



MeridianComplete (Medicare-Medicaid Plan) 2021 List of Covered Drugs (Formulary)

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Updated on 1/26/2021. For more recent information or other questions, contact us at **1-855-323-4578** (TTY users should call **711**). Representatives are available **8 a.m. to 8 p.m., seven days a week**. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Or visit corp.mhplan.com/en/member/michigan/complete/.

MeridianComplete | 2021 *List of Covered Drugs* (Formulary)

Introduction

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

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If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711). Representatives are available 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.mhplan.com.



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A. Disclaimers

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

- ❖ Meridian Health Plan of Michigan, Inc. is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ **ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.** On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call **1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.** On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ To make a standing request, change a standing request or make a one time request for materials in a language other than English or in an alternate format, please call MeridianComplete at **1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.** On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 13 are the drugs covered by MeridianComplete. 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.”

- MeridianComplete 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 MeridianComplete network pharmacy.
- MeridianComplete may have additional steps to access certain drugs (see question B4 below).

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711). Representatives are available 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.mhplan.com.



You can also see an up-to-date list of drugs that we cover on our website at <https://corp.mhplan.com/en/member/michigan/complete/pharmacy/pharmacy-benefits/formulary> or call Member Services toll-free at **1-855-323-4578** (TTY: 711), **8 a.m. to 8 p.m., seven days a week**. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

B2. Does the Drug List ever change?

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

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

- Decide to require or not require prior approval for a drug. (Prior approval is permission from MeridianComplete 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, see question B4.

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

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

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

- You can always check MeridianComplete’s up to date Drug List online at <https://corp.mhplan.com/en/member/michigan/complete/pharmacy/pharmacy-benefits/formulary>.
- You can also call Member Services to check the current Drug List at **1-855-323-4578** (TTY: 711), **8 a.m. to 8 p.m., seven days a week**. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711). Representatives are available 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.mhplan.com.



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

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

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

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

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

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply (for members who do not reside in an LTC facility) and 31-day supply (for members who reside in an LTC facility) of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. He or she 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, see question B10.

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711). Representatives are available 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.mhplan.com.



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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from MeridianComplete before you fill your prescription. If you don't get approval, MeridianComplete may not cover the drug.
- **Quantity limits:** Sometimes MeridianComplete limits the amount of a drug you can get.
- **Step therapy:** Sometimes MeridianComplete 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 prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 13. You can also get more information by visiting our website at <https://corp.mhplan.com/en/member/michigan/complete/pharmacy/pharmacy-benefits/formulary>. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can also ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. He or she 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 see questions B10-B12 for more information about exceptions.

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

The *List of Covered Drugs* on page 13 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

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

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711). Representatives are available 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.mhplan.com.



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

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it after the Drug List in this document. The Alphabetical Listing is called “Index of Covered Drugs” and it provides a list of all of the drugs included in this document. First, you should find the drug on this list. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 11. 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 Agents. That is where you will find drugs that treat heart conditions.

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

If you don’t see your drug on the Drug List, call Member Services at **1-855-323-4578 (TTY: 711), 8 a.m. to 8 p.m., seven days a week**. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day and ask about it. If you learn that MeridianComplete 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. He or she 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 see questions B10-B12 for more information about exceptions.

B9. What if you are a new MeridianComplete member and can’t find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply (for members who do not reside in an LTC facility) and 31-day supply (for members who reside in an LTC facility) of your drug during the first 90 days you are a member of MeridianComplete. This will give you time to talk to your doctor or other prescriber. He or she 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 a 30-day supply (for members who do not reside in an LTC facility) and 31-day supply (for members who reside in an LTC facility) of medication.

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711). Representatives are available 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.mhplan.com.



We will cover a 30-day supply (for members who do not reside in an LTC facility) and 31-day supply (for members who reside in an LTC facility) of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by MeridianComplete, **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 MeridianComplete member.
- This is in addition to the temporary supply during the first 90 days you are a member of MeridianComplete.

If you transition from one care setting to another (for example, from a long-term care facility back into the community) and no longer have access to the medications you were taking, we may cover a temporary 31-day supply of your prescriptions upon transitioning to the new care setting.

B10. Can you ask for an exception to cover your drug?

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

B11. How can you ask for an exception?

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

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711). Representatives are available 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.mhplan.com.



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

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

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

B13. What are generic drugs?

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

MeridianComplete covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

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

You can read the MeridianComplete Drug List to see what OTC drugs are covered.

B15. Does MeridianComplete cover non-drug OTC products?

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

Examples of non-drug OTC products include: Alcohol pads and syringes.

You can read the MeridianComplete Drug List to see what non-drug OTC products are covered.

B16. What is your copay?

As a MeridianComplete member, you have no copays for prescription and OTC drugs as long as you follow MeridianComplete's rules.

B17. What are drug tiers?

Tiers are groups of drugs.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.
- Tier 3 drugs are Non-Medicare Rx/OTC drugs.

Remember, all drug tiers have no copay.

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711). Representatives are available 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.mhplan.com.



C. Overview of the *List of Covered Drugs*

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

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., RIBASPHERE), and generic drugs are listed in lower-case italics (e.g., ribavirin).

The information in the necessary actions, restrictions, or limits on use column tells you if MeridianComplete has any rules for covering your drug.

Note: The “*” next to a drug means the drug is not a “Part D drug.”

- These drugs 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 Michigan 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 **1-855-323-4578** (TTY: **711**), **8 a.m. to 8 p.m., seven days a week**. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. You can also read Chapter 9 in 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 Agents. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug

ST = Step therapy: you must try another drug before you can get this one

QL = Quantity limit: for certain drugs, the plan limits the amount of the drug that we will cover

* = Non-Part D drugs or OTC items that are covered by Medicaid

If you have questions, please call MeridianComplete at 1-855-323-4578 (TTY users should call 711). Representatives are available 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit www.mhplan.com.



List of Drugs by Medical Condition

Analgesics	13
Anesthetics	30
Anti-Addiction/ Substance Abuse Treatment Agents	30
Antibacterials	36
Anticonvulsants	42
Antidementia Agents	47
Antidepressants	48
Antiemetics	51
Antifungals	52
Antigout Agents	55
Antimigraine Agents	55
Antimyasthenic Agents	57
Antimycobacterials	57
Antineoplastics	57
Antiparasitics	65
Antiparkinson Agents	65
Antipsychotics	67
Antispasticity Agents	71
Antivirals	71
Anxiolytics	76
Bipolar Agents	78
Blood Glucose Regulators	80
Blood Products And Modifiers	84
Cardiovascular Agents	86
Central Nervous System Agents	96
Dental And Oral Agents	98
Dermatological Agents	98
Electrolytes/Minerals/Metals/Vitamins	104
Gastrointestinal Agents	116
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment	133
Genitourinary Agents	134
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	135
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	136
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Hormonal Agents, Suppressant (Adrenal)	144
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List of Covered Drugs

