquid b-12</i>	116	<i>maraviroc</i>	<i>micafungin</i>	21
LIQUID B-12.....	116	<i>marlissa (28)</i>	MICROCHAMBER.....	87
<i>lisdexamfetamine</i>	52	MARPLAN.....	<i>microgestin 1.5/30 (21)</i>	94
<i>lisinopril</i>	58	MATULANE.....	<i>microgestin 1/20 (21)</i>	94
<i>lisinopril-hydrochlorothiazide</i>	58	<i>matzim la</i>	<i>microgestin 24 fe</i>	94
LITE TOUCH-MEDIUM MASK.....	86	<i>meclizine</i>	<i>microgestin fe 1.5/30 (28)</i>	94
LITETOUCH-LARGE MASK.....	86	<i>medroxyprogesterone</i>	<i>microgestin fe 1/20 (28)</i>	94
LITETOUCH-SMALL MASK.....	87	<i>mefloquine</i>	MICROSPACER.....	87
<i>lithium carbonate</i>	53	<i>mega multi for women</i>	<i>midodrine</i>	71
<i>lithium citrate</i>	53	<i>mega multiple/chelated mineral</i>	<i>mifepristone</i>	77
LIVTENCITY.....	23	.....	<i>mili</i>	94
<i>l-methyl-mc</i>	125	<i>mega multivitamin for men</i>	<i>mimvey</i>	91
LOKELMA.....	71	.....	<i>minocycline</i>	30
LONSURF.....	34	<i>megestrol</i>	<i>minoxidil</i>	59
<i>loperamide</i>	78	MEKINIST.....	<i>mirtazapine</i>	53
<i>lopinavir-ritonavir</i>	23	MEKTOVI.....	<i>misoprostol</i>	81
<i>lorazepam</i>	53	<i>meloxicam</i>	M-M-R II (PF).....	83
<i>lorazepam intensol</i>	53	<i>memantine</i>	<i>modafinil</i>	53
LORBRENA.....	34	MENACTRA (PF).....	<i>moexipril</i>	59
<i>loryna (28)</i>	94	MENQUADFI (PF).....	<i>molindone</i>	53
<i>losartan</i>	58	MENVEO A-C-Y-W-135-DIP (PF) ..	<i>mometasone</i>	69, 101
<i>losartan-hydrochlorothiazide</i>	58	<i>mercaptapurine</i>	MONOCAL.....	110
<i>loteprednol etabonate</i>	98	MERIBIN.....	<i>montelukast</i>	101
<i>lovastatin</i>	62	<i>meropenem</i>	<i>morphine</i>	47
<i>low-ogestrel (28)</i>	94	<i>mesalamine</i>	<i>morphine concentrate</i>	47
<i>loxapine succinate</i>	53	MESNEX.....	MOUNJARO.....	75
<i>lubiprostone</i>	79	<i>metafolbic</i>	MOVANTIK.....	79
LUMAKRAS.....	34	<i>metformin</i>	<i>moxifloxacin</i>	30, 96
LUMIGAN.....	97	<i>methadone</i>	<i>moxifloxacin-sod.chloride(iso)</i>	30
LUPRON DEPOT.....	35	<i>methazolamide</i>	MRESVIA (PF).....	83
<i>lurasidone</i>	53	<i>methenamine hippurate</i>	MTX SUPPORT.....	125
<i>lutra (28)</i>	94	<i>methimazole</i>	MULTAQ.....	56
<i>lyleq</i>	90	<i>methotrexate sodium</i>	<i>multi complete with iron</i>	125
<i>lyllana</i>	90	<i>methotrexate sodium (pf)</i>	<i>multiple vitamin-minerals</i>	125
LYNPARZA.....	35	<i>methsuximide</i>	<i>multiple vitamins</i>	125
<i>lysiplex plus</i>	125	<i>methylphenidate hcl</i>	<i>multi-vit with fluoride-iron</i>	126
LYSODREN.....	35	<i>methylprednisolone</i>	<i>multivit with min-folic acid</i>	120
LYTGObI.....	35	<i>metoclopramide hcl</i>	<i>multivitamin</i>	125
<i>lyza</i>	90	<i>metolazone</i>	<i>multi-vitamin hp/minerals</i>	126
<i>magnesium</i>	80	<i>metoprolol succinate</i>	<i>multi-vitamin with fluoride</i>	126

<i>multivitamin with iron</i>	125	NEUPRO	43	NU-IRON	126
<i>multivitamin with minerals</i>	125	NEURIN-SL	126	NUPLAZID	53
<i>multivitamin women 50 plus</i>	125	<i>nevirapine</i>	23	NURTEC ODT	44
MULTI-VITE	126	NEXPLANON	91	NUTRIVIT	126
<i>mupirocin</i>	67	<i>niacin</i>	62, 63	<i>nyamyc</i>	68
MVW COMPLETE FORMUL		<i>niavasc</i>	63	<i>nylia 1/35 (28)</i>	95
MULTIVIT	126	<i>nicardipine</i>	59	<i>nylia 7/7/7 (28)</i>	95
MVW COMPLETE FORMUL		NICOTROL	71	<i>nymyo</i>	95
PEDIATRIC	126	NICOTROL NS	71	<i>nystatin</i>	21, 68
MVW COMPLETE		<i>nifedipine</i>	59	<i>nystop</i>	68
FORMULATION D3000	126	<i>nikki (28)</i>	94	NYVEPRIA	81
MVW COMPLETE		<i>nilutamide</i>	35	OICALIVA	79
FORMULATION D5000	126	<i>nimodipine</i>	59	<i>ocella</i>	95
<i>mycophenolate mofetil</i>	35	NINLARO	35	OCTAGAM	83
<i>mycophenolate sodium</i>	35	<i>nitazoxanide</i>	28	<i>octreotide acetate</i>	36
<i>mynephron</i>	126	<i>nitisinone</i>	71	<i>ocutabs</i>	126
MYRBETRIQ	103	<i>nitro-bid</i>	64	ODEFSEY	23
<i>nabumetone</i>	48	<i>nitrofurantoin macrocrystal</i>	30	ODOMZO	36
<i>nadolol</i>	59	<i>nitrofurantoin monohyd/m-</i>		OFEV	101
<i>nafcilin</i>	29	<i>cryst</i>	30	OFF DEEP WOODS	65, 66
<i>naftifine</i>	68	<i>nitroglycerin</i>	64, 79	OFF DEEP WOODS DRY	66
<i>naloxone</i>	48	NIVA-FOL	126	OFF DEEP WOODS SPORTSMEN	66
<i>naltrexone</i>	48	NIVESTYM	81	<i>ofloxacin</i>	72, 96
NAMZARIC	45	<i>nizatidine</i>	81	OGSIVEO	36
<i>naproxen</i>	48	<i>nora-be</i>	91	OJEMDA	36
<i>naproxen sodium</i>	48	<i>norelgestromin-ethin.estradiol</i>	91	OJJAARA	36
<i>naratriptan</i>	44	<i>noreth-ethinyl estradiol-iron</i>	94	<i>olanzapine</i>	53, 54
NASCOBAL	126	<i>norethindrone (contraceptive)</i>	91	<i>olmesartan</i>	59
NATACYN	96	<i>norethindrone acetate</i>	91	<i>olmesartan-amlodipin-hcthiazyd</i>	59
<i>nateglinide</i>	75	<i>norethindrone ac-eth estradiol</i>		<i>olmesartan-hydrochlorothiazide</i>	59
NATRAPEL	65	.....	91, 94	<i>olopatadine</i>	72
NAYZILAM	41	<i>norethindrone-e.estradiol-iron</i>	94	<i>omeprazole</i>	81
<i>nebivolol</i>	59	<i>norgestimate-ethinyl estradiol</i>	94	<i>omnicap</i>	126
<i>necon 0.5/35 (28)</i>	94	<i>nortrel 0.5/35 (28)</i>	94	OMNITROPE	81
<i>nefazodone</i>	53	<i>nortrel 1/35 (21)</i>	94	ONCOVITE	127
<i>neomycin</i>	27	<i>nortrel 1/35 (28)</i>	94	<i>ondansetron</i>	79
<i>neomycin-bacitracin-poly-hc</i>	98	<i>nortrel 7/7/7 (28)</i>	94	<i>ondansetron hcl</i>	79
<i>neomycin-bacitracin-polymyxin</i>	96	<i>nortriptyline</i>	53	<i>one daily calcium/iron</i>	127
<i>neomycin-polymyxin b-</i>		NORVIR	23	<i>one daily complete</i>	127
<i>dexameth</i>	98	NOVOLIN 70/30 U-100 INSULIN	75	<i>one daily essential</i>	127
<i>neomycin-polymyxin-gramicidin</i>	96	NOVOLIN 70-30 FLEXPEN U-100	75	<i>one daily for men 50 plus adv</i>	127
<i>neomycin-polymyxin-hc</i>	72, 98	NOVOLIN N FLEXPEN	75	<i>one daily for women</i>	127