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Analgesics		
Analgesics		
8 HOUR ACETAMINOPHEN ER 650 MG 650 MG	\$0 (Tier 3)	*
8 HOUR ACETAMINOPHEN ER 650 MG MUSCLE ACHES & PAIN 650 MG	\$0 (Tier 3)	*
8HR ARTHRITIS PAIN ER 650 MG 650 MG	\$0 (Tier 3)	*
8HR MUSCLE ACHE-PAIN ER 650 MG 650 MG	\$0 (Tier 3)	*
<i>acetaminophen 120 mg suppos 120 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 120 mg suppos inner 120 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 120 mg suppos outer 120 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 160 mg/5 ml sol 160 mg/5 ml (5 ml)</i>	\$0 (Tier 3)	*
<i>acetaminophen 160 mg/5 ml sol inner 160 mg/5 ml (5 ml)</i>	\$0 (Tier 3)	*
<i>acetaminophen 160 mg/5 ml sol outer 160 mg/5 ml (5 ml)</i>	\$0 (Tier 3)	*
<i>acetaminophen 325 mg gelcap 325 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 325 mg tablet 325 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 325 mg tablet u-d, 10x10, asa-free 325 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 325 mg tablet u-d, 25x30, uncoated 325 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 325 mg/10.15 ml 325 mg/10.15 ml</i>	\$0 (Tier 3)	*
<i>acetaminophen 325 mg/10.15 ml inner 325 mg/10.15 ml</i>	\$0 (Tier 3)	*
<i>acetaminophen 325 mg/10.15 ml outer 325 mg/10.15 ml</i>	\$0 (Tier 3)	*
<i>acetaminophen 500 mg caplet 500 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 500 mg caplet caplet, ex-strength 500 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 500 mg gelcap 500 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 500 mg tablet 500 mg</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>acetaminophen 500 mg tablet asa-free,ex-str 500 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 500 mg tablet extra strength 500 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 650 mg suppos 650 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 650 mg suppos inner 650 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 650 mg suppos outer 650 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen 650 mg/20.3 ml 650 mg/20.3 ml</i>	\$0 (Tier 3)	*
<i>acetaminophen 650 mg/20.3 ml inner 650 mg/20.3 ml</i>	\$0 (Tier 3)	*
<i>acetaminophen 650 mg/20.3 ml outer 650 mg/20.3 ml</i>	\$0 (Tier 3)	*
<i>acetaminophen er 650 mg tablet inner 650 mg</i>	\$0 (Tier 3)	*
<i>acetaminophen er 650 mg tablet outer 650 mg</i>	\$0 (Tier 3)	*
ARTHRITIS PAIN ER 650 MG CAPLT CAPLET 650 MG	\$0 (Tier 3)	*
ARTHRITIS PAIN ER 650 MG CAPLT CAPLET, 8 HOUR 650 MG	\$0 (Tier 3)	*
ARTHRITIS PAIN RELIEF ER 650 MG CAPLET CAPLET 650 MG	\$0 (Tier 3)	*
CHILD ACETAMINOPHEN 80 MG/2.5 ML ORAL SYRINGE ORAL SYRINGE 32 MG/ML	\$0 (Tier 3)	*
CHILD PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	\$0 (Tier 3)	*
CHILD PAIN-FEVER 160 MG/5 ML A/F 160 MG/5 ML	\$0 (Tier 3)	*
CHILD PAIN-FEVER 160 MG/5 ML A/F, ASA/F, IBU/F 160 MG/5 ML	\$0 (Tier 3)	*
CHILD PAIN-FEVER 160 MG/5 ML A/F, GLUTEN-F, GRAPE 160 MG/5 ML	\$0 (Tier 3)	*
CHILD TACTINAL 80 MG TAB CHW 80 MG	\$0 (Tier 3)	*
CHILDREN'S MAPAP 80 MG TAB CHW 80 MG	\$0 (Tier 3)	*
CHL ACETAMINOPHEN 325 MG/10.15 325 MG/10.15 ML	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
CHLD ACETAMINOPHEN 160 MG/5 ML 160 MG/5 ML, 160 MG/5 ML (5 ML)	\$0 (Tier 3)	*
CHLD ACETAMINOPHEN 160 MG/5 ML A/F, GLUTEN/F, GRAPE 160 MG/5 ML	\$0 (Tier 3)	*
CHLD ACETAMINOPHEN 160 MG/5 ML A/F, GLUTEN/F, CHERRY 160 MG/5 ML	\$0 (Tier 3)	*
CHLD ACETAMINOPHEN 160 MG/5 ML INNER 160 MG/5 ML (5 ML)	\$0 (Tier 3)	*
CHLD ACETAMINOPHEN 160 MG/5 ML ORAL SYRINGE U-D, ORAL SYRINGE 32 MG/ML	\$0 (Tier 3)	*
CHLD ACETAMINOPHEN 160 MG/5 ML OUTER 160 MG/5 ML (5 ML)	\$0 (Tier 3)	*
ED-APAP 160 MG/5 ML LIQUID 160 MG/5 ML	\$0 (Tier 3)	*
ENDOCET ORAL TABLET 10-325 MG	\$0 (Tier 2)	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 5-325 MG	\$0 (Tier 2)	QL (360 EA per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	\$0 (Tier 2)	QL (240 EA per 30 days)
FEVERALL 120 MG SUPPOSITORY CHILDRENS, OUTER 120 MG	\$0 (Tier 3)	*
FEVERALL 120 MG SUPPOSITORY CHILDREN'S, OUTER 120 MG	\$0 (Tier 3)	*
FEVERALL 325 MG SUPPOSITORY JUNIOR STR, OUTER 325 MG	\$0 (Tier 3)	*
FEVERALL 650 MG SUPPOSITORY ADULT, OUTER 650 MG	\$0 (Tier 3)	*
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER 80 MG	\$0 (Tier 3)	*
GS ARTHRITIS PAIN ER 650 MG 650 MG	\$0 (Tier 3)	*
GS ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	\$0 (Tier 3)	*
GS CHLD PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	\$0 (Tier 3)	*
GS INFANT PAIN-FEVER 160 MG/5 160 MG/5 ML	\$0 (Tier 3)	*
GS INFANT PAIN-FEVER 160 MG/5 CHERRY, DYE-FREE 160 MG/5 ML	\$0 (Tier 3)	*
GS PAIN RELIEF 500 MG CAPLET 500 MG	\$0 (Tier 3)	*
GS PAIN RELIEF 500 MG TABLET 500 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
HM ARTHRIT PAIN RLF ER 650 MG 650 MG	\$0 (Tier 3)	*
HM ARTHRITIS PAIN ER 650 MG CAPLET, 8 HOUR 650 MG	\$0 (Tier 3)	*
HM CHLD PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	\$0 (Tier 3)	*
HM CHLD PAIN-FEVER 160 MG/5 ML A/F, DYE-FREE 160 MG/5 ML	\$0 (Tier 3)	*
HM CHLD PAIN-FEVER 160 MG/5 ML GLUTEN-F,A/F,ASA/F 160 MG/5 ML	\$0 (Tier 3)	*
HM INFANT PAIN-FEVER 160 MG/5 A/F,CHERRY,W/SYRINGE 160 MG/5 ML	\$0 (Tier 3)	*
HM INFANT PAIN-FEVER 160 MG/5 A/F,GRAPE,W/SYRINGE 160 MG/5 ML	\$0 (Tier 3)	*
HM PAIN RELIEF 500 MG CAPLET 500 MG	\$0 (Tier 3)	*
HM PAIN RELIEF 500 MG CAPLET CAPLET, EX-STRENGTH 500 MG	\$0 (Tier 3)	*
HM PAIN RELIEF 500 MG TABLET EX-STR, GLUTEN-FREE 500 MG	\$0 (Tier 3)	*
HM PAIN RELIEVER 325 MG TABLET REGULAR STRENGTH 325 MG	\$0 (Tier 3)	*
HM PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH 500 MG	\$0 (Tier 3)	*
INF ACETAMINOPHEN 160 MG/5 ML 160 MG/5 ML	\$0 (Tier 3)	*
INFANT PAIN RELIEF 160 MG/5 ML 160 MG/5 ML	\$0 (Tier 3)	*
INFANT PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	\$0 (Tier 3)	*
INFANT PAIN-FEVER 160 MG/5 ML A/F, GRAPE 160 MG/5 ML	\$0 (Tier 3)	*
INFANT PAIN-FEVER 160 MG/5 ML W/SYRINGE, CHERRY 160 MG/5 ML	\$0 (Tier 3)	*
INFANT PAIN-FEVER 160 MG/5 ML W/SYRINGE, GRAPE 160 MG/5 ML	\$0 (Tier 3)	*
INFANTS PAIN-FEVER 160 MG/5 ML A/F,DYE-FREE, CHERRY 160 MG/5 ML	\$0 (Tier 3)	*
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	\$0 (Tier 2)	QL (240 EA per 30 days)
LORCET HD ORAL TABLET 10-325 MG	\$0 (Tier 2)	QL (180 EA per 30 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
LORCET PLUS ORAL TABLET 7.5-325 MG	\$0 (Tier 2)	QL (180 EA per 30 days)
MAPAP 325 MG TABLET 325 MG	\$0 (Tier 3)	*
MAPAP 325 MG TABLET BOXED 325 MG	\$0 (Tier 3)	*
MAPAP 325 MG TABLET REGULAR STRENGTH 325 MG	\$0 (Tier 3)	*
MAPAP 500 MG CAPSULE 500 MG	\$0 (Tier 3)	*
MAPAP 500 MG/15 ML LIQUID 500 MG/15 ML	\$0 (Tier 3)	*
MAPAP ARTHRITIS ER 650 MG CPLT 650 MG	\$0 (Tier 3)	*
M-PAP 160 MG/5 ML LIQUID 160 MG/5 ML	\$0 (Tier 3)	*
PAIN & FEVER 325 MG TABLET 325 MG	\$0 (Tier 3)	*
PAIN RELIEF 325 MG TABLET 325 MG	\$0 (Tier 3)	*
PAIN RELIEF 500 MG CAPLET CAPLET, EX-STRENGTH 500 MG	\$0 (Tier 3)	*
PAIN RELIEF 500 MG CAPLET CAPLET, EX-STRENGTH 500 MG	\$0 (Tier 3)	*
PAIN RELIEF 500 MG CAPLET EXTRA STR, CAPLET 500 MG	\$0 (Tier 3)	*
PAIN RELIEF 500 MG TABLET EX-STRENGTH 500 MG	\$0 (Tier 3)	*
PAIN RELIEF 500 MG TABLET EXTRA STRENGTH 500 MG	\$0 (Tier 3)	*
PAIN RELIEF ER 650 MG CAPLET ARTHRITIS PAIN 650 MG	\$0 (Tier 3)	*
PAIN RELIEF ER 650 MG CAPLET CAPLET, ARTHRITIS 650 MG	\$0 (Tier 3)	*
PAIN RELIEVER 500 MG CAPLET CAPLET, X-STRENGTH 500 MG	\$0 (Tier 3)	*
PAIN RELIEVER 500 MG CAPLET EX-STR, CAPLET 500 MG	\$0 (Tier 3)	*
PAIN RELIEVER 500 MG TABLET EX-STR, EASY TAB 500 MG	\$0 (Tier 3)	*
PHARBETOL 325 MG TABLET REGULAR STRENGTH 325 MG	\$0 (Tier 3)	*
PHARBETOL 500 MG CAPLET EXTRA-STR, CAPLET 500 MG	\$0 (Tier 3)	*
PHARBETOL 500 MG TABLET EXTRA STRENGTH 500 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>qc acetaminophen 8-hr 650 mg 650 mg</i>	\$0 (Tier 3)	*
QC ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	\$0 (Tier 3)	*
QC CHILD PAIN RLF 160 MG/5 ML 160 MG/5 ML	\$0 (Tier 3)	*
QC CHILD PAIN RLF 160 MG/5 ML A/F,BUBBLE GUM 160 MG/5 ML	\$0 (Tier 3)	*
QC CHILD PAIN RLF 160 MG/5 ML A/F,CHERRY 160 MG/5 ML	\$0 (Tier 3)	*
QC INFANT PAIN RLF 160 MG/5 ML 160 MG/5 ML	\$0 (Tier 3)	*
QC JR. NON-ASPIRIN 160 MG TAB 160 MG	\$0 (Tier 3)	*
QC NON-ASPIRIN 500 MG CAPLET XTRA STRENGTH,CAPLET 500 MG	\$0 (Tier 3)	*
QC NON-ASPIRIN 500 MG GELCAP GELCAP, EX-STR 500 MG	\$0 (Tier 3)	*
QC NON-ASPIRIN 500 MG TABLET EXTRA STRENGTH 500 MG	\$0 (Tier 3)	*
QC NON-ASPIRIN PAIN RELIEF TB EXTRA STRENGTH 500 MG	\$0 (Tier 3)	*
QC PAIN RELIEF 325 MG TABLET 325 MG	\$0 (Tier 3)	*
QC PAIN RELIEF 500 MG CAPLET 500 MG	\$0 (Tier 3)	*
QC TENSION HEADACHE RLF CAPLET 500-65 MG	\$0 (Tier 3)	*
SILAPAP 160 MG/5 ML LIQUID 160 MG/5 ML	\$0 (Tier 3)	*
SM 8 HOUR PAIN RELIEF 650 MG CAPLET 650 MG	\$0 (Tier 3)	*
SM ARTHRIT PAIN RLF ER 650 MG 650 MG	\$0 (Tier 3)	*
SM ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	\$0 (Tier 3)	*
SM CHLD PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	\$0 (Tier 3)	*
SM CHLD PAIN-FEVER 160 MG/5 ML A/F, ASA/F, GLUTEN-F 160 MG/5 ML	\$0 (Tier 3)	*
SM INFANT PAIN-FEVER 160 MG/5 A/F,GLUTEN-F,CHERRY 160 MG/5 ML	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
SM INFANT PAIN-FEVER 160 MG/5 A/F.GLUTEN-F, GRAPE 160 MG/5 ML	\$0 (Tier 3)	*
SM PAIN RELIEVER 325 MG TABLET 325 MG	\$0 (Tier 3)	*
SM PAIN RELIEVER 500 MG CAPLET CAPLET, EXTRA STR 500 MG	\$0 (Tier 3)	*
SM PAIN RELIEVER 500 MG CAPLET CAPLET, EXTRA STR 500 MG	\$0 (Tier 3)	*
SM PAIN RELIEVER 500 MG GELCAP GELCAP, EX STRENGTH 500 MG	\$0 (Tier 3)	*
SM PAIN RELIEVER 500 MG TABLET EX-STR, GLUTEN-FREE 500 MG	\$0 (Tier 3)	*
SM PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH 500 MG	\$0 (Tier 3)	*
SM PAIN RELIEVER ER 650 MG 650 MG	\$0 (Tier 3)	*
TACTINAL 325 MG TABLET 325 MG	\$0 (Tier 3)	*
TACTINAL 500 MG CAPLET CAPLET, X-STRENGTH 500 MG	\$0 (Tier 3)	*
TACTINAL 500 MG TABLET EXTRA-STRENGTH 500 MG	\$0 (Tier 3)	*
TENSION HEADACHE CAPLET 500-65 MG	\$0 (Tier 3)	*
TRI-BUFFERED ASPIRIN 325 MG BOXED 325 MG	\$0 (Tier 3)	*
Nonsteroidal Anti-Inflammatory Drugs		
ADULT ASPIRIN REGIMEN EC 81 MG 81 MG	\$0 (Tier 3)	*
ADVIL 200 MG CAPLET CAPLET 200 MG	\$0 (Tier 3)	*
ADVIL 200 MG GEL CAPLET GEL CAPLET 200 MG	\$0 (Tier 3)	*
ADVIL 200 MG LIQUI-GEL CAPSULE LIQUID GEL 200 MG	\$0 (Tier 3)	*
ADVIL 200 MG TABLET 200 MG	\$0 (Tier 3)	*
ADVIL 200 MG TABLET COATED 200 MG	\$0 (Tier 3)	*
ADVIL 200 MG TABLET COATED, POCKET PACK 200 MG	\$0 (Tier 3)	*
ADVIL JR STR 100 MG TAB CHEW 100 MG	\$0 (Tier 3)	*
ADVIL LIQUI-GELS 200 MG CAP LIQUID FILLED CAPS 200 MG	\$0 (Tier 3)	*
ADVIL MIGRAINE 200 MG CAPS 200 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
ALL DAY PAIN RELIEF 220 MG TAB 220 MG	\$0 (Tier 3)	*
ALL DAY PAIN RLF 220 MG CAPLET 220 MG	\$0 (Tier 3)	*
ALL DAY PAIN RLF 220 MG CAPLET CAPLET 220 MG	\$0 (Tier 3)	*
ALL DAY RELIEF 220 MG CAPLET CAPLET, GLUTEN-FREE 220 MG	\$0 (Tier 3)	*
ALL DAY RELIEF 220 MG TABLET GLUTEN-FREE 220 MG	\$0 (Tier 3)	*
ASPIR EC 81 MG TABLET 81 MG	\$0 (Tier 3)	*
<i>aspirin 300 mg suppository 300 mg</i>	\$0 (Tier 3)	*
<i>aspirin 325 mg tablet 325 mg</i>	\$0 (Tier 3)	*
<i>aspirin 325 mg tablet coated 325 mg</i>	\$0 (Tier 3)	*
<i>aspirin 325 mg tablet micro-coated 325 mg</i>	\$0 (Tier 3)	*
<i>aspirin 325 mg tablet regular strength 325 mg</i>	\$0 (Tier 3)	*
<i>aspirin 600 mg suppository 600 mg</i>	\$0 (Tier 3)	*
<i>aspirin 81 mg chewable tablet 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin 81 mg chewable tablet adult low dose 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin 81 mg chewable tablet child low dose 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin 81 mg chewable tablet gluten-free, orange 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin 81 mg chewable tablet low dose 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin 81 mg chewable tablet low dose, cherry 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin 81 mg chewable tablet low strength, orange 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin 81 mg chewable tablet tab chew,cherry 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin 81 mg chewable tablet tab chew,orange 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin 81 mg chewable tablet u-d 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin ec 325 mg tablet 25x30 325 mg</i>	\$0 (Tier 3)	*
<i>aspirin ec 325 mg tablet 325 mg</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>aspirin ec 325 mg tablet regular strength 325 mg</i>	\$0 (Tier 3)	*
<i>aspirin ec 325 mg tablet safety-coated 325 mg</i>	\$0 (Tier 3)	*
<i>aspirin ec 81 mg tablet 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin ec 81 mg tablet adult low dose 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin ec 81 mg tablet adult low strength 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin ec 81 mg tablet low dose 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin ec 81 mg tablet low dose sfty coated 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin ec 81 mg tablet u-d,10x10 81 mg</i>	\$0 (Tier 3)	*
<i>aspirin ec 81 mg tablet u-d,25x30 81 mg</i>	\$0 (Tier 3)	*
ASPIR-LOW EC 81 MG TABLET 81 MG	\$0 (Tier 3)	*
<i>buffered aspirin 325 mg tb 325 mg</i>	\$0 (Tier 3)	*
<i>celecoxib oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>celecoxib oral capsule 200 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>celecoxib oral capsule 50 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
CHILD ASPIRIN 81 MG CHEW TAB CHILDREN'S 81 MG	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML A/F 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML A/F, BERRY 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML A/F, D/F 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML A/F, DYE/FREE 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML A/F, GLUTEN/F, BERRY 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML A/F, GLUTEN/F, GRAPE 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML A/F, GRAPE 100 MG/5 ML	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
CHILDREN IBUPROFEN 100 MG/5 ML A/F,BUBBLE GUM 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML A/F,D/F,BERRY 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML A/F,GLUTEN/F,BUBBLE 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML BERRY FLAVOR 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML INNER, D/F 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML OUTER, D/F 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML U-D 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML U-D,100'S,HOSP USE 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN IBUPROFEN 100 MG/5 ML U-D,30'S,HOSP USE 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN'S ADVIL 100 MG/5 ML (OTC) 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN'S ADVIL 100 MG/5 ML A/F (OTC) 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN'S ADVIL 100 MG/5 ML A/F,BLUE RASPBERRY (OTC) 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN'S ADVIL 100 MG/5 ML A/F,D/F,WHITE GRAPE (OTC) 100 MG/5 ML	\$0 (Tier 3)	*
CHILDREN'S ADVIL 100 MG/5 ML S/F,A/F,D/F,BERRY (OTC) 100 MG/5 ML	\$0 (Tier 3)	*
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<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 30 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)	
ECPIRIN EC 325 MG TABLET 325 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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, 50 mg</i>	\$0 (Tier 1)	
<i>gs aspirin 325 mg tablet 325 mg</i>	\$0 (Tier 3)	*
<i>gs aspirin 81 mg chewable tab 81 mg</i>	\$0 (Tier 3)	*
GS CHILD IBUPROFEN 100 MG/5 ML D/F,A/F,BERRY FLAVOR 100 MG/5 ML	\$0 (Tier 3)	*
<i>gs ibuprofen 200 mg caplet 200 mg</i>	\$0 (Tier 3)	*
<i>gs ibuprofen 200 mg tablet 200 mg</i>	\$0 (Tier 3)	*
<i>gs naproxen sod 220 mg caplet 220 mg</i>	\$0 (Tier 3)	*
<i>gs naproxen sod 220 mg tablet 220 mg</i>	\$0 (Tier 3)	*
<i>hm aspirin 325 mg tablet 325 mg</i>	\$0 (Tier 3)	*
<i>hm aspirin 325 mg tablet adult, gluten-free 325 mg</i>	\$0 (Tier 3)	*
<i>hm aspirin 81 mg chewable tab 81 mg</i>	\$0 (Tier 3)	*
<i>hm aspirin 81 mg chewable tab adlt low dose,orange 81 mg</i>	\$0 (Tier 3)	*
<i>hm aspirin ec 325 mg tablet reg strength 325 mg</i>	\$0 (Tier 3)	*
<i>hm aspirin ec 81 mg tablet 81 mg</i>	\$0 (Tier 3)	*
<i>hm aspirin ec 81 mg tablet low dose 81 mg</i>	\$0 (Tier 3)	*
HM CHILD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	\$0 (Tier 3)	*
HM CHILD IBUPROFEN 100 MG/5 ML A/F, BERRY 100 MG/5 ML	\$0 (Tier 3)	*
HM CHILD IBUPROFEN 100 MG/5 ML A/F, BUBBLE GUM 100 MG/5 ML	\$0 (Tier 3)	*
HM CHILD IBUPROFEN 100 MG/5 ML A/F, GRAPE 100 MG/5 ML	\$0 (Tier 3)	*
<i>hm ibuprofen 200 mg caplet 200 mg</i>	\$0 (Tier 3)	*
<i>hm ibuprofen 200 mg caplet caplet 200 mg</i>	\$0 (Tier 3)	*
<i>hm ibuprofen 200 mg capsule liquid filled sftgel 200 mg</i>	\$0 (Tier 3)	*
<i>hm ibuprofen 200 mg softgel 200 mg</i>	\$0 (Tier 3)	*
<i>hm ibuprofen 200 mg tablet 200 mg</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hm ibuprofen 200 mg tablet coated,gluten-free 200 mg</i>	\$0 (Tier 3)	*
HM IBUPROFEN IB 100 MG CHEW TB 100 MG	\$0 (Tier 3)	*
HM IBUPROFEN IB 200 MG CAPLET COATED, GLUTEN-FREE 200 MG	\$0 (Tier 3)	*
HM IBUPROFEN IB 200 MG TABLET COATED. GLUTEN-FREE 200 MG	\$0 (Tier 3)	*
HM IBUPROFEN JR STR 100 MG CHW 100 MG	\$0 (Tier 3)	*
HM INF IBUPROFEN 50 MG/1.25 ML A/F, BERRY FLAVOR 50 MG/1.25 ML	\$0 (Tier 3)	*
HM INF IBUPROFEN 50 MG/1.25 ML D/F,A/F,BERRY FLAVOR 50 MG/1.25 ML	\$0 (Tier 3)	*
<i>hm naproxen sod 220 mg caplet caplet, gluten-free 220 mg</i>	\$0 (Tier 3)	*
<i>hm naproxen sodium 220 mg cap 220 mg</i>	\$0 (Tier 3)	*
<i>hm naproxen sodium 220 mg cap liquidgel 220 mg</i>	\$0 (Tier 3)	*
IBU ORAL TABLET 600 MG, 800 MG	\$0 (Tier 2)	
IBU-200 200 MG TABLET 200 MG	\$0 (Tier 3)	*
<i>ibuprofen 100 mg/5 ml susp u-d,50's,hosp use (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	*
<i>ibuprofen 200 mg caplet 200 mg</i>	\$0 (Tier 3)	*
<i>ibuprofen 200 mg caplet caplet 200 mg</i>	\$0 (Tier 3)	*
<i>ibuprofen 200 mg caplet caplet, coated 200 mg</i>	\$0 (Tier 3)	*
<i>ibuprofen 200 mg caplet coated caplet 200 mg</i>	\$0 (Tier 3)	*
<i>ibuprofen 200 mg capsule 200 mg</i>	\$0 (Tier 3)	*
<i>ibuprofen 200 mg softgel 200 mg</i>	\$0 (Tier 3)	*
<i>ibuprofen 200 mg softgel softgel 200 mg</i>	\$0 (Tier 3)	*
<i>ibuprofen 200 mg tablet 200 mg</i>	\$0 (Tier 3)	*
<i>ibuprofen 200 mg tablet coated 200 mg</i>	\$0 (Tier 3)	*
<i>ibuprofen 200 mg tablet coated caplet 200 mg</i>	\$0 (Tier 3)	*
<i>ibuprofen 200 mg/10 ml susp 100's, u-d cups (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ibuprofen 200 mg/10 ml susp 30's, u-d cups (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	*
<i>ibuprofen 200 mg/10 ml susp u-d (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	*
IBUPROFEN JR STR 100 MG CHEW 100 MG	\$0 (Tier 3)	*
IBUPROFEN JR STR 100 MG CHEW CHEWABLE TABLET 100 MG	\$0 (Tier 3)	*
IBUPROFEN JR STR 100 MG TB CHW 100 MG	\$0 (Tier 3)	*
IBUPROFEN JR STR 100 MG TB CHW TAB CHEW,ORANGE 100 MG	\$0 (Tier 3)	*
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	
INFANT IBUPROFEN 50 MG/1.25 ML 50 MG/1.25 ML	\$0 (Tier 3)	*
INFANT IBUPROFEN 50 MG/1.25 ML A/F, BERRY 50 MG/1.25 ML	\$0 (Tier 3)	*
INFANT IBUPROFEN 50 MG/1.25 ML A/F, D/F, BERRY 50 MG/1.25 ML	\$0 (Tier 3)	*
INFANT IBUPROFEN 50 MG/1.25 ML A/F, GLUTEN/F, BERRY 50 MG/1.25 ML	\$0 (Tier 3)	*
INFANT IBUPROFEN 50 MG/1.25 ML A/F,BERRY,INFANT 50 MG/1.25 ML	\$0 (Tier 3)	*
INFANT IBUPROFEN 50 MG/1.25 ML A/F,D/F,BERRY,INFANT 50 MG/1.25 ML	\$0 (Tier 3)	*
INFANT IBUPROFEN 50 MG/1.25 ML A/F,INFANT 50 MG/1.25 ML	\$0 (Tier 3)	*
INFANT IBUPROFEN 50 MG/1.25 ML D/F, A/F, W/SYRINGE 50 MG/1.25 ML	\$0 (Tier 3)	*
INFANT IBUPROFEN 50 MG/1.25 ML D/F,A/F,NON-STAINING 50 MG/1.25 ML	\$0 (Tier 3)	*
INFANTS' ADVIL 50 MG/1.25 ML 50 MG/1.25 ML	\$0 (Tier 3)	*
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>naproxen sodium 220 mg caplet 220 mg</i>	\$0 (Tier 3)	*
<i>naproxen sodium 220 mg capsule 220 mg</i>	\$0 (Tier 3)	*
<i>naproxen sodium 220 mg capsule liquidgel 220 mg</i>	\$0 (Tier 3)	*
<i>naproxen sodium 220 mg capsule liquidgels 220 mg</i>	\$0 (Tier 3)	*
<i>naproxen sodium 220 mg tablet 220 mg</i>	\$0 (Tier 3)	*
<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)	
PROVIL 200 MG TABLET 200 MG	\$0 (Tier 3)	*
<i>qc aspirin 325 mg tablet 325 mg</i>	\$0 (Tier 3)	*
<i>qc aspirin 81 mg chewable tab 81 mg</i>	\$0 (Tier 3)	*
<i>qc aspirin 81 mg chewable tab low dose, orange 81 mg</i>	\$0 (Tier 3)	*
<i>qc aspirin ec 325 mg tablet 325 mg</i>	\$0 (Tier 3)	*
<i>qc aspirin ec 325 mg tablet regular strength 325 mg</i>	\$0 (Tier 3)	*
<i>qc aspirin ec 81 mg tablet 81 mg</i>	\$0 (Tier 3)	*
QC CHILD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	\$0 (Tier 3)	*
<i>qc ibuprofen 200 mg caplet 200 mg</i>	\$0 (Tier 3)	*
<i>qc ibuprofen 200 mg caplet caplet 200 mg</i>	\$0 (Tier 3)	*
<i>qc ibuprofen 200 mg softgel 200 mg</i>	\$0 (Tier 3)	*
<i>qc ibuprofen 200 mg softgel softgel 200 mg</i>	\$0 (Tier 3)	*
<i>qc ibuprofen 200 mg tablet 200 mg</i>	\$0 (Tier 3)	*
QC IBUPROFEN IB 200 MG CAPLET CAPLET 200 MG	\$0 (Tier 3)	*
QC IBUPROFEN IB 200 MG TABLET 200 MG	\$0 (Tier 3)	*
QC INF IBUPROFEN 50 MG/1.25 ML 50 MG/1.25 ML	\$0 (Tier 3)	*
<i>qc naproxen sod 220 mg tablet 220 mg</i>	\$0 (Tier 3)	*
<i>sm aspirin 325 mg tablet 325 mg</i>	\$0 (Tier 3)	*
<i>sm aspirin 81 mg chewable tab adult low strength 81 mg</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sm aspirin ec 325 mg tablet reg-str, gluten-free 325 mg</i>	\$0 (Tier 3)	*
<i>sm aspirin ec 81 mg tablet adult low strength 81 mg</i>	\$0 (Tier 3)	*
SM CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S 81 MG	\$0 (Tier 3)	*
<i>sm ibuprofen 100 mg/5 ml susp (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	*
<i>sm ibuprofen 100 mg/5 ml susp a/f (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	*
<i>sm ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	*
<i>sm ibuprofen 200 mg caplet caplet 200 mg</i>	\$0 (Tier 3)	*
<i>sm ibuprofen 200 mg softgel 200 mg</i>	\$0 (Tier 3)	*
<i>sm ibuprofen 200 mg tablet 200 mg</i>	\$0 (Tier 3)	*
SM IBUPROFEN IB 100 MG CHEW TB 100 MG	\$0 (Tier 3)	*
SM IBUPROFEN IB 200 MG CAPLET CAPLET 200 MG	\$0 (Tier 3)	*
SM IBUPROFEN IB 200 MG CAPLET CAPLET, GLUTEN-FREE 200 MG	\$0 (Tier 3)	*
SM IBUPROFEN IB 200 MG TABLET 200 MG	\$0 (Tier 3)	*
SM IBUPROFEN IB 200 MG TABLET COATED 200 MG	\$0 (Tier 3)	*
SM INFANT IBUPROFEN SUSP DROP A/F, D/F 50 MG/1.25 ML	\$0 (Tier 3)	*
SM INFANT IBUPROFEN SUSP DROP W/DROPPER 50 MG/1.25 ML	\$0 (Tier 3)	*
<i>sm naproxen sod 220 mg caplet gluten free, caplet 220 mg</i>	\$0 (Tier 3)	*
ST. JOSEPH ASPIRIN 81 MG CHEW 81 MG	\$0 (Tier 3)	*
ST. JOSEPH ASPIRIN EC 81 MG TB 81 MG	\$0 (Tier 3)	*
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)	
Opioid Analgesics, Long-Acting		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 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 bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	\$0 (Tier 1)	PA
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	\$0 (Tier 1)	PA; QL (450 ML per 30 days)
<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</i>	\$0 (Tier 1)	QL (900 ML per 30 days)
<i>morphine oral tablet 15 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)	QL (90 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
Opioid Analgesics, Short-Acting		
<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</i>	\$0 (Tier 1)	QL (400 EA per 30 days)
<i>acetaminophen-codeine oral tablet 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>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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 (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<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>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 1)	QL (180 ML per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>morphine intravenous syringe 8 mg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<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>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)
<i>tramadol oral tablet 100 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<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)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Anesthetics		
Local Anesthetics		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	\$0 (Tier 1)	PA; QL (30 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (Tier 1)	PA; QL (50 ML per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1)	PA; QL (3 EA per 1 day)
<i>lidocaine topical ointment 5 %</i>	\$0 (Tier 1)	PA; QL (50 GM per 30 days)
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	\$0 (Tier 1)	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (Tier 1)	PA; QL (30 GM per 30 days)
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	\$0 (Tier 1)	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	\$0 (Tier 2)	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<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)
LUCEMYRA ORAL TABLET 0.18 MG	\$0 (Tier 2)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	\$0 (Tier 2)	
Opioid Reversal Agents		
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	\$0 (Tier 1)	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	\$0 (Tier 2)	
Smoking Cessation Agents		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (Tier 1)	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	\$0 (Tier 2)	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0 (Tier 2)	
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	\$0 (Tier 2)	
<i>gs nicotine 2 mg chewing gum original 2 mg</i>	\$0 (Tier 3)	*
<i>gs nicotine 2 mg mini lozenge 2 mg</i>	\$0 (Tier 3)	*
<i>gs nicotine 4 mg chewing gum original 4 mg</i>	\$0 (Tier 3)	*
<i>gs nicotine 4 mg lozenge 4 mg</i>	\$0 (Tier 3)	*
<i>gs nicotine 4 mg mini lozenge 4 mg</i>	\$0 (Tier 3)	*
<i>hm nicotine 14 mg/24hr patch (otc) 14 mg/24 hr</i>	\$0 (Tier 3)	*
<i>hm nicotine 2 mg chewing gum mint 2 mg</i>	\$0 (Tier 3)	*
<i>hm nicotine 2 mg lozenge mint, 3 quittube 2 mg</i>	\$0 (Tier 3)	*
<i>hm nicotine 2 mg mini lozenge 2 mg</i>	\$0 (Tier 3)	*
<i>hm nicotine 21 mg/24hr patch (otc) 21 mg/24 hr</i>	\$0 (Tier 3)	*
<i>hm nicotine 4 mg chewing gum mint 4 mg</i>	\$0 (Tier 3)	*
<i>hm nicotine 4 mg lozenge mint, 3 quittube 4 mg</i>	\$0 (Tier 3)	*
<i>hm nicotine 7 mg/24hr patch (otc) 7 mg/24 hr</i>	\$0 (Tier 3)	*
NICODERM CQ 14 MG/24HR PATCH 14 MG/24 HR	\$0 (Tier 3)	*
NICODERM CQ 14 MG/24HR PATCH INNER 14 MG/24 HR	\$0 (Tier 3)	*
NICODERM CQ 14 MG/24HR PATCH OUTER 14 MG/24 HR	\$0 (Tier 3)	*
NICODERM CQ 21 MG/24HR PATCH 21 MG/24 HR	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
NICODERM CQ 21 MG/24HR PATCH CLEAR PATCH 21 MG/24 HR	\$0 (Tier 3)	*
NICODERM CQ 21 MG/24HR PATCH INNER 21 MG/24 HR	\$0 (Tier 3)	*
NICODERM CQ 21 MG/24HR PATCH OUTER 21 MG/24 HR	\$0 (Tier 3)	*
NICODERM CQ 7 MG/24HR PATCH INNER 7 MG/24 HR	\$0 (Tier 3)	*
NICODERM CQ 7 MG/24HR PATCH OUTER 7 MG/24 HR	\$0 (Tier 3)	*
NICORETTE 2 MG CHEWING GUM 2 MG	\$0 (Tier 3)	*
NICORETTE 2 MG CHEWING GUM CINNAMON SURGE 2 MG	\$0 (Tier 3)	*
NICORETTE 2 MG CHEWING GUM FRUIT CHILL 2 MG	\$0 (Tier 3)	*
NICORETTE 2 MG CHEWING GUM MINT 2 MG	\$0 (Tier 3)	*
NICORETTE 2 MG CHEWING GUM ORIGINAL FLAVOR 2 MG	\$0 (Tier 3)	*
NICORETTE 2 MG CHEWING GUM STARTER KIT 2 MG	\$0 (Tier 3)	*
NICORETTE 2 MG CHEWING GUM WHITE ICE MINT 2 MG	\$0 (Tier 3)	*
NICORETTE 2 MG LOZENGE 2 MG	\$0 (Tier 3)	*
NICORETTE 2 MG LOZENGE CHERRY, 72+9 FREE 2 MG	\$0 (Tier 3)	*
NICORETTE 2 MG LOZENGE MINT, BONUS PACK 2 MG	\$0 (Tier 3)	*
NICORETTE 2 MG LOZENGE ORIGINAL, 108 + 24 2 MG	\$0 (Tier 3)	*
NICORETTE 2 MG MINI LOZENGE 2 MG	\$0 (Tier 3)	*
NICORETTE 2 MG MINI LOZENGE MINT 2 MG	\$0 (Tier 3)	*
NICORETTE 4 MG CHEWING GUM 4 MG	\$0 (Tier 3)	*
NICORETTE 4 MG CHEWING GUM CINNAMON SURGE 4 MG	\$0 (Tier 3)	*
NICORETTE 4 MG CHEWING GUM FRESH MINT 4 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
NICORETTE 4 MG CHEWING GUM FRUIT CHILL 4 MG	\$0 (Tier 3)	*
NICORETTE 4 MG CHEWING GUM MINT 4 MG	\$0 (Tier 3)	*
NICORETTE 4 MG CHEWING GUM ORIGINAL 4 MG	\$0 (Tier 3)	*
NICORETTE 4 MG CHEWING GUM ORIGINAL FLAVOR 4 MG	\$0 (Tier 3)	*
NICORETTE 4 MG CHEWING GUM WHITE ICE MINT 4 MG	\$0 (Tier 3)	*
NICORETTE 4 MG LOZENGE 4 MG	\$0 (Tier 3)	*
NICORETTE 4 MG LOZENGE CHERRY, 72+9 FREE 4 MG	\$0 (Tier 3)	*
NICORETTE 4 MG LOZENGE MINT, BONUS PACK 4 MG	\$0 (Tier 3)	*
NICORETTE 4 MG MINI LOZENGE 4 MG	\$0 (Tier 3)	*
<i>nicotine 14 mg/24hr patch (otc) 14 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 14 mg/24hr patch clear, step 2, outer (otc) 14 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 14 mg/24hr patch inner (otc) 14 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 14 mg/24hr patch outer (otc) 14 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg chewing gum 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg chewing gum coated,cinnamon,s/f 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg chewing gum cool mint/coated 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg chewing gum fruit wave, coated 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg chewing gum mint 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg chewing gum original 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg chewing gum refill 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg chewing gum s/f 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg chewing gum s/f,coated 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg chewing gum s/f,coated fruit 2 mg</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nicotine 2 mg chewing gum starter kit 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg chewing gum sugar free 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg lozenge 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg lozenge inner 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg lozenge mint, 3 quittube 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg lozenge outer 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg mini lozenge 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 2 mg mini lozenge mini,mint,3 quittube 2 mg</i>	\$0 (Tier 3)	*
<i>nicotine 21 mg/24hr patch (otc) 21 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 21 mg/24hr patch inner (otc) 21 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 21 mg/24hr patch outer (otc) 21 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 21 mg/24hr patch outer, clear, step 1 (otc) 21 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg chewing gum 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg chewing gum coated, mint 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg chewing gum coated,cinnamon,s/f 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg chewing gum cool mint/coated 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg chewing gum fruit wave/coated 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg chewing gum mint 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg chewing gum original 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg chewing gum refill 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg chewing gum refill kit,s/f 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg chewing gum s/f,coated 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg chewing gum s/f,coated fruit 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg chewing gum starter kit 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg lozenge 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg lozenge inner 4 mg</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nicotine 4 mg lozenge mint 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg lozenge mint, 3 quittube 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg lozenge outer 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg mini lozenge 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 4 mg mini lozenge mini,mint,3 quittube 4 mg</i>	\$0 (Tier 3)	*
<i>nicotine 7 mg/24hr patch (otc) 7 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 7 mg/24hr patch inner (otc) 7 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 7 mg/24hr patch outer (otc) 7 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 7 mg/24hr patch outer, clear, step 3 (otc) 7 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr</i>	\$0 (Tier 3)	*
<i>nicotine transdermal system step 1,2,3 21-14-7 mg/24 hr</i>	\$0 (Tier 3)	*
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (Tier 2)	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 (Tier 2)	
<i>sm nicotine 14 mg/24hr patch (otc) 14 mg/24 hr</i>	\$0 (Tier 3)	*
<i>sm nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr</i>	\$0 (Tier 3)	*
<i>sm nicotine 2 mg chewing gum 2 mg</i>	\$0 (Tier 3)	*
<i>sm nicotine 2 mg lozenge 2 mg</i>	\$0 (Tier 3)	*
<i>sm nicotine 21 mg/24hr patch (otc) 21 mg/24 hr</i>	\$0 (Tier 3)	*
<i>sm nicotine 21 mg/24hr patch outer (otc) 21 mg/24 hr</i>	\$0 (Tier 3)	*
<i>sm nicotine 4 mg chewing gum 4 mg</i>	\$0 (Tier 3)	*
<i>sm nicotine 4 mg lozenge 4 mg</i>	\$0 (Tier 3)	*
<i>sm nicotine 7 mg/24hr patch (otc) 7 mg/24 hr</i>	\$0 (Tier 3)	*
<i>sm nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<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>gentamicin topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>gentamicin topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>neomycin oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>paromomycin oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>streptomycin intramuscular recon soln 1 gram</i>	\$0 (Tier 1)	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
Antibacterials, Other		
<i>aztreonam injection recon soln 1 gram</i>	\$0 (Tier 1)	
BETADINE 10% SOLUTION ANTISEPTIC 10 %	\$0 (Tier 3)	*
BETADINE 10% SOLUTION HOSP.SIZE,ANTISEPTIC 10 %	\$0 (Tier 3)	*
<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)	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	\$0 (Tier 1)	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	\$0 (Tier 1)	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hm povidone-iodine 10% soln 10 %</i>	\$0 (Tier 3)	*
HM TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	\$0 (Tier 3)	*
<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 1)	
<i>linezolid oral tablet 600 mg</i>	\$0 (Tier 1)	
<i>methenamine hippurate oral tablet 1 gram</i>	\$0 (Tier 1)	
<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>metronidazole topical cream 0.75 %</i>	\$0 (Tier 1)	
<i>metronidazole topical gel 0.75 %</i>	\$0 (Tier 1)	
<i>metronidazole topical lotion 0.75 %</i>	\$0 (Tier 1)	
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	\$0 (Tier 1)	
NORITATE TOPICAL CREAM 1 %	\$0 (Tier 2)	QL (60 GM per 30 days)
<i>povidone-iodine 10% ointment 10 %</i>	\$0 (Tier 3)	*
<i>povidone-iodine 10% solution 10 %</i>	\$0 (Tier 3)	*
<i>qc povidone-iodine 10% soln 10 %</i>	\$0 (Tier 3)	*
QC TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	\$0 (Tier 3)	*
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	\$0 (Tier 2)	
SIVEXTRO ORAL TABLET 200 MG	\$0 (Tier 2)	
<i>sm povidone-iodine 10% soln 10 %</i>	\$0 (Tier 3)	*
SM TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	\$0 (Tier 3)	*
<i>tigecycline intravenous recon soln 50 mg</i>	\$0 (Tier 1)	
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)	
TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	\$0 (Tier 3)	*
TRIPLE ANTIBIOTIC OINTMENT CARTON 3.5MG-400 UNIT- 5,000 UNIT/GRAM	\$0 (Tier 3)	*