<i>nephplex rx</i>	126	NOVOLIN N NPH U-100 INSULIN	75	<i>one daily maximum</i>	127, 129
NEPHRO VITAMINS	126	NOVOLIN R FLEXPEN	75	<i>one daily men's 50 plus memory</i>	
NEPHRON FA	126	NOVOLIN R REGULAR U100		.....	127
<i>nephronex</i>	126	INSULIN	75	<i>one daily multivitamin</i>	127
NERLYNX	35	NUBEQA	35	<i>one daily multivit-iron(folic)</i>	127
<i>neuac</i>	67	NUDEXTA	45	<i>one daily plus minerals</i>	127

<i>one daily women 50 plus</i>	127	PAXLOVID	23	<i>pioglitazone</i>	75
ONE DAILY WOMEN 50 PLUS	127	<i>pazopanib</i>	36	<i>pioglitazone-glimepiride</i>	75
<i>one daily womens 50 plus</i>	127	<i>pedia d-vite</i>	127	<i>pioglitazone-metformin</i>	75
<i>one-a-day essential</i>	127	<i>pedia iron</i>	127	<i>piperacillin-tazobactam</i>	29
ONE-A-DAY MEN'S		<i>pedialyte</i>	111	PIQRAY	36
50PLUS(GINKGO)	127	PEDIALYTE ADVANCED CARE ...	111	<i>pirfenidone</i>	101
<i>one-a-day teen advantage</i>	127	<i>pedialyte freezer pops</i>	111	<i>piroxicam</i>	48
ONE-A-DAY WOMENS		<i>pedialyte singles</i>	111	<i>pitavastatin calcium</i>	63
FORMULA	127	PEDIARIX (PF)	84	PLASMA-LYTE A	114
ONUREG	36	<i>pediatric d-vite</i>	127	PLENAMINE	114
OPSUMIT	101	<i>pediatric electrolyte</i>		PLENVU	80
OPTICHAMBER ADULT MASK-		.....	108, 109, 111, 112, 113	POCKET CHAMBER	87
LARGE	87	PEDIATRIC TRI-VITE	127	<i>podofilox</i>	66
OPTICHAMBER DIAMOND LG		PEDVAX HIB (PF)	84	<i>poly-iron</i>	128
MASK	87	<i>peg 3350-electrolytes</i>	79	<i>poly-iron 150 forte</i>	128
OPTICHAMBER DIAMOND VHC..	87	PEGASYS	81	<i>polymyxin b sulf-trimethoprim</i> ...	96
OPTICHAMBER DIAMOND-MED		<i>peg-electrolyte soln</i>	79	<i>polysaccharide iron complex</i> ...	128
MSK	87	PEMAZYRE	36	POLY-VI-SOL	128
OPTICHAMBER DIAMOND-SML		PEN NEEDLE, DIABETIC	87	POLY-VI-SOL WITH IRON	128
MASK	87	PENBRAYA (PF)	84	POMALYST	36
<i>oralyte</i>	110	<i>penicillamine</i>	89	<i>portia 28</i>	95
ORAZINC	110	PENICILLIN G POT IN DEXTROSE.	29	<i>posaconazole</i>	21
ORGOVYX	36	<i>penicillin g potassium</i>	29	<i>potassium chlorid-d5-0.45%nacl</i>	
ORKAMBI	101	<i>penicillin g sodium</i>	29	.....	112
ORSERDU	36	<i>penicillin v potassium</i>	29	<i>potassium chloride</i>	112
OS-CAL 500 + D3	110	PENTACEL (PF)	84	<i>potassium chloride in 0.9%nacl</i>	112
<i>oseltamivir</i>	23	<i>pentamidine</i>	28	<i>potassium chloride in 5 % dex.</i>	112
OTEZLA	89	<i>pentoxifylline</i>	61	<i>potassium chloride-0.45 % nacl</i>	112
OTEZLA STARTER	89	PERIDIN-C	127	<i>potassium chloride-d5-0.2%nacl</i>	
<i>oxacillin</i>	29	<i>perindopril erbumine</i>	59	.....	112
<i>oxaprozin</i>	48	<i>periogard</i>	72	<i>potassium chloride-d5-0.9%nacl</i>	
<i>oxcarbazepine</i>	41	<i>permethrin</i>	69	.....	112
<i>oxybutynin chloride</i>	103	<i>perphenazine</i>	54	<i>potassium citrate</i>	103
<i>oxycodone</i>	47	<i>phenelzine</i>	54	<i>potassium citrate-citric acid</i>	103
<i>oxycodone-acetaminophen</i>	47	<i>phenobarbital</i>	41	PRALUENT PEN	63
<i>oysco 500/d</i>	110	<i>phenytoin</i>	41	<i>pramipexole</i>	43
<i>oyster shell calcium 500</i>	110	<i>phenytoin sodium extended</i>	41	<i>prasugrel</i>	61
<i>oyster shell calcium and mag</i> ...	110	<i>phospha 250 neutral</i>	111	<i>pravastatin</i>	63
OYSTER SHELL CALCIUM-VIT D3	110	<i>phosphorous</i>	111	<i>praziquantel</i>	28
<i>oyster shell calcium-vit d3</i>	110, 111	<i>phospho-trin 250 neutral</i>	111	<i>prazosin</i>	59
OZEMPIC	75	PHOSPHO-TRIN K500	103	<i>prednisolone</i>	73
<i>pacerone</i>	56	<i>phytonadione (vitamin k1)</i>	61	<i>prednisolone acetate</i>	98
<i>paliperidone</i>	54	PIFELTRO	23	<i>prednisolone sodium phosphate</i>	
PANRETIN	66	<i>pilocarpine hcl</i>	71, 97	.....	73, 98
<i>pantoprazole</i>	81	<i>pimecrolimus</i>	66	<i>prednisone</i>	73
PANZYGA	83	<i>pimozide</i>	54	<i>prednisone intensol</i>	73
<i>paricalcitol</i>	77	<i>pimtrea (28)</i>	95	<i>pregabalin</i>	41, 42
<i>paroxetine hcl</i>	54	<i>pindolol</i>	59	PREHEVBRIO (PF)	84

PREMARIN.....	91	<i>pyridoxine (vitamin b6)</i>	.....119, 128, 130, 131, 132, 134	<i>riboflavin (vitamin b2)</i>	..... 119, 132, 134
<i>premasol 10 %</i>	114	<i>pyrimethamine</i>	28	<i>rifabutin</i>	28
<i>prenatal vitamin plus low iron</i> ..	128	QINLOCK.....	36	<i>rifampin</i>	28
<i>prevalite</i>	63	QUADRACEL (PF).....	84	<i>riluzole</i>	71
PREVENT.....	128	<i>quetiapine</i>	54	<i>rimantadine</i>	24
PREVYMIS.....	24	QUETIAPINE.....	54	RINVOQ.....	89
PREZCOBIX.....	24	QUFLORA FE.....	128	<i>risedronate</i>	71, 88
PREZISTA.....	24	QUFLORA FE (FERROUS	SULFATE).....	RISPERDAL CONSTA.....	54
PRIFTIN.....	28	QUFLORA FE.....	128	<i>risperidone</i>	54, 55
PRIMAQUINE.....	28	QUFLORA PEDIATRIC.....	128	RITEFLO AEROCHAMBER.....	87
PRIMIDONE.....	42	QUFLORA PEDIATRIC DROPS....	128	<i>ritonavir</i>	24
<i>primidone</i>	42	<i>quinapril</i>	59	<i>rivastigmine</i>	46
PRIORIX (PF).....	84	<i>quinidine sulfate</i>	56	<i>rivastigmine tartrate</i>	45
PRIVIGEN.....	84	<i>quinine sulfate</i>	28	<i>rivelsa</i>	95
PRO FE.....	128	<i>quintabs-m iron free</i>	128	<i>rizatriptan</i>	44
<i>probenecid</i>	87	RABAVERT (PF).....	84	ROCKLATAN.....	98
<i>probenecid-colchicine</i>	87	<i>rabeprazole</i>	81	<i>roflumilast</i>	101
PROCARE SPACER WITH ADULT	MASK.....	RADICAVA ORS STARTER KIT	SUSP.....	<i>ropinirole</i>	43
PROCARE SPACER WITH CHILD	MASK.....	<i>raloxifene</i>	87	<i>rosuvastatin</i>	63
PROCARE SPACER WITH CHILD	MASK.....	<i>ramipril</i>	59	ROTARIX.....	84
<i>prochlorperazine</i>	80	<i>ranolazine</i>	64	ROTATEQ VACCINE.....	84
<i>prochlorperazine maleate</i>	80	<i>rasagiline</i>	43	<i>roweepra</i>	42
<i>procto-med hc</i>	80	<i>reclipsen (28)</i>	95	ROZLYTREK.....	37