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>vancomycin oral capsule 125 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>vancomycin oral capsule 250 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
VANDAZOLE VAGINAL GEL 0.75 %	\$0 (Tier 2)	
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 2)	PA
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefaclor oral tablet extended release 12 hr 500 mg</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>cefadroxil oral tablet 1 gram</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)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	\$0 (Tier 1)	
<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)	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	\$0 (Tier 2)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (Tier 2)	
Beta-Lactam, 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)	
<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)	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	\$0 (Tier 2)	
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)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	\$0 (Tier 1)	
<i>penicillin g potassium injection recon soln 20 million unit</i>	\$0 (Tier 1)	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</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)	
Carbapenems		
<i>ertapenem injection recon soln 1 gram</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	\$0 (Tier 1)	
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)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
E.E.S. 400 ORAL TABLET 400 MG	\$0 (Tier 2)	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG	\$0 (Tier 2)	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	\$0 (Tier 2)	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 2)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	\$0 (Tier 1)	
<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)	
Quinolones		
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %	\$0 (Tier 2)	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	\$0 (Tier 2)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl oral tablet 100 mg, 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)	
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	\$0 (Tier 1)	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)	
<i>levofloxacin intravenous solution 25 mg/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)	
Sulfonamides		
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (Tier 1)	
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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		
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 2)	
<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)	
MONDOXYNE NL ORAL CAPSULE 100 MG	\$0 (Tier 2)	
MORGIDOX ORAL CAPSULE 50 MG	\$0 (Tier 2)	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<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 - FOR NEW STARTS ONLY; QL (600 ML per 30 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>felbamate oral suspension 600 mg/5 ml</i>	\$0 (Tier 1)	
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (Tier 1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</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)	
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	\$0 (Tier 2)	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	\$0 (Tier 2)	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (Tier 2)	
<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)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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)	
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	\$0 (Tier 2)	
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>ethosuximide oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days)
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY
<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)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (180 EA per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	\$0 (Tier 2)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
DIASTAT RECTAL KIT 2.5 MG	\$0 (Tier 2)	
<i>diazepam oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (120 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)	
<i>gabapentin oral capsule 100 mg</i>	\$0 (Tier 1)	QL (1080 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/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)
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	\$0 (Tier 2)	PA
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY
<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 1)	PA - FOR NEW STARTS ONLY
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1 ML X 2), 20 MG/2 SPRAY (10 MG/0.1 ML X 2), 5 MG/SPRAY (0.1 ML)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<i>vigabatrin oral powder in packet 500 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (180 EA per 30 days)
VIGADRONE ORAL POWDER IN PACKET 500 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (180 EA per 30 days)
Sodium Channel Agents		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
BANZEL ORAL TABLET 200 MG, 400 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<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)	
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)	
EPITOL ORAL TABLET 200 MG	\$0 (Tier 2)	
<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)	
PEGANONE ORAL TABLET 250 MG	\$0 (Tier 2)	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	\$0 (Tier 2)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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)	
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
Antidementia Agents		
Antidementia Agents, Other		
<i>donepezil oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>donepezil oral tablet 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	
<i>donepezil oral tablet, disintegrating 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
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)	
Cholinesterase Inhibitors		
<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>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<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