<i>proctosol hc</i>	80	RECOMBIVAX HB (PF).....	84	RUBRACA.....	37
<i>proctozone-hc</i>	80	RECTIV.....	80	<i>rufinamide</i>	42
PROFERRIN ES.....	128	REGRANEX.....	66	RUKOBIA.....	24
PROFERRIN-FORTE.....	128	RELENZA DISKHALER.....	24	RYBELSUS.....	76
<i>progesterone micronized</i>	91	<i>renal caps</i>	129	RYDAPT.....	37
PROGRAF.....	36	RENAL VITAMIN.....	129	<i>sajazir</i>	101
PROLASTIN-C.....	71	<i>rena-vite</i>	129	SANDIMMUNE.....	37
PROLENSA.....	97	<i>rena-vite rx</i>	129	SANTYL.....	66
PROLIA.....	87	<i>reno caps</i>	129	<i>sapropterin</i>	77
PROMACTA.....	61	<i>repaglinide</i>	76	SAVELLA.....	89
<i>promethazine</i>	99	REPEL HUNTER'S.....	66	SCSEMBLIX.....	37
<i>promethazine-codeine</i>	99	REPEL LEMON EUCALYPTUS.....	66	<i>scopolamine base</i>	80
<i>promethazine-dm</i>	99	REPEL SPORTSMEN.....	66	SECUADO.....	55
<i>propafenone</i>	56	REPEL SPORTSMEN DRY.....	66	<i>selegiline hcl</i>	43
<i>propranolol</i>	59	REPEL SPORTSMEN MAX.....	66	<i>selenium</i>	108, 110, 113
<i>propylthiouracil</i>	73	REPEL SPORTSMEN MAX.....	66	<i>selenium sulfide</i>	64
PROQUAD (PF).....	84	RETACRIT.....	82	SELZENTRY.....	24
PROTECT IRON.....	128	RETEVMO.....	36	<i>senior tabs</i>	130
<i>protriptyline</i>	54	REXULTI.....	54	<i>sentry</i>	130
PULMOZYME.....	101	REYATAZ.....	24	<i>sentry senior</i>	130
PURIXAN.....	36	REZLIDHIA.....	36	SEREVENT DISKUS.....	102
<i>pyrazinamide</i>	28	REZUROCK.....	36	<i>sertraline</i>	55
<i>pyridostigmine bromide</i>	46	RHOPRESSA.....	97	<i>se-tan plus</i>	130
		<i>ribavirin</i>	24	<i>setlakin</i>	95

<i>sharobel</i>	91	<i>spectravite women 50 plus</i>	119	<i>tacrolimus</i>	37, 66
SHINGRIX (PF).....	84	<i>spironolactone</i>	60	<i>tadalafil</i>	103
SIGNIFOR.....	37	<i>spironolacton-hydrochlorothiaz</i> ..	60	<i>tadalafil (pulm. hypertension)</i> ..	102
<i>sildenafil (pulm.hypertension)</i> ..	102	<i>sprintec (28)</i>	95	TAFINLAR.....	37
SILICONE MASK - INFANT.....	87	SPRITAM.....	42	TAGRISSO.....	37
<i>silver sulfadiazine</i>	66	SPRYCEL.....	37	TALZENNA.....	37
<i>simvastatin</i>	63	<i>sps (with sorbitol)</i>	71	<i>tamoxifen</i>	37
<i>sirolimus</i>	37	<i>sronyx</i>	95	<i>tamsulosin</i>	103
SIRTURO.....	28	<i>ssd</i>	66	TANDEM DUAL ACTION.....	131
SKYRIZI.....	64, 80	STELARA.....	64, 65	TANDEM PLUS.....	131
SLO-NIACIN.....	63	STIVARGA.....	37	<i>tarina 24 fe</i>	95
<i>slo-niacin</i>	63	<i>strawberry c</i>	135	<i>tarina fe 1-20 eq (28)</i>	95
<i>slow release iron</i>	119, 120, 130	STREPTOMYCIN.....	28	<i>taron forte</i>	131
SLOW RELEASE IRON		<i>stress b with zinc</i>	130	TASIGNA.....	37
.....	119, 129, 130, 131	<i>stress formula</i>	130	<i>tazarotene</i>	67
SLOW-MAG.....	113	<i>stress formula with iron(sulf)</i>	130	<i>tazicef</i>	26
<i>sodium chloride</i>	71	<i>stress formula with zinc</i>	130	<i>taztia xt</i>	60