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Antidepressants		
Antidepressants, Other		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (Tier 2)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 2)	QL (1 EA per 28 days)
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 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, 300 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<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>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 2)	QL (180 EA per 30 days)
<i>phenelzine oral tablet 15 mg</i>	\$0 (Tier 1)	
<i>tranylcypromine oral tablet 10 mg</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
<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>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 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)	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG, 40 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (60 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>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
<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)
PAXIL ORAL SUSPENSION 10 MG/5 ML	\$0 (Tier 2)	QL (900 ML per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
TRINTELLIX ORAL TABLET 10 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
TRINTELLIX ORAL TABLET 20 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET 5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (120 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)	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ZOLOFT ORAL CONCENTRATE 20 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
Tricyclics		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	
<i>doxepin oral tablet 3 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>doxepin oral tablet 6 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
SILENOR ORAL TABLET 3 MG, 6 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>trimipramine oral capsule 100 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>trimipramine oral capsule 25 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>trimipramine oral capsule 50 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
COMPRO RECTAL SUPPOSITORY 25 MG	\$0 (Tier 2)	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (Tier 1)	PA; QL (10 EA per 30 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	\$0 (Tier 2)	PA - Part B vs D Determination
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	\$0 (Tier 2)	QL (4 EA per 28 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Antifungals		
Antifungals		
3-DAY VAGINAL CREAM 2 %	\$0 (Tier 3)	*
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 2)	PA - Part B vs D Determination
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (Tier 2)	PA - Part B vs D Determination
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
ANTIFUNGAL 1% CREAM 1 %	\$0 (Tier 3)	*
ANTI-FUNGAL 1% POWDER 1 %	\$0 (Tier 3)	*
ANTIFUNGAL 2% TOPICAL CREAM 2 %	\$0 (Tier 3)	*
BAZA ANTIFUNGAL 2% CREAM 12'S 2 %	\$0 (Tier 3)	*
BAZA ANTIFUNGAL 2% CREAM U-D,300'S 2 %	\$0 (Tier 3)	*
CARRINGTON ANTIFUNGAL 2% CREAM 2 %	\$0 (Tier 3)	*
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	\$0 (Tier 1)	
<i>ciclopirox topical cream 0.77 %</i>	\$0 (Tier 1)	QL (90 GM per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>clotrimazole 1% topical cream (otc) 1 %</i>	\$0 (Tier 3)	*
<i>clotrimazole 1% vaginal cream 1 %</i>	\$0 (Tier 3)	*
<i>clotrimazole 1% vaginal cream w/7 applicators 1 %</i>	\$0 (Tier 3)	*
<i>clotrimazole 1% vaginal cream w/single applicator 1 %</i>	\$0 (Tier 3)	*
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (Tier 1)	
CLOTRIMAZOLE-3 2% CREAM 2 %	\$0 (Tier 3)	*
<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 1)	
FUNGOID 2% TINCTURE 2 %	\$0 (Tier 3)	*
GNP ATHLETE'S FOOT 1% CREAM 1 %	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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)	
INZO ANTIFUNGAL 2% CREAM 2 %	\$0 (Tier 3)	*
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1)	PA
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	PA
<i>ketoconazole topical cream 2 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	\$0 (Tier 1)	
<i>miconazole intravenous recon soln 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>miconazole 1 combination pack 1,200-2 mg-%</i>	\$0 (Tier 3)	*
<i>miconazole 1 combination pack sftgl insert/9gm crm 1,200-2 mg-%</i>	\$0 (Tier 3)	*
<i>miconazole 2% topical cream 2 %</i>	\$0 (Tier 3)	*
<i>miconazole 2% vaginal cream 2 %</i>	\$0 (Tier 3)	*
<i>miconazole 2% vaginal cream w/7 disp applicators 2 %</i>	\$0 (Tier 3)	*
<i>miconazole 2% vaginal cream w/applicator 2 %</i>	\$0 (Tier 3)	*
MICONAZOLE 3 4% CREAM 200 MG/5 GRAM (4 %)	\$0 (Tier 3)	*
MICONAZOLE 3 COMBO PACK 3 SUP,9GM CRM W/APP 200 MG- 2 % (9 GRAM)	\$0 (Tier 3)	*
MICONAZOLE 3 COMBO PACK 3 SUPP W/9GM CREAM 200 MG- 2 % (9 GRAM)	\$0 (Tier 3)	*
MICONAZOLE 7 100 MG VAG SUPP 100 MG	\$0 (Tier 3)	*
MICONAZOLE 7 CREAM 2 %	\$0 (Tier 3)	*
MICONAZOLE 7 CREAM W/7 DISP APPLICATORS 2 %	\$0 (Tier 3)	*
MICONAZOLE 7 CREAM W/APPLICATOR 2 %	\$0 (Tier 3)	*
<i>miconazole-7 cream 2 %</i>	\$0 (Tier 3)	*
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	\$0 (Tier 2)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	\$0 (Tier 2)	QL (630 ML per 30 days)
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	\$0 (Tier 2)	QL (93 EA per 30 days)
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	\$0 (Tier 2)	QL (60 GM per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (Tier 1)	
<i>nystatin oral tablet 500,000 unit</i>	\$0 (Tier 1)	
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (Tier 1)	
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (Tier 1)	
<i>nystatin topical powder 100,000 unit/gram</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	\$0 (Tier 2)	QL (60 GM per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	\$0 (Tier 1)	QL (93 EA per 30 days)
QC 3 DAY VAGINAL 4% CREAM 200 MG/5 GRAM (4 %)	\$0 (Tier 3)	*
<i>qc clotrimazole 1% top cream (otc) 1 %</i>	\$0 (Tier 3)	*
<i>qc clotrimazole 1% vag cream 1 %</i>	\$0 (Tier 3)	*
<i>qc miconazole-7 cream 1 applicator 2 %</i>	\$0 (Tier 3)	*
<i>qc tolinaftate 1% cream 1 %</i>	\$0 (Tier 3)	*
SM 3-DAY VAGINAL CREAM 2 %	\$0 (Tier 3)	*
SM ANTIFUNGAL 1% CREAM 1 %	\$0 (Tier 3)	*
SM ANTIFUNGAL 1% TOPICAL CREAM 1 %	\$0 (Tier 3)	*
<i>sm clotrimazole 1% vag cream 1 %</i>	\$0 (Tier 3)	*
<i>sm miconazole 2% topical cream 2 %</i>	\$0 (Tier 3)	*
<i>sm miconazole 2% vaginal cream w/disp applicators 2 %</i>	\$0 (Tier 3)	*
SM MICONAZOLE 3 COMBO PACK W/DISPOSABLE APPLICA 200 MG- 2 % (9 GRAM)	\$0 (Tier 3)	*
SM MICONAZOLE 7 100 MG VAG SUP 100 MG	\$0 (Tier 3)	*
SM MICONAZOLE 7 CREAM W/REUSABLE APPLIC 2 %	\$0 (Tier 3)	*
<i>sm tioconazole-1 6.5% ointment 6.5 %</i>	\$0 (Tier 3)	*
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	QL (90 EA per 365 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	
TIOCONAZOLE-1 6.5% OINTMENT 6.5 %	\$0 (Tier 3)	*
<i>tolnaftate 1% cream 1 %</i>	\$0 (Tier 3)	*
<i>tolnaftate 1% powder 1 %</i>	\$0 (Tier 3)	*
<i>voriconazole intravenous recon soln 200 mg</i>	\$0 (Tier 1)	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	\$0 (Tier 1)	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	\$0 (Tier 1)	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
COLCRYS ORAL TABLET 0.6 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0 (Tier 1)	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	\$0 (Tier 1)	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (Tier 1)	
Prophylactic		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 2)	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	\$0 (Tier 2)	PA; QL (1.5 ML per 30 days)
<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)	
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	\$0 (Tier 2)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	\$0 (Tier 2)	PA; QL (2 ML per 30 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 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)	
Serotonin (5-Ht) Receptor Agonist		
<i>eletriptan oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	\$0 (Tier 1)	QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	\$0 (Tier 1)	QL (12 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</i>	\$0 (Tier 1)	QL (12 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	\$0 (Tier 1)	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	\$0 (Tier 1)	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	\$0 (Tier 1)	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (6 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine oral tablet 125 mg</i>	\$0 (Tier 1)	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (Tier 1)	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)	
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 2)	
<i>rifabutin oral capsule 150 mg</i>	\$0 (Tier 1)	
Antituberculars		
<i>ethambutol oral tablet 100 mg, 400 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)	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	\$0 (Tier 2)	
<i>pyrazinamide oral tablet 500 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)	
RIFATER ORAL TABLET 50-120-300 MG	\$0 (Tier 2)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (Tier 2)	PA
TRECTOR ORAL TABLET 250 MG	\$0 (Tier 2)	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
LEUKERAN ORAL TABLET 2 MG	\$0 (Tier 2)	
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 2)	
VALCHLOR TOPICAL GEL 0.016 %	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (60 GM per 30 days)
Antiandrogens		
<i>abiraterone oral tablet 250 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 1)	
ERLEADA ORAL TABLET 60 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<i>flutamide oral capsule 125 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 1)	
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<i>toremifene oral tablet 60 mg</i>	\$0 (Tier 1)	
XTANDI ORAL CAPSULE 40 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ZYTIGA ORAL TABLET 500 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
Antiangiogenic Agents		
POMALYST ORAL CAPSULE 1 MG, 2 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (21 EA per 21 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (56 EA per 28 days)
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	\$0 (Tier 2)	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 (Tier 2)	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (Tier 2)	
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)	
INQOVI ORAL TABLET 35-100 MG	\$0 (Tier 2)	
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (Tier 2)	
TABLOID ORAL TABLET 40 MG	\$0 (Tier 2)	
Antineoplastics, Other		
GAVRETO ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 2)	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
RETEVMO ORAL CAPSULE 40 MG, 80 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
SYLATRON SUBCUTANEOUS KIT 600 MCG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 2)	PA - Part B vs D Determination
TUKYSA ORAL TABLET 150 MG, 50 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 2)	PA - Part B vs D Determination
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Antineoplastics		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	\$0 (Tier 2)	
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 1)	
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 1)	
Enzyme Inhibitors		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (21 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (90 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
BRUKINSA ORAL CAPSULE 80 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
CAPRELSA ORAL TABLET 100 MG, 300 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
DAURISMO ORAL TABLET 100 MG, 25 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (90 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (120 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet 5 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (40 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination; QL (240 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 15 MG, 45 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<i>imatinib oral tablet 100 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
INLYTA ORAL TABLET 1 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
IRESSA ORAL TABLET 250 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<i>lapatinib oral tablet 250 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
LORBRENA ORAL TABLET 100 MG, 25 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
MEKINIST ORAL TABLET 0.5 MG, 2 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
MEKTOVI ORAL TABLET 15 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
NEXAVAR ORAL TABLET 200 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
QINLOCK ORAL TABLET 50 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
STIVARGA ORAL TABLET 40 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
TARCEVA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
TARCEVA ORAL TABLET 25 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (90 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
TAZVERIK ORAL TABLET 200 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
TURALIO ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
TYKERB ORAL TABLET 250 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
VOTRIENT ORAL TABLET 200 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
XOSPATA ORAL TABLET 40 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ZEJULA ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	\$0 (Tier 2)	PA - Part B vs D Determination
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ZYKADIA ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
ZYKADIA ORAL TABLET 150 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
Retinoids		
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY
PANRETIN TOPICAL GEL 0.1 %	\$0 (Tier 2)	QL (60 GM per 30 days)
TARGRETIN TOPICAL GEL 1 %	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (60 GM per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Treatment Adjuncts		
<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)	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	\$0 (Tier 1)	
EMVERM ORAL TABLET,CHEWABLE 100 MG	\$0 (Tier 2)	QL (12 EA per 30 days)
<i>ivermectin oral tablet 3 mg</i>	\$0 (Tier 1)	
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 1)	
Antiprotozoals		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	\$0 (Tier 2)	
ALINIA ORAL TABLET 500 MG	\$0 (Tier 2)	
<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>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 2)	
<i>hydroxychloroquine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>mefloquine oral tablet 250 mg</i>	\$0 (Tier 1)	
NEBUPENT INHALATION RECON SOLN 300 MG	\$0 (Tier 2)	PA - Part B vs D Determination
PENTAM INJECTION RECON SOLN 300 MG	\$0 (Tier 2)	
<i>pentamidine inhalation recon soln 300 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>pentamidine injection recon soln 300 mg</i>	\$0 (Tier 1)	
<i>primaquine oral tablet 26.3 mg</i>	\$0 (Tier 1)	
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1)	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>carbidopa oral tablet 25 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)	
Dopamine Agonists		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	\$0 (Tier 2)	PA; QL (60 ML per 30 days)
<i>bromocriptine oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (Tier 1)	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 2)	PA; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/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, 3.75 mg, 4.5 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)	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet 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)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline oral tablet 0.5 mg, 1 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)	
Antipsychotics		
1St Generation/Typical		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</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>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>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<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>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (Tier 2)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 2)	QL (1 EA per 28 days)
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 (Tier 2)	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (Tier 2)	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 (Tier 2)	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 (Tier 2)	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 (Tier 2)	QL (3.2 ML per 28 days)
CAPLYTA ORAL CAPSULE 42 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	\$0 (Tier 2)	QL (6 EA per 3 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)