<i>sodium chloride 0.45 %</i>	113	STRIBILD.....	24	TAZVERIK.....	38
<i>sodium chloride 0.9 %</i>	71	STROVITE ONE.....	130	TDVAX.....	84
<i>sodium chloride 3 % hypertonic</i>	113	SUCRAID.....	80	TEFLARO.....	26
<i>sodium chloride 5 % hypertonic</i>	113	<i>sucralfate</i>	81	<i>telmisartan</i>	60
<i>sodium citrate-citric acid</i>	103	<i>sulfacetamide sodium</i>	97	<i>telmisartan-amlodipine</i>	60
SODIUM OXYBATE.....	55	<i>sulfacetamide sodium (acne)</i>	67	<i>telmisartan-hydrochlorothiazid</i> ..	60
<i>sodium phenylbutyrate</i>	71	<i>sulfacetamide-prednisolone</i>	97	<i>temazepam</i>	55
<i>sodium polystyrene sulfonate</i>	71	<i>sulfadiazine</i>	30	TENIVAC (PF).....	84, 85
<i>sodium,potassium,mag sulfates</i> ..	80	<i>sulfamethoxazole-trimethoprim</i> ..	30	<i>tenofovir disoproxil fumarate</i>	24
SOFOSBUVIR-VELPATASVIR.....	24	<i>sulfasalazine</i>	80	TEPMETKO.....	38
<i>solifenacin</i>	103	<i>sulindac</i>	48	<i>terazosin</i>	60
SOLIQUA 100/33.....	76	<i>sumatriptan</i>	44	<i>terbinafine hcl</i>	21
SOLTAMOX.....	37	<i>sumatriptan succinate</i>	44	<i>terbutaline</i>	102
SOLUVITA-E.....	130	<i>sunitinib malate</i>	37	<i>terconazole</i>	91
SOMAVERT.....	77	SUNLENCA.....	24	<i>teriflunomide</i>	46
<i>soothing pureway-c</i>	130	<i>super b/c</i>	130	TERIPARATIDE.....	88
<i>sorafenib</i>	37	<i>super quints</i>	130	<i>testosterone</i>	77
<i>sotalol</i>	56	<i>super thera vite m</i>	130	<i>testosterone cypionate</i>	77
<i>sotalol af</i>	56	SUPPORT-500.....	131	<i>testosterone enanthate</i>	77
SPACE CHAMBER.....	86	SUPREP BOWEL PREP KIT.....	80	TETANUS,DIPHThERIA TOX	
SPACE CHAMBER WITH LARGE		<i>syeda</i>	95	PED(PF).....	85
MASK.....	86	SYMDEKO.....	102	<i>tetrabenazine</i>	46
SPACE CHAMBER WITH		SYMPAZAN.....	42	<i>tetracycline</i>	30
MEDIUM MASK.....	86	SYMTUZA.....	24	THALOMID.....	38
SPACE CHAMBER WITH SMALL		SYNJARDY.....	76	THEO-24.....	102
MASK.....	86	SYNJARDY XR.....	76	<i>theophylline</i>	102
<i>spectravite adult</i>	119	SYNTHROID.....	78	<i>theralogix companion</i>	118
<i>spectravite adult 50 plus</i>	119	TAB-A-VITE MULTIVITAMIN W-		<i>therapeutic-m</i>	131
<i>spectravite advanced formula</i> ..	119	IRON.....	131	<i>thera-tabs</i>	131
<i>spectravite men's</i>	119	TABLOID.....	37	<i>theratrum complete 50 plus-lyc</i>	131
<i>spectravite women</i>	119	TABRECTA.....	37	<i>theratrum complete with lutein</i>	131

<i>thiamine hcl (vitamin b1)</i>	<i>trifluoperazine</i>	55	VAQTA (PF)	85
..... 119, 131, 133	<i>trifluridine</i>	96	<i>varenicline</i>	71
<i>thioridazine</i>	<i>trihexyphenidyl</i>	44	VARIVAX (PF)	85
.....55	TRIJARDY XR	76	VASCEPA	63
<i>thiothixene</i>	TRIKAFTA	102	<i>v-c forte</i>	132
.....55	<i>tri-legest fe</i>	95	<i>velivet triphasic regimen (28)</i>	95
<i>tiadylt er</i>	<i>tri-lo-estarylla</i>	95	VEMLIDY	24
..... 60	<i>tri-lo-sprintec</i>	95	VENCLEXTA	38
<i>tiagabine</i>	<i>trimethoprim</i>	30	VENCLEXTA STARTING PACK	38
.....42	<i>tri-mili</i>	95	<i>venlafaxine</i>	55
TIBSOVO	<i>trimipramine</i>	55	VENTOLIN HFA	102
..... 38	TRINTELLIX	55	<i>verapamil</i>	60
TICOVAC	<i>tri-nymyo</i>	95	VERQUVO	64
.....85	<i>triphrocaps</i>	131	VERSACLOZ	55
<i>tigecycline</i>	<i>tri-sprintec (28)</i>	95	VERZENIO	38
.....28	TRIUMEQ	24	<i>vestura (28)</i>	95
<i>tilia fe</i>	TRIUMEQ PD	24	<i>vic-forte</i>	132
.....95	<i>tri-vite with fluoride</i>	131	<i>vienva</i>	96
<i>timolol maleate</i>	<i>trivora (28)</i>	95	<i>vigabatrin</i>	42
.....60, 96, 97	<i>tri-vylibra</i>	95	<i>vigadrone</i>	42
<i>tinidazole</i>	<i>tri-vylibra lo</i>	95	<i>vigpoder</i>	42
..... 28	TRIZIVIR	24	<i>vilazodone</i>	55
TIVICAY	TROPHAMINE 10 %	114	VIRACEPT	24
..... 24	<i>trospium</i>	103	VIREAD	25
TIVICAY PD	<i>truelyte advanced hydration</i>	113	VIRT-CAPS	132
.....24	TRULANCE	80	VIT A PALMITATE-VIT C-VIT D3	128
<i>tizanidine</i>	TRULICITY	76	VITAL-D RX	132
..... 46	TRUMENBA	85	<i>vitalee</i>	132
TOBRADEX	TRUQAP	38	<i>vitalets</i>	132
.....98	TUKYSA	38	<i>vitamin a</i>	119, 124, 129, 132
<i>tobramycin</i>	TURALIO	38	<i>vitamin b complex</i>	..... 116, 121, 128, 133
.....96	<i>turqoz (28)</i>	95	<i>vitamin b complex-folic acid</i>	..... 116
<i>tobramycin in 0.225 % nacl</i>	TUXARIN ER	99	<i>vitamin b-1</i>	..... 118, 124, 129, 133
.....28	TWINRIX (PF)	85	<i>vitamin b-12</i>	.....116, 121, 123, 129, 133, 134
<i>tobramycin sulfate</i>	TYPHIM VI	85	<i>vitamin b-2</i>	.....134
.....28	ULTRATHON	66	<i>vitamin b-6</i>	..... 121, 124, 129, 134
<i>tobramycin-dexamethasone</i>	<i>unithroid</i>	78	<i>vitamin c</i>	120, 121, 124, 129, 131, 134, 135,
.....98	<i>ursodiol</i>	80	..... 136	
<i>tolterodine</i>	<i>valacyclovir</i>	24	<i>vitamin c drops</i>	..... 135
..... 103	VALCHLOR	66	<i>vitamin c with rose hips</i>	.....119, 124, 131, 132, 136
<i>tolvaptan</i>	<i>valganciclovir</i>	24	<i>vitamin d2</i>	..... 136
..... 77	<i>valproic acid</i>	42	<i>vitamin e</i>	..... 129, 131, 136, 137
<i>topiramate</i>	<i>valproic acid (as sodium salt)</i>	42	VITAMIN E	.....137
.....42	<i>valsartan</i>	60		
<i>toremifene</i>	<i>valsartan-hydrochlorothiazide</i>	60		
..... 38	VALTOCO	42		
<i>torse mide</i>	<i>vancomycin</i>	28		
.....60	VANFLYTA	38		
TRADJENTA				
..... 76				
<i>tramadol</i>				
.....48				
<i>tramadol-acetaminophen</i>				
.....48				
<i>trandolapril</i>				
.....60				
<i>tranexamic acid</i>				
..... 91				
<i>tranylcypromine</i>				
.....55				
<i>travasol 10 %</i>				
..... 114				
<i>travoprost</i>				
.....98				
<i>trazodone</i>				
.....55				
TRECTOR				
.....28				
TRELEGY ELLIPTA				
..... 102				
TREMFYA				
..... 65				
<i>tretinoin</i>				
.....67				