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
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/0.875 ML	\$0 (Tier 2)	QL (0.875 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	\$0 (Tier 2)	QL (1.315 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/2.625 ML	\$0 (Tier 2)	QL (2.625 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (Tier 1)	QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG	\$0 (Tier 2)	QL (1 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,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)	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	
<i>risperidone oral tablet,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, 4 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 2)	QL (60 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)
VRAYLAR ORAL CAPSULE 1.5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<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)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (2 EA per 28 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (135 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>clozapine oral tablet, disintegrating 100 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (270 EA per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg, 25 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY
<i>clozapine oral tablet, disintegrating 150 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (180 EA per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (135 EA per 30 days)
CLOZARIL ORAL TABLET 200 MG, 50 MG	\$0 (Tier 2)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (600 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (Tier 2)	
<i>valganciclovir oral recon soln 50 mg/ml</i>	\$0 (Tier 1)	
<i>valganciclovir oral tablet 450 mg</i>	\$0 (Tier 1)	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir oral tablet 10 mg</i>	\$0 (Tier 1)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (Tier 2)	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	\$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>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
VEMLIDY ORAL TABLET 25 MG	\$0 (Tier 2)	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (Tier 2)	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 2)	
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL TABLET 400-100 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
HARVONI ORAL TABLET 90-400 MG	\$0 (Tier 2)	PA
MAVYRET ORAL TABLET 100-40 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)	
VOSEVI ORAL TABLET 400-100-100 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
Antitherpetic Agents		
<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)	PA - Part B vs D Determination
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	\$0 (Tier 1)	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 50-200-25 MG	\$0 (Tier 2)	
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 2)	
GENVOYA ORAL TABLET 150-150-200-10 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, 25 MG	\$0 (Tier 2)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (Tier 2)	
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (Tier 2)	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	\$0 (Tier 2)	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0 (Tier 2)	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 2)	
EDURANT ORAL TABLET 25 MG	\$0 (Tier 2)	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>efavirenz oral tablet 600 mg</i>	\$0 (Tier 1)	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	\$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 100 mg, 400 mg</i>	\$0 (Tier 1)	
PIFELTRO ORAL TABLET 100 MG	\$0 (Tier 2)	
RESCRIPTOR ORAL TABLET 200 MG	\$0 (Tier 2)	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<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)	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	\$0 (Tier 1)	
ATRIPLA ORAL TABLET 600-200-300 MG	\$0 (Tier 2)	
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 2)	
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 2)	
DESCOVY ORAL TABLET 200-25 MG	\$0 (Tier 2)	
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	\$0 (Tier 1)	
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (Tier 1)	
<i>emtricitabine oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	\$0 (Tier 1)	
EMTRIVA ORAL CAPSULE 200 MG	\$0 (Tier 2)	
EMTRIVA ORAL SOLUTION 10 MG/ML	\$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)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 2)	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
SYMFI LO ORAL TABLET 400-300-300 MG	\$0 (Tier 2)	
SYMFI ORAL TABLET 600-300-300 MG	\$0 (Tier 2)	
<i>tenofov (disoproxil fumarate) oral tablet 300 mg</i>	\$0 (Tier 1)	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	\$0 (Tier 2)	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	\$0 (Tier 2)	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (Tier 2)	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 2)	
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>zidovudine oral syrup 10 mg/ml</i>	\$0 (Tier 1)	
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 (Tier 2)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 (Tier 2)	
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (Tier 2)	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	\$0 (Tier 2)	
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 2)	
TYBOST ORAL TABLET 150 MG	\$0 (Tier 2)	
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 2)	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
CRIVAN ORAL CAPSULE 200 MG, 400 MG	\$0 (Tier 2)	
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 2)	
<i>fosamprenavir oral tablet 700 mg</i>	\$0 (Tier 1)	
INVIRASE ORAL TABLET 500 MG	\$0 (Tier 2)	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	\$0 (Tier 2)	
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	\$0 (Tier 1)	
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 (Tier 2)	
NORVIR ORAL SOLUTION 80 MG/ML	\$0 (Tier 2)	
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (Tier 2)	
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (Tier 2)	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	\$0 (Tier 2)	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (Tier 2)	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (Tier 2)	
<i>ritonavir oral tablet 100 mg</i>	\$0 (Tier 1)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (Tier 2)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Anti-Influenza Agents		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
<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)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 (Tier 2)	QL (120 EA per 365 days)
<i>rimantadine oral tablet 100 mg</i>	\$0 (Tier 1)	
Antivirals		
REBETOL ORAL SOLUTION 40 MG/ML	\$0 (Tier 2)	
RIBASPHERE ORAL CAPSULE 200 MG	\$0 (Tier 2)	
RIBASPHERE ORAL TABLET 600 MG	\$0 (Tier 2)	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	
<i>doxepin oral tablet 3 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>doxepin oral tablet 6 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	
SILENOR ORAL TABLET 3 MG, 6 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
Benzodiazepines		
<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>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 on this table mean by going to page 10.

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (180 EA per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	\$0 (Tier 2)	
DIASTAT RECTAL KIT 2.5 MG	\$0 (Tier 2)	
<i>diazepam oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (120 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)	
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
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 - FOR NEW STARTS ONLY
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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)
PAXIL ORAL SUSPENSION 10 MG/5 ML	\$0 (Tier 2)	QL (900 ML per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>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)	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
Bipolar Agents		
Bipolar Agents, Other		
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	\$0 (Tier 2)	QL (6 EA per 3 days)
<i>lamotrigine oral tablet 25 mg</i>	\$0 (Tier 1)	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (Tier 1)	QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG	\$0 (Tier 2)	QL (1 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (60 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)	QL (240 ML per 30 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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, 4 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 2)	QL (60 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)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
<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)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (2 EA per 28 days)
Mood Stabilizers		
<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</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet,chewable 100 mg</i>	\$0 (Tier 1)	
<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)	
EPITOL ORAL TABLET 200 MG	\$0 (Tier 2)	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>lamotrigine oral tablet extended release 24hr 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>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>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)	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	\$0 (Tier 2)	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	\$0 (Tier 2)	QL (4 EA per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	\$0 (Tier 2)	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	\$0 (Tier 2)	QL (1.2 ML per 30 days)
<i>colesevelam oral powder in packet 3.75 gram</i>	\$0 (Tier 1)	
<i>colesevelam oral tablet 625 mg</i>	\$0 (Tier 1)	
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glipizide 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, 5 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
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)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<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)	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	\$0 (Tier 2)	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	\$0 (Tier 2)	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>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	\$0 (Tier 2)	QL (120 EA per 30 days)



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
STEGLATRO ORAL TABLET 15 MG, 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (Tier 2)	QL (30 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)	QL (2 ML per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	\$0 (Tier 2)	QL (9 ML per 30 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)
Glycemic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	\$0 (Tier 2)	
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 1)	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	\$0 (Tier 2)	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	\$0 (Tier 2)	
KORLYM ORAL TABLET 300 MG	\$0 (Tier 2)	PA
PROGLYCEM ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	
Insulins		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (Tier 2)	QL (200 EA per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (Tier 1)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 2)	PA - Part B vs D Determination



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 (Tier 2)	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	\$0 (Tier 1)	
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	\$0 (Tier 1)	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	\$0 (Tier 1)	
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	\$0 (Tier 1)	QL (200 EA per 30 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (Tier 2)	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 2)	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (Tier 2)	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 2)	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	\$0 (Tier 1)	QL (200 EA per 30 days)
SEMGLEE PEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	
SEMGLEE U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 (Tier 2)	QL (30 ML per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	\$0 (Tier 2)	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
Blood Products And Modifiers		
Anticoagulants		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	\$0 (Tier 2)	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 (Tier 2)	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (Tier 2)	QL (60 EA per 30 days)



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
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, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	\$0 (Tier 1)	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	\$0 (Tier 2)	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	\$0 (Tier 2)	
<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)	PA - Part B vs D Determination
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	\$0 (Tier 2)	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<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 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
Blood Products And Modifiers, Other		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	\$0 (Tier 2)	PA - Part B vs D Determination
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 (Tier 2)	PA
Blood Products And Modifiers		
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
Hemostasis Agents		
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)	
Platelet Modifying Agents		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (Tier 1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 2)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clopidogrel oral tablet 75 mg</i>	\$0 (Tier 1)	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<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>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
NORTHERA ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
Antiarrhythmics		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	\$0 (Tier 2)	
DIGITEK ORAL TABLET 125 MCG (0.125 MG)	\$0 (Tier 2)	QL (30 EA per 30 days)
DIGITEK ORAL TABLET 250 MCG (0.25 MG)	\$0 (Tier 2)	PA
DIGOX ORAL TABLET 125 MCG (0.125 MG)	\$0 (Tier 2)	QL (30 EA per 30 days)
DIGOX ORAL TABLET 250 MCG (0.25 MG)	\$0 (Tier 2)	PA



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (Tier 1)	PA
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	\$0 (Tier 1)	PA
<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)	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	\$0 (Tier 2)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (Tier 1)	
<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)	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 2)	
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 2)	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	\$0 (Tier 2)	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	\$0 (Tier 2)	
<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)	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	\$0 (Tier 2)	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (Tier 1)	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	\$0 (Tier 2)	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 2)	
<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)	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
BYSTOLIC ORAL TABLET 20 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (Tier 1)	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>pindolol oral tablet 10 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>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 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>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<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>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	\$0 (Tier 1)	
NYMALIZE ORAL SOLUTION 60 MG/20 ML	\$0 (Tier 2)	
NYMALIZE ORAL SYRINGE 60 MG/10 ML	\$0 (Tier 2)	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	\$0 (Tier 2)	
<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)	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	\$0 (Tier 2)	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 2)	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	\$0 (Tier 2)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 2)	
<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)	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>aliskiren oral tablet 150 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>aliskiren oral tablet 300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	\$0 (Tier 1)	
<i>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)	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (Tier 1)	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 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)	
BIDIL ORAL TABLET 20-37.5 MG	\$0 (Tier 2)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (Tier 1)	
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (Tier 2)	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (Tier 2)	
DEMSEER ORAL CAPSULE 250 MG	\$0 (Tier 2)	PA
DIGITEK ORAL TABLET 125 MCG (0.125 MG)	\$0 (Tier 2)	QL (30 EA per 30 days)
DIGITEK ORAL TABLET 250 MCG (0.25 MG)	\$0 (Tier 2)	PA
DIGOX ORAL TABLET 125 MCG (0.125 MG)	\$0 (Tier 2)	QL (30 EA per 30 days)
DIGOX ORAL TABLET 250 MCG (0.25 MG)	\$0 (Tier 2)	PA
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0 (Tier 1)	PA
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	\$0 (Tier 1)	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (Tier 2)	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (Tier 1)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (Tier 2)	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 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>metyrosine oral capsule 250 mg</i>	\$0 (Tier 1)	PA
<i>olmesartan-amlodipin-hcthiiazid 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)	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (Tier 1)	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	\$0 (Tier 1)	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0 (Tier 1)	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	\$0 (Tier 1)	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 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-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)	
Diuretics, Loop		
<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>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide injection syringe 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>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
Diuretics, Potassium-Sparing		
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
Diuretics, Thiazide		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>chlorthalidone oral tablet 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, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
Dyslipidemics, Fibrin Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG, 90 MG	\$0 (Tier 2)	
<i>fenofibrate micronized oral capsule 134 mg, 200 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>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	\$0 (Tier 2)	ST - FOR NEW STARTS ONLY
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0 (Tier 1)	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 (Tier 2)	ST - FOR NEW STARTS ONLY
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>simvastatin oral tablet 80 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 (Tier 2)	ST - FOR NEW STARTS ONLY



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Dyslipidemics, Other		
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	\$0 (Tier 1)	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	\$0 (Tier 1)	
<i>colesevelam oral powder in packet 3.75 gram</i>	\$0 (Tier 1)	
<i>colesevelam oral tablet 625 mg</i>	\$0 (Tier 1)	
<i>colestipol oral packet 5 gram</i>	\$0 (Tier 1)	
<i>colestipol oral tablet 1 gram</i>	\$0 (Tier 1)	
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (Tier 1)	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	\$0 (Tier 2)	PA
<i>niacin 500 mg capsule sa (rx) 500 mg</i>	\$0 (Tier 3)	*
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	\$0 (Tier 1)	
<i>niacin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
NIACOR ORAL TABLET 500 MG	\$0 (Tier 2)	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 (Tier 2)	PA
PREVALITE ORAL POWDER IN PACKET 4 GRAM	\$0 (Tier 2)	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	\$0 (Tier 2)	
Vasodilators, Direct-Acting Arterial/Venous		
ISORDIL ORAL TABLET 40 MG	\$0 (Tier 2)	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	
<i>isosorbide dinitrate oral tablet extended release 40 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)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	\$0 (Tier 2)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0 (Tier 2)	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	\$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)	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (Tier 2)	QL (30 GM per 30 days)
Vasodilators, Direct-Acting Arterial		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 15 mg, 20 mg, 25 mg, 30 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg, 20 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
VYVANSE ORAL TABLET, CHEWABLE 40 MG, 50 MG, 60 MG	\$0 (Tier 2)	QL (30 EA per 30 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>atomoxetine oral capsule 40 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	\$0 (Tier 1)	
<i>dexmethylphenidate oral tablet 10 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	\$0 (Tier 2)	QL (90 EA per 30 days)
<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, 5 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 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, chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
NUDEXTA ORAL CAPSULE 20-10 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0 (Tier 1)	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<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)



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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)
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)	
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (14 EA per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	\$0 (Tier 1)	PA
GILENYA ORAL CAPSULE 0.5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (28 EA per 28 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (12 ML per 28 days)
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i>	\$0 (Tier 1)	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide dental paste 0.1 %</i>	\$0 (Tier 1)	
Dermatological Agents		
Acne And Rosacea Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1)	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	\$0 (Tier 2)	PA
AVITA TOPICAL CREAM 0.025 %	\$0 (Tier 2)	PA; QL (45 GM per 30 days)
AVITA TOPICAL GEL 0.025 %	\$0 (Tier 2)	PA; QL (45 GM per 30 days)
<i>azelaic acid topical gel 15 %</i>	\$0 (Tier 1)	QL (50 GM per 30 days)



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 2)	PA
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	\$0 (Tier 1)	
FINACEA TOPICAL FOAM 15 %	\$0 (Tier 2)	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	PA
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 2)	PA
<i>tazarotene topical cream 0.1 %</i>	\$0 (Tier 1)	PA; QL (60 GM per 30 days)
TAZORAC TOPICAL CREAM 0.05 %	\$0 (Tier 2)	PA; QL (60 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 %</i>	\$0 (Tier 1)	PA; QL (45 GM per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 2)	PA
Dermatitis And Pruitus Agents		
ALA-CORT TOPICAL CREAM 1 %, 2.5 %	\$0 (Tier 2)	
<i>alclometasone topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>alclometasone topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>ammonium lactate 12% cream (otc) 12 %</i>	\$0 (Tier 3)	*
<i>ammonium lactate 12% lotion (otc) 12 %</i>	\$0 (Tier 3)	*
<i>ammonium lactate topical cream 12 %</i>	\$0 (Tier 1)	
<i>ammonium lactate topical lotion 12 %</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical ointment 0.05 %</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	\$0 (Tier 1)	PA
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	\$0 (Tier 2)	
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %	\$0 (Tier 2)	
<i>desonide topical cream 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>desonide topical ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	\$0 (Tier 2)	PA; QL (120 GM per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	\$0 (Tier 1)	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	\$0 (Tier 1)	
<i>fluocinolone topical ointment 0.025 %</i>	\$0 (Tier 1)	
<i>fluocinolone topical solution 0.01 %</i>	\$0 (Tier 1)	QL (90 ML per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	\$0 (Tier 1)	QL (120 GM per 30 days)
FLUOROPLEX TOPICAL CREAM 1 %	\$0 (Tier 2)	
<i>fluticasone propionate topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>fluticasone propionate topical ointment 0.005 %</i>	\$0 (Tier 1)	
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (Tier 1)	QL (50 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0 (Tier 1)	QL (50 GM per 30 days)
<i>hm hydrocortisone 1% cream max str, w/aloe (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hm hydrocortisone 1% cream plus 12 moisturizers (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% cream (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% cream carton (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% cream max str, w/aloe (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% cream maximum strength (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% ointment (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% ointment carton (otc) 1 %</i>	\$0 (Tier 3)	*



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hydrocortisone 1% ointment maximum strength (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone butyrate topical cream 0.1 %</i>	\$0 (Tier 1)	QL (45 GM per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	\$0 (Tier 1)	QL (45 GM per 30 days)
<i>hydrocortisone plus 1% cream moisturizer,max. str (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone topical cream 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone topical lotion 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)	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 2)	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	\$0 (Tier 2)	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 2)	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 2)	
<i>qc hydrocortisone 1% cream (otc) 1 %</i>	\$0 (Tier 3)	*
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (Tier 1)	
<i>sm hydrocortisone 1% cream max str, w/aloe (otc) 1 %</i>	\$0 (Tier 3)	*
<i>sm hydrocortisone 1% ointment maximum strength (otc) 1 %</i>	\$0 (Tier 3)	*
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	\$0 (Tier 2)	PA; QL (480 GM per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
TEXACORT TOPICAL SOLUTION 2.5 %	\$0 (Tier 2)	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical cream 0.1 %</i>	\$0 (Tier 1)	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)	
Dermatological Agents, Other		
ALCOHOL PADS TOPICAL PADS, MEDICATED	\$0 (Tier 1)	
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (Tier 1)	PA; QL (120 ML per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	\$0 (Tier 1)	PA; QL (120 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	\$0 (Tier 1)	PA; QL (120 GM per 30 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (Tier 1)	
<i>fluorouracil topical cream 0.5 %, 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 30 days)
PICATO TOPICAL GEL 0.015 %	\$0 (Tier 2)	QL (3 EA per 30 days)
PICATO TOPICAL GEL 0.05 %	\$0 (Tier 2)	QL (2 EA per 30 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (Tier 1)	
REGRANEX TOPICAL GEL 0.01 %	\$0 (Tier 2)	PA; QL (30 GM per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (Tier 2)	
<i>silver sulfadiazine topical cream 1 %</i>	\$0 (Tier 1)	
SSD TOPICAL CREAM 1 %	\$0 (Tier 2)	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	\$0 (Tier 2)	QL (15 GM per 30 days)
Dermatological Agents		
ACNE MEDICATION 10% GEL 10 %	\$0 (Tier 3)	*
ACNE MEDICATION 10% LOTION 10 %	\$0 (Tier 3)	*
ACNE MEDICATION 5% GEL 5 %	\$0 (Tier 3)	*
ANTI-ITCH 1% CREAM MAX-STRENGTH 1 %	\$0 (Tier 3)	*
AVAGE 0.1% CREAM 0.1 %	\$0 (Tier 3)	*
<i>benzoyl peroxide 10% gel aqueous (otc) 10 %</i>	\$0 (Tier 3)	*
<i>benzoyl peroxide 2.5% gel (otc) 2.5 %</i>	\$0 (Tier 3)	*
<i>benzoyl peroxide 5% gel aqueous (otc) 5 %</i>	\$0 (Tier 3)	*
<i>benzoyl peroxide 5% wash (otc) 5 %</i>	\$0 (Tier 3)	*
DIFFERIN 0.1% GEL (OTC) 0.1 %	\$0 (Tier 3)	*
GS ANTI-ITCH 1% CREAM 1 %	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hydrocortisone 0.5% cream (otc) 0.5 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 0.5% cream 0.5 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 0.5% ointment 0.5 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% cream 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone-aloe 1% cream 1 %</i>	\$0 (Tier 3)	*
PREPARATION H HC 1% CREAM 1 %	\$0 (Tier 3)	*
QC ANTI-ITCH 1% CREAM 1 %	\$0 (Tier 3)	*
QC ANTI-ITCH WITH ALOE 1% CRM 1 %	\$0 (Tier 3)	*
RENOVA 0.02% CREAM 0.02 %	\$0 (Tier 3)	*
RENOVA PUMP 0.02% CREAM 0.02 %	\$0 (Tier 3)	*
SCALPICIN 1% ANTI-ITCH LIQUID 1 %	\$0 (Tier 3)	*
SM HYDROCORTISONE PLUS 1% CRM 1 %	\$0 (Tier 3)	*
<i>sm hydrocortisone-aloe 1% crm 1 %</i>	\$0 (Tier 3)	*
Pediculicides/Scabicides		
GS LICE KILLING SHAMPOO W/NIT COMB 0.33-4 %	\$0 (Tier 3)	*
HM LICE KILLING SHAMPOO 1 NIT COMB INCLUDED 0.33-4 %	\$0 (Tier 3)	*
HM LICE TREATMENT 1% CRM RINSE 1 %	\$0 (Tier 3)	*
LICE KILLING SHAMPOO 0.33-4 %	\$0 (Tier 3)	*
LICE KILLING SHAMPOO W/NIT COMB 0.33-4 %	\$0 (Tier 3)	*
LICE TREATMENT 1% CREME RINSE 1 %	\$0 (Tier 3)	*
LICE TREATMENT 1% CREME RINSE 1 NIT REMOVAL COMB 1 %	\$0 (Tier 3)	*
LICE TREATMENT SHAMPOO 1 NIT COMB INCLUDED 0.33-4 %	\$0 (Tier 3)	*
<i>malathion topical lotion 0.5 %</i>	\$0 (Tier 1)	
<i>permethrin topical cream 5 %</i>	\$0 (Tier 1)	
SB LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 %	\$0 (Tier 3)	*
SM LICE TREATMENT 1% CRM RINSE 1 %	\$0 (Tier 3)	*
Topical Anti-Infectives		
<i>clindamycin phosphate topical gel 1 %</i>	\$0 (Tier 1)	QL (75 GM per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	\$0 (Tier 1)	
<i>clindamycin phosphate topical solution 1 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
ERY PADS TOPICAL SWAB 2 %	\$0 (Tier 2)	
<i>erythromycin with ethanol topical gel 2 %</i>	\$0 (Tier 1)	
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (Tier 1)	
<i>mupirocin calcium topical cream 2 %</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	\$0 (Tier 1)	QL (220 GM per 30 days)
SULFAMYLON TOPICAL CREAM 85 MG/G	\$0 (Tier 2)	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
<i>calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)</i>	\$0 (Tier 3)	*
CALCIUM 600 MG TABLET (RX) 600 MG CALCIUM (1,500 MG)	\$0 (Tier 3)	*
CALCIUM 600 MG TABLET 600MG ELEMENTAL (RX) 600 MG CALCIUM (1,500 MG)	\$0 (Tier 3)	*
<i>calcium 600-vit d3 200 tablet p/f, s/f (rx) 600 mg(1,500mg) -200 unit</i>	\$0 (Tier 3)	*
<i>calcium 600-vit d3 200 tablet p/f,s/f,high potency (rx) 600 mg(1,500mg) -200 unit</i>	\$0 (Tier 3)	*
<i>calcium carb 1,250 mg/5 ml sus (rx) 500 mg/5 ml (1,250 mg/5 ml)</i>	\$0 (Tier 3)	*
<i>calcium carb 1,250 mg/5 ml sus 40's,u-d,a/f (otc) 500 mg/5 ml (1,250 mg/5 ml)</i>	\$0 (Tier 3)	*
<i>calcium carb 1,250 mg/5 ml sus s/f, a/f, na/f (otc) 500 mg/5 ml (1,250 mg/5 ml)</i>	\$0 (Tier 3)	*
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	\$0 (Tier 2)	PA
<i>chromium cl 40 mcg/10 ml vial inner,sdv,latex-free 4 mcg/ml</i>	\$0 (Tier 3)	*
<i>chromium cl 40 mcg/10 ml vial outer,sdv,latex-free 4 mcg/ml</i>	\$0 (Tier 3)	*
<i>chromium cl 40 mcg/10 ml vial p/f, l/f, suv, outer 4 mcg/ml</i>	\$0 (Tier 3)	*
COPPER CHLORIDE 4 MG/10 ML VL P/F, L/F, SUV, OUTER 0.4 MG/ML	\$0 (Tier 3)	*
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA - Part B vs D Determination



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)	
<i>hm cal antacid 750 mg chew tab 320 mg calcium (750 mg)</i>	\$0 (Tier 3)	*
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	PA - Part B vs D Determination
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 2)	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0 (Tier 2)	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	\$0 (Tier 2)	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	\$0 (Tier 2)	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	\$0 (Tier 2)	
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ	\$0 (Tier 2)	
K-PHOS ORIGINAL TABLET 500 MG	\$0 (Tier 3)	*
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	\$0 (Tier 1)	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	\$0 (Tier 1)	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)	PA - Part B vs D Determination
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	PA - Part B vs D Determination
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)	
<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)	PA - Part B vs D Determination



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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, 40 meq/l</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</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, 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)	PA - Part B vs D Determination
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	\$0 (Tier 1)	
<i>sodium bicarb 10 grain tablet 650 mg</i>	\$0 (Tier 3)	*
<i>sodium bicarb 325 mg (5 gr) tb 325 mg</i>	\$0 (Tier 3)	*
<i>sodium bicarb 325 mg tablet 325 mg</i>	\$0 (Tier 3)	*
<i>sodium bicarb 650 mg tablet 10 gr 650 mg</i>	\$0 (Tier 3)	*
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>sodium chloride 0.9 % intravenous piggyback</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 (Tier 2)	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	\$0 (Tier 2)	
CLOVIQUE ORAL CAPSULE 250 MG	\$0 (Tier 2)	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 1)	PA
DEPEN TITRATABS ORAL TABLET 250 MG	\$0 (Tier 2)	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	\$0 (Tier 2)	PA - Part B vs D Determination
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	\$0 (Tier 2)	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	\$0 (Tier 2)	PA
KLOR-CON ORAL PACKET 20 MEQ	\$0 (Tier 2)	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	\$0 (Tier 1)	
<i>trientine oral capsule 250 mg</i>	\$0 (Tier 1)	PA
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 2)	PA - Part B vs D Determination
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 2)	PA - Part B vs D Determination
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 (Tier 2)	PA - Part B vs D Determination
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	PA - Part B vs D Determination
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2)	PA - Part B vs D Determination