<i>tretinoin (antineoplastic)</i>				
.....38				
<i>tretinoin microspheres</i>				
.....67				
<i>triamcinolone acetonide</i>				
..... 69, 72				
<i>triamterene-hydrochlorothiazid</i>				
..... 60				
<i>tricitrates</i>				
..... 104				
<i>tridacaine</i>				
.....66				
<i>tridacaine ii</i>				
..... 66				
<i>triderm</i>				
.....69				
<i>trientine</i>				
..... 71				
<i>tri-estarylla</i>				
..... 95				

<i>vitamin e (dl, acetate)</i>	XOLAIR.....	102
...120, 121, 124, 131, 132, 136, 137	XOSPATA.....	38
VITAMIN E (DL, ACETATE). 136, 137	XPOVIO.....	38, 39
<i>vitamin e acetate</i>	XTANDI.....	39
136	<i>xulane</i>	91
<i>vitamin e mixed</i>	XULTOPHY 100/3.6.....	76
124, 136	<i>yelets</i>	137
VITAMIN E MIXED.....	YF-VAX (PF).....	85
136	YUFLYMA(CF).....	89
<i>vitamin k1</i>	YUFLYMA(CF) AI CROHN'S-UC-	
61	HS.....	89
<i>vitamins a,c,d and fluoride</i>	YUFLYMA(CF) AUTOINJECTOR....	89
132	<i>yuvafem</i>	91
<i>vitamins b complex</i>	<i>zafemy</i>	91
116, 132	<i>zafirlukast</i>	102
<i>vitatum</i>	ZEJULA.....	39
137	ZELBORAF.....	39
VITRAKVI.....	<i>zenatane</i>	67
38	ZENPEP.....	80
VITRUM SENIOR.....	<i>zidovudine</i>	25
137	ZINC (WITH A AND C)	
VIVITROL.....	LOZENGES.....	137
48	<i>zinc gluconate</i> ... 108, 112, 113, 114	
VIZIMPRO.....	ZINC GLUCONATE.....	113
38	<i>zinc sulfate</i>	114
VONJO.....	ZINC-15.....	114
38	<i>ziprasidone hcl</i>	55
<i>voriconazole</i>	<i>ziprasidone mesylate</i>	55
21	ZIRGAN.....	96
VORTEX HOLDING CHAMBER.....	ZOLINZA.....	39
87	<i>zolmitriptan</i>	44
VORTEX VHC FROG MASK-	<i>zolpidem</i>	55
CHILD.....	ZONISADE.....	43
87	<i>zonisamide</i>	43
VOWST.....	<i>zovia 1-35 (28)</i>	96
80	ZTALMY.....	43
VRAYLAR.....	ZURZUVAE.....	55
55	ZYDELIG.....	39
<i>vyfemla (28)</i>	ZYKADIA.....	39
96	ZYPREXA RELPREVV.....	55
<i>vylibra</i>		
96		
VYNDAQEL.....		
64		
<i>warfarin</i>		
61		
<i>wee care</i>		
137		
WELIREG.....		
38		
<i>wescaps</i>		
137		
<i>wes-phos 250 neutral</i>		
113		
<i>westab max</i>		
137		
<i>westab one</i>		
137		
WOMEN'S DAILY FORMULA.....		
137		
<i>women's daily formula</i>		
137		
WOMEN'S ONE DAILY.....		
120		
<i>wymzya fe</i>		
96		
XALKORI.....		
38		
XARELTO.....		
62		
XARELTO DVT-PE TREAT 30D		
START.....		
61		
XATMEP.....		
38		
XCOPRI.....		
42		
XCOPRI MAINTENANCE PACK.....		
42		
XCOPRI TITRATION PACK.....		
42, 43		
XDEMVY.....		
97		
XERMELO.....		
38		
XGEVA.....		
31		
XIFAXAN.....		
28		
XIGDUO XR.....		
76		

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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**)

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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**)

Updated on 10/15/2024.

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**.

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