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2)	PA - Part B vs D Determination
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	PA - Part B vs D Determination
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA - Part B vs D Determination
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	\$0 (Tier 2)	PA - Part B vs D Determination
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (Tier 2)	PA - Part B vs D Determination
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	PA - Part B vs D Determination
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>manganese 1 mg/10 ml vial p/f, l/f, suv, outer 0.1 mg/ml</i>	\$0 (Tier 3)	*
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	\$0 (Tier 2)	PA - Part B vs D Determination
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 2)	PA - Part B vs D Determination
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 2)	PA - Part B vs D Determination



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	\$0 (Tier 2)	PA - Part B vs D Determination
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)	PA - Part B vs D Determination
SLOW-MAG 71.5 MG TABLET 71.5 MG	\$0 (Tier 3)	*
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	\$0 (Tier 2)	PA - Part B vs D Determination
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 2)	PA - Part B vs D Determination
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 2)	PA - Part B vs D Determination
WEE CARE 15 MG/1.25 ML SUSP 15 MG/1.25 ML	\$0 (Tier 3)	*
Phosphate Binders		
AURYXIA ORAL TABLET 210 MG IRON	\$0 (Tier 2)	PA; QL (360 EA per 30 days)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	\$0 (Tier 1)	QL (540 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0 (Tier 1)	QL (540 EA per 30 days)
Potassium Binders		
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	\$0 (Tier 2)	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 (Tier 2)	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	\$0 (Tier 2)	
Vitamins		
AQUASOL A 50,000 UNITS/ML VIAL SDV, LATEX-FREE 50,000 UNIT/ML	\$0 (Tier 3)	*
BACMIN CAPLET 27 MG IRON- 1 MG	\$0 (Tier 3)	*



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
BP VIT 3 CAPSULE 500 MG-500 MCG -1 MG-12.5 MG	\$0 (Tier 3)	*
CALCIUM 600-VIT D3 200 TABLET (RX) 600 MG(1,500MG) -200 UNIT	\$0 (Tier 3)	*
CORVITA TABLET 1.25-2.5-7 MG	\$0 (Tier 3)	*
CORVITE FREE TABLET 1.25-400-125-35 MG-MCG-MCG-MG	\$0 (Tier 3)	*
<i>cyanocobalamin 1,000 mcg/ml 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 1,000 mcg/ml inner,latex-free 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 1,000 mcg/ml latex-free,mdv,inner 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 1,000 mcg/ml latex-free,outer,mdv 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 1,000 mcg/ml mdv,inner,latex-free 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 1,000 mcg/ml mdv,outer,latex-free 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 1,000 mcg/ml muv, inner 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 1,000 mcg/ml muv, outer 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 1,000 mcg/ml outer, latex-free 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 1,000 mcg/ml outer,latex-free 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 1,000 mcg/ml outer,latex-free,suv 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 10,000 mcg/10 inner,latex-free,mdv 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 10,000 mcg/10 mdv, inner, l/f 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 10,000 mcg/10 mdv, outer, l/f 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 10,000 mcg/10 muv 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 10,000 mcg/10 outer,latex-free,mdv 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 10,000 mcg/10 outer,latex-free,muv 1,000 mcg/ml</i>	\$0 (Tier 3)	*



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cyanocobalamin 30,000 mcg/30 inner,latex-free,mdv 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 30,000 mcg/30 inner,muv,latex-free 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 30,000 mcg/30 mdv, inner, l/f 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 30,000 mcg/30 mdv, outer, l/f 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 30,000 mcg/30 muv, latex-free 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 30,000 mcg/30 outer,latex-free,mdv 1,000 mcg/ml</i>	\$0 (Tier 3)	*
<i>cyanocobalamin 30,000 mcg/30 outer,muv,latex-free 1,000 mcg/ml</i>	\$0 (Tier 3)	*
DIALYVITE 3,000 TABLET 3-70-15 MG-MCG-MG	\$0 (Tier 3)	*
DIALYVITE 5000 TABLET 5 MG	\$0 (Tier 3)	*
DIALYVITE SUPREME D TABLET 3-2,000 MG-UNIT	\$0 (Tier 3)	*
DIALYVITE TABLET 100-1 MG	\$0 (Tier 3)	*
DIALYVITE WITH ZINC TABLET 1-100-300-50 MG-MG-MCG-MG	\$0 (Tier 3)	*
DRISDOL 1.25 MG (50,000 UNIT) 1,250 MCG (50,000 UNIT)	\$0 (Tier 3)	*
ENLYTE SOFTGEL 1.5 MG IRON- 8.73 MG	\$0 (Tier 3)	*
FABB TABLET 2.2-25-1 MG	\$0 (Tier 3)	*
FLORIVA 0.25 MG CHEW TABLET 0.25MG FLUORIDE (0.55 MG)	\$0 (Tier 3)	*
FLORIVA 0.5 MG CHEWABLE TABLET 0.5 MG FLUORIDE (1.1 MG)	\$0 (Tier 3)	*
FLORIVA 1 MG CHEWABLE TABLET 1 MG FLUORIDE (2.2 MG)	\$0 (Tier 3)	*
FOLBIC TABLET 2.5-25-2 MG	\$0 (Tier 3)	*
<i>folic acid 1 mg tablet (rx) 1 mg</i>	\$0 (Tier 3)	*
<i>folic acid 1 mg tablet 10x10, u-d, inner (rx) 1 mg</i>	\$0 (Tier 3)	*
<i>folic acid 1 mg tablet 10x10, u-d, outer (rx) 1 mg</i>	\$0 (Tier 3)	*
<i>folic acid 1 mg tablet inner (rx) 1 mg</i>	\$0 (Tier 3)	*



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>folic acid 1 mg tablet outer (rx) 1 mg</i>	\$0 (Tier 3)	*
<i>folic acid 5 mg/ml vial latex-free, mdv 5 mg/ml</i>	\$0 (Tier 3)	*
FOLTRATE TABLET (RX) 0.5-1 MG	\$0 (Tier 3)	*
<i>hydroxocobalamin 1,000 mcg/ml 1,000 mcg/ml</i>	\$0 (Tier 3)	*
INFUVITE ADULT BULK VIAL P/F, L/F, MDV, OUTER 3,300 UNIT- 150 MCG/10 ML	\$0 (Tier 3)	*
INFUVITE ADULT VIAL 2X5ML, L/F, SUV 3,300 UNIT- 150 MCG/10 ML	\$0 (Tier 3)	*
INFUVITE ADULT VIAL P/F, L/F, SDV, OUTER 3,300 UNIT- 150 MCG/10 ML	\$0 (Tier 3)	*
INFUVITE PEDIATRIC BULK VIAL MUV 80 MG-400 UNIT- 200 MCG/5 ML	\$0 (Tier 3)	*
INFUVITE PEDIATRIC BULK VIAL P/F, L/F, MDV, OUTER 80 MG-400 UNIT- 200 MCG/5 ML	\$0 (Tier 3)	*
INFUVITE PEDIATRIC VIAL P/F, L/F, SDV, OUTER 80 MG-400 UNIT- 200 MCG/5 ML	\$0 (Tier 3)	*
INFUVITE PEDIATRIC VIAL SUV 80 MG-400 UNIT- 200 MCG/5 ML	\$0 (Tier 3)	*
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 2)	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0 (Tier 2)	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	\$0 (Tier 2)	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	\$0 (Tier 2)	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	\$0 (Tier 2)	
KLOR-CON ORAL PACKET 20 MEQ	\$0 (Tier 2)	
M.V.I. PEDIATRIC VIAL P/F, L/F, SUV, OUTER 80-400-200 MG-UNIT-MCG	\$0 (Tier 3)	*
MEPHYTON 5 MG TABLET 5 MG	\$0 (Tier 3)	*
MULTIVIT-FLUOR 0.25 MG TAB CHW (RX) 0.25 MG	\$0 (Tier 3)	*
MULTIVIT-FLUOR 0.25 MG TAB CHW (RX) 0.25 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
MULTIVIT-FLUOR 0.25 MG TAB CHW CHEWABLE, D/F, S/F (RX) 0.25 MG	\$0 (Tier 3)	*
MULTIVIT-FLUOR 0.25 MG TAB CHW GRAPE FLAVOR (RX) 0.25 MG	\$0 (Tier 3)	*
MULTIVIT-FLUOR 0.25 MG/ML DROP (RX) 0.25 MG/ML	\$0 (Tier 3)	*
MULTIVIT-FLUOR 0.5 MG TAB CHEW (RX) 0.5 MG	\$0 (Tier 3)	*
MULTIVIT-FLUOR 0.5 MG TAB CHEW (RX) 0.5 MG	\$0 (Tier 3)	*
MULTIVIT-FLUOR 0.5 MG TAB CHEW CHEWABLE, D/F, S/F (RX) 0.5 MG	\$0 (Tier 3)	*
MULTIVIT-FLUOR 0.5 MG TAB CHEW GRAPE FLAVOR (RX) 0.5 MG	\$0 (Tier 3)	*
MULTIVIT-FLUOR 0.5 MG/ML DROP (RX) 0.5 MG/ML	\$0 (Tier 3)	*
MULTIVIT-FLUORIDE 1 MG TAB CHW (RX) 1 MG	\$0 (Tier 3)	*
MULTIVIT-FLUORIDE 1 MG TAB CHW (RX) 1 MG	\$0 (Tier 3)	*
MULTIVIT-FLUORIDE 1 MG TAB CHW CHEWABLE, D/F, S/F (RX) 1 MG	\$0 (Tier 3)	*
MULTIVIT-FLUORIDE 1 MG TAB CHW GRAPE FLAVOR (RX) 1 MG	\$0 (Tier 3)	*
MULTIVIT-FLUOR-IRON 0.25 MG/ML (RX) 0.25MG FLUORIDE -10 MG IRON/ML	\$0 (Tier 3)	*
MULTIVIT-IRON-FLUOR 0.25 MG/ML (RX) 0.25MG FLUORIDE -10 MG IRON/ML	\$0 (Tier 3)	*
MVC-FLUORIDE 0.25 MG TAB CHEW CHEWABLE, D/F, S/F (RX) 0.25 MG	\$0 (Tier 3)	*
MVC-FLUORIDE 0.5 MG TAB CHEW CHEWABLE, D/F, S/F (RX) 0.5 MG	\$0 (Tier 3)	*
MVC-FLUORIDE 1 MG TAB CHEW CHEWABLE, D/F, S/F (RX) 1 MG	\$0 (Tier 3)	*
NASCOBAL 500 MCG NASAL SPRAY OUTER 500 MCG/SPRAY	\$0 (Tier 3)	*
NEPHPLEX RX TABLET 1-60-300-12.5 MG-MG-MCG-MG	\$0 (Tier 3)	*
<i>phytonadione 1 mg/0.5 ml syr latex-free, p/f, sdv 1 mg/0.5 ml</i>	\$0 (Tier 3)	*



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>phytonadione 10 mg/ml ampul sub, latex-free, inner 10 mg/ml</i>	\$0 (Tier 3)	*
<i>phytonadione 10 mg/ml ampul sub, latex-free, outer 10 mg/ml</i>	\$0 (Tier 3)	*
<i>phytonadione 5 mg tablet 5 mg</i>	\$0 (Tier 3)	*
<i>phytonadione 5 mg tablet inner 5 mg</i>	\$0 (Tier 3)	*
<i>phytonadione 5 mg tablet outer 5 mg</i>	\$0 (Tier 3)	*
POLY-VI-FLOR 0.25 MG DROPS 0.25 MG/ML FLUORIDE	\$0 (Tier 3)	*
POLY-VI-FLOR 0.25 MG TAB CHEW 0.25 MG FLUORIDE	\$0 (Tier 3)	*
POLY-VI-FLOR 0.5 MG TAB CHEW 0.5 MG FLUORIDE	\$0 (Tier 3)	*
POLY-VI-FLOR 1 MG TAB CHEW 1 MG FLUORIDE	\$0 (Tier 3)	*
POLY-VI-FLOR WITH IRON 0.25 MG 0.25MG FLUORIDE -7 MG IRON/ML	\$0 (Tier 3)	*
POLY-VI-FLOR WITH IRON 0.5 MG 0.5 MG FLUORIDE -10 MG IRON	\$0 (Tier 3)	*
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	\$0 (Tier 1)	
<i>pyridoxine 100 mg/ml vial sub, outer 100 mg/ml</i>	\$0 (Tier 3)	*
QUFLORA FE 0.25 MG CHEW TABLET 9-0.25 MG	\$0 (Tier 3)	*
QUFLORA FE PED 0.25 MG/ML DROP 9.5-0.25 MG/ML	\$0 (Tier 3)	*
QUFLORA PED 0.25 MG CHEW TAB 0.25MG FLUORIDE (0.55 MG)	\$0 (Tier 3)	*
QUFLORA PED 0.25 MG/ML DROP 0.25MG FLUORIDE (0.55 MG)/ML	\$0 (Tier 3)	*
QUFLORA PED 0.5 MG CHEW TAB 0.5 MG FLUORIDE (1.1 MG)	\$0 (Tier 3)	*
QUFLORA PED 0.5 MG/ML DROP 0.5 MG FLUORIDE (1.1 MG)/ML	\$0 (Tier 3)	*
QUFLORA PED 1 MG CHEW TAB 1 MG FLUORIDE (2.2 MG)	\$0 (Tier 3)	*
RENAL CAPS SOFTGEL 1 MG	\$0 (Tier 3)	*
RENO CAPS SOFTGEL 1 MG	\$0 (Tier 3)	*



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
STROVITE FORTE CAPLET 10-1 MG	\$0 (Tier 3)	*
STROVITE ONE CAPLET 1-1,000-15-5 MG-UNIT-MG-MG	\$0 (Tier 3)	*
<i>thiamine 200 mg/2 ml vial 25's,mdv,outer 100 mg/ml</i>	\$0 (Tier 3)	*
<i>thiamine 200 mg/2 ml vial mdv, outer 100 mg/ml</i>	\$0 (Tier 3)	*
<i>thiamine 200 mg/2 ml vial mdv,inner 100 mg/ml</i>	\$0 (Tier 3)	*
<i>thiamine 200 mg/2 ml vial muv, outer 100 mg/ml</i>	\$0 (Tier 3)	*
TRIPHROCAPS SOFTGEL SOFTGEL (RX) 1 MG	\$0 (Tier 3)	*
TRI-VI-FLOR 0.25 MG DROPS 0.25 MG/ML FLUORIDE	\$0 (Tier 3)	*
TRI-VI-FLOR 0.5 MG DROPS 0.5 MG/ML FLUORIDE	\$0 (Tier 3)	*
TRI-VITE-FLUORIDE 0.25 MG/ML 0.25 MG FLUOR. (0.55 MG)/ML	\$0 (Tier 3)	*
TRI-VITE-FLUORIDE 0.5 MG/ML 0.5 MG FLUORIDE (1.1 MG)/ML	\$0 (Tier 3)	*
TRI-VIT-FLUOR 0.25 MG/ML DROP (RX) 0.25 MG FLUOR. (0.55 MG)/ML	\$0 (Tier 3)	*
TRI-VIT-FLUOR 0.5 MG/ML DROP (RX) 0.5 MG FLUORIDE (1.1 MG)/ML	\$0 (Tier 3)	*
VIRT-CAPS SOFTGEL (RX) 1 MG	\$0 (Tier 3)	*
VIRT-GARD TABLET 2.2-25-1 MG	\$0 (Tier 3)	*
VIT A,C,D-FLUORIDE 0.25 MG/ML 0.25 MG FLUOR. (0.55 MG)/ML	\$0 (Tier 3)	*
VIT A,C,D-FLUORIDE 0.5 MG/ML 0.5 MG FLUORIDE (1.1 MG)/ML	\$0 (Tier 3)	*
VITAL-D RX TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG	\$0 (Tier 3)	*
<i>vitamin d2 1.25 mg(50,000 unit) 1,250 mcg (50,000 unit)</i>	\$0 (Tier 3)	*
VITAMIN D2 1.25 MG(50,000 UNIT) CAPSULE 1,250 MCG (50,000 UNIT)	\$0 (Tier 3)	*
<i>vitamin d2 1.25 mg(50,000 unit) inner 1,250 mcg (50,000 unit)</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>vitamin d2 1.25 mg(50,000 unit) outer 1,250 mcg (50,000 unit)</i>	\$0 (Tier 3)	*
<i>vitamin d2 1.25 mg(50,000 unit) softgel 1,250 mcg (50,000 unit)</i>	\$0 (Tier 3)	*
<i>vitamin d3 10,000 unit softgel softgel (rx) 250 mcg (10,000 unit)</i>	\$0 (Tier 3)	*
VITAMIN K-1 1 MG/0.5 ML AMPUL SUV, L/F, INNER 1 MG/0.5 ML	\$0 (Tier 3)	*
VITAMIN K-1 1 MG/0.5 ML AMPUL SUV, L/F, OUTER 1 MG/0.5 ML	\$0 (Tier 3)	*
VITAMIN K-1 10 MG/ML AMPUL SUV, L/F, INNER 10 MG/ML	\$0 (Tier 3)	*
VITAMIN K-1 10 MG/ML AMPUL SUV, L/F, OUTER 10 MG/ML	\$0 (Tier 3)	*
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA ORAL CAPSULE 24 MCG	\$0 (Tier 2)	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	\$0 (Tier 2)	QL (180 EA per 30 days)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	\$0 (Tier 2)	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	\$0 (Tier 2)	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	\$0 (Tier 2)	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	\$0 (Tier 2)	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	\$0 (Tier 2)	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	\$0 (Tier 2)	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	\$0 (Tier 2)	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	\$0 (Tier 2)	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	\$0 (Tier 2)	
<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)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
MOVANTIK ORAL TABLET 12.5 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	\$0 (Tier 2)	
<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)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 (Tier 2)	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	\$0 (Tier 2)	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	\$0 (Tier 2)	PA
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	\$0 (Tier 2)	
ZELNORM ORAL TABLET 6 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	PA
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (Tier 1)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 1)	
<i>hm loperamide 2 mg softgel softgel (otc) 2 mg</i>	\$0 (Tier 3)	*
<i>loperamide oral capsule 2 mg</i>	\$0 (Tier 1)	
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 2)	PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine oral capsule 10 mg</i>	\$0 (Tier 1)	
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>dicyclomine oral tablet 20 mg</i>	\$0 (Tier 1)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (Tier 1)	PA; QL (10 EA per 30 days)
Gastrointestinal Agents, Other		
ACID GONE ANTACID LIQUID 95-358 MG/15 ML	\$0 (Tier 3)	*
ALMACONE SUSPENSION 200-200-20 MG/5 ML	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
ALMACONE-2 LIQUID 400-400-40 MG/5 ML	\$0 (Tier 3)	*
<i>aluminum hydroxide gel sugar-free 320 mg/5 ml</i>	\$0 (Tier 3)	*
ANTACID 500 MG CHEW TABLET ASST FRUIT FLAVORED 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
ANTACID 500 MG CHEWABLE TABLET INNER 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
ANTACID 500 MG CHEWABLE TABLET NA/F 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
ANTACID 500 MG CHEWABLE TABLET OUTER 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
ANTACID 750 MG CHEWABLE TABLET 300 MG (750 MG)	\$0 (Tier 3)	*
ANTACID ANTI-GAS LIQUID 400-400-40 MG/5 ML	\$0 (Tier 3)	*
ANTACID ANTI-GAS LIQUID 400-400-40 MG/5 ML	\$0 (Tier 3)	*
ANTACID EX-STR 750 MG TAB CHEW SUGAR FREE 300 MG (750 MG)	\$0 (Tier 3)	*
ANTACID EX-STR TABLET CHEW EXTRA-STRENGTH 300 MG (750 MG)	\$0 (Tier 3)	*
ANTACID LIQUID 200-200-20 MG/5 ML	\$0 (Tier 3)	*
ANTACID PLUS ANTI-GAS RELF LIQ MINT,REG-STRENGTH 200-200-20 MG/5 ML	\$0 (Tier 3)	*
ANTACID PLUS ANTI-GAS RELF LIQ REGULAR STR,ORIGINAL 200-200-20 MG/5 ML	\$0 (Tier 3)	*
ANTACID PLUS ANTI-GAS SUSP CHERRY,MAX-STRENGTH 400-400-40 MG/5 ML	\$0 (Tier 3)	*
ANTACID PLUS ANTI-GAS SUSP MAX STR, CHERRY 400-400-40 MG/5 ML	\$0 (Tier 3)	*
ANTACID SUSPENSION 200-200-20 MG/5 ML	\$0 (Tier 3)	*
ANTACID ULTRA STR 1,000 MG CHW 400 MG CALCIUM (1,000 MG)	\$0 (Tier 3)	*
ANTACID XTRA STRENGTH CHEW TAB EXTRA STRENGTH 300 MG (750 MG)	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
ANTACID XTRA STRENGTH CHEW TAB EXTRA-STRENGTH 300 MG (750 MG)	\$0 (Tier 3)	*
ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	\$0 (Tier 3)	*
ANTACID-ANTIGAS SUSPENSION 200-200-20 MG/5 ML	\$0 (Tier 3)	*
ANTACID-SIMETHICONE LIQUID 400-400-40 MG/5 ML	\$0 (Tier 3)	*
ANTI-DIARRHEAL 1 MG/7.5 ML SOL 1 MG/7.5 ML	\$0 (Tier 3)	*
ANTI-DIARRHEAL 2 MG CAPLET 2 MG	\$0 (Tier 3)	*
ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	\$0 (Tier 3)	*
ANTI-DIARRHEAL 2 MG SOFTGEL 2 MG	\$0 (Tier 3)	*
ANTI-DIARRHEAL 2 MG SOFTGEL SOFTGEL 2 MG	\$0 (Tier 3)	*
ANTI-DIARRHEAL 2 MG TABLET 2 MG	\$0 (Tier 3)	*
<i>bisacodyl 10 mg suppository 10 mg</i>	\$0 (Tier 3)	*
<i>bisacodyl ec 5 mg tablet 5 mg</i>	\$0 (Tier 3)	*
BISA-LAX EC 5 MG TABLET 5 MG	\$0 (Tier 3)	*
BISMATROL 525 MG/15 ML SUSP 525 MG/15 ML	\$0 (Tier 3)	*
BISMATROL 525 MG/30 ML SUSP 262 MG/15 ML	\$0 (Tier 3)	*
BISMATROL TABLET CHEW 262 MG	\$0 (Tier 3)	*
<i>bismuth 262 mg tablet chew 262 mg</i>	\$0 (Tier 3)	*
CALCIUM ANTACID 1,000 MG TAB ULTRA STR,TAB CHEW 400 MG CALCIUM (1,000 MG)	\$0 (Tier 3)	*
CALCIUM ANTACID 1,000 MG TAB ULTRA, CHEW, MAX STR 400 MG CALCIUM (1,000 MG)	\$0 (Tier 3)	*
CALCIUM ANTACID 1,000 MG TAB ULTRA, MAX-STR 400 MG CALCIUM (1,000 MG)	\$0 (Tier 3)	*
CALCIUM ANTACID 500 MG CHW TAB ASSORTED FRUIT 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
CALCIUM ANTACID 500 MG CHW TAB GLUTEN-F, PEPPERMINT 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
CALCIUM ANTACID 500 MG CHW TAB REG STR, PEPPERMINT 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
CALCIUM ANTACID 750 MG TB CHEW 300 MG (750 MG), 320 MG CALCIUM (750 MG)	\$0 (Tier 3)	*
CALCIUM ANTACID 750 MG TB CHEW EX- STR, BERRIES 320 MG CALCIUM (750 MG)	\$0 (Tier 3)	*
CALCIUM ANTACID 750 MG TB CHEW EX- STR, FRUIT 320 MG CALCIUM (750 MG)	\$0 (Tier 3)	*
CALCIUM ANTACID EX-STR TABLET EXTRA-STRENGTH 300 MG (750 MG)	\$0 (Tier 3)	*
CAL-GEST 500 MG TABLET CHEW 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
CLEARLAX POWDER PACKET 17 GRAM	\$0 (Tier 3)	*
COLACE 100 MG CAPSULE 100 MG	\$0 (Tier 3)	*
COLACE-T 100 MG CAPSULE 100 MG	\$0 (Tier 3)	*
DOCU LIQUID 100 MG/10 ML INNER 50 MG/5 ML	\$0 (Tier 3)	*
DOCU LIQUID 100 MG/10 ML OUTER 50 MG/5 ML	\$0 (Tier 3)	*
DOCU LIQUID 50 MG/5 ML 50 MG/5 ML	\$0 (Tier 3)	*
<i>docusate sodium 100 mg softgel inner, softgel 100 mg</i>	\$0 (Tier 3)	*
<i>docusate sodium 100 mg softgel outer, softgel 100 mg</i>	\$0 (Tier 3)	*
<i>docusate sodium 100 mg softgel softgel 100 mg</i>	\$0 (Tier 3)	*
<i>docusate sodium 250 mg softgel inner 250 mg</i>	\$0 (Tier 3)	*
<i>docusate sodium 250 mg softgel outer 250 mg</i>	\$0 (Tier 3)	*
<i>docusate sodium 50 mg/5 ml liq 100's, u-d 50 mg/5 ml</i>	\$0 (Tier 3)	*
DOCUSIL 100 MG SOFTGEL 100 MG	\$0 (Tier 3)	*
DOK 100 MG SOFTGEL SOFTGEL 100 MG	\$0 (Tier 3)	*
DOK 250 MG SOFTGEL 250 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
DUCODYL EC 5 MG TABLET 5 MG	\$0 (Tier 3)	*
ENEMA DISPOSABLE 19-7 GRAM/118 ML	\$0 (Tier 3)	*
ENEMA READY TO USE 19-7 GRAM/118 ML	\$0 (Tier 3)	*
ENEMA READY TO USE 2X133ML, LATEX FREE 19-7 GRAM/118 ML	\$0 (Tier 3)	*
ENEMA READY TO USE LATEX FREE 19-7 GRAM/118 ML	\$0 (Tier 3)	*
ENEMA READY TO USE LATEX-FREE 19-7 GRAM/118 ML	\$0 (Tier 3)	*
FLEET ENEMA 2X133ML, TWIN PACK 19-7 GRAM/118 ML	\$0 (Tier 3)	*
FLEET ENEMA 4X133ML,LATEX-FREE 19-7 GRAM/118 ML	\$0 (Tier 3)	*
FLEET ENEMA 6'S, LATEX-FREE 19-7 GRAM/118 ML	\$0 (Tier 3)	*
FLEET ENEMA LATEX-FREE 19-7 GRAM/118 ML	\$0 (Tier 3)	*
FLEET PEDIA-LAX ENEMA 9.5-3.5 GRAM/59 ML	\$0 (Tier 3)	*
FOAMING ANTACID LIQUID 95-358 MG/15 ML	\$0 (Tier 3)	*
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2)	PA
GAVISCON EXTRA STRENGTH LIQUID 254-237.5 MG/5 ML	\$0 (Tier 3)	*
GAVISCON LIQUID 95-358 MG/15 ML	\$0 (Tier 3)	*
GENTLE LAXATIVE 10 MG SUPPOSIT 10 MG	\$0 (Tier 3)	*
GENTLE LAXATIVE EC 5 MG TABLET 5 MG	\$0 (Tier 3)	*
GS ADV ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	\$0 (Tier 3)	*
GS ANTACID 500 MG CHEWABLE TAB 215 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
GS ANTACID PLUS ANTI-GAS LIQ 200-200-20 MG/5 ML	\$0 (Tier 3)	*
GS ANTI-DIARRHEAL 2 MG CAPLET 2 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
GS CAL ANTACID 500 MG CHEW TAB 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
GS STOMACH RELIEF 525 MG/30 ML 262 MG/15 ML	\$0 (Tier 3)	*
GS STOMACH RLF 262 MG CHEW TAB 262 MG	\$0 (Tier 3)	*
GS STOMACH RLF 262 MG CHEW TAB GLUTEN-FREE 262 MG	\$0 (Tier 3)	*
HM ADV ANTACID-ANTIGAS SUSP MAX-STRENGTH, CHERRY 400-400-40 MG/5 ML	\$0 (Tier 3)	*
HM ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
HM ANTACID ANTI-GAS SUSPENSION ORIGINAL, MAX STR 400-400-40 MG/5 ML	\$0 (Tier 3)	*
HM ANTACID EX-STR 750 MG CHWTB 300 MG (750 MG)	\$0 (Tier 3)	*
HM ANTACID-ANTIGAS SUSPENSION 200-200-20 MG/5 ML	\$0 (Tier 3)	*
HM ANTACID-ANTIGAS SUSPENSION REG STR, MINT 200-200-20 MG/5 ML	\$0 (Tier 3)	*
HM ANTI-DIARRHEAL 2 MG CAPLET CAPLET, GLUTEN-FREE 2 MG	\$0 (Tier 3)	*
HM CAL ANTACID 1,000 MG CHEW TB 430 MG CALCIUM (1,000 MG)	\$0 (Tier 3)	*
HM CAL ANTACID 500 MG CHEW TAB 215 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
HM CAL ANTACID 750 MG CHEW TAB 320 MG CALCIUM (750 MG)	\$0 (Tier 3)	*
HM CAL ANTACID 750 MG CHEW TAB S/F,EX-STR, ORANGE 300 MG (750 MG)	\$0 (Tier 3)	*
HM ENEMA READY TO USE 19-7 GRAM/118 ML	\$0 (Tier 3)	*
HM ENEMA READY TO USE TWIN PAK 19-7 GRAM/118 ML	\$0 (Tier 3)	*
HM FIBER POWDER (OTC) 3.4 GRAM/12 GRAM	\$0 (Tier 3)	*
HM FIBER POWDER 3.4 GRAM/7 GRAM	\$0 (Tier 3)	*
HM GENTLE LAXATIVE 10 MG SUPP 10 MG	\$0 (Tier 3)	*
HM LAXATIVE EC 5 MG TABLET 5 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hm loperamide 1 mg/7.5 ml liq mint 1 mg/7.5 ml</i>	\$0 (Tier 3)	*
<i>hm loperamide 1 mg/7.5 ml liq mint, gluten-free 1 mg/7.5 ml</i>	\$0 (Tier 3)	*
HM STOMACH RELIEF 262 MG/15 ML ORIGINAL, REG STR 262 MG/15 ML	\$0 (Tier 3)	*
HM STOMACH RELIEF 525 MG/15 ML 525 MG/15 ML	\$0 (Tier 3)	*
HM STOMACH RELIEF 525 MG/30 ML 262 MG/15 ML	\$0 (Tier 3)	*
HM STOMACH RLF 262 MG CHEW TAB 262 MG	\$0 (Tier 3)	*
HM STOOL SOFTENER 100 MG SFTGL 100 MG	\$0 (Tier 3)	*
HM STOOL SOFTENER 100 MG SFTGL SOFTGEL 100 MG	\$0 (Tier 3)	*
HM STOOL SOFTENER 250 MG SFTGL SOFTGEL,MAX STRENGTH 250 MG	\$0 (Tier 3)	*
KAO-TIN 240 MG SOFTGEL 240 MG	\$0 (Tier 3)	*
KONSYL PSYLLIUM FIBER POWDER ORANGE, GLUTEN FREE 3.4 GRAM/12 GRAM	\$0 (Tier 3)	*
K-PEC SUSPENSION 262 MG/15 ML	\$0 (Tier 3)	*
LAXATIVE EC 5 MG TABLET 5 MG	\$0 (Tier 3)	*
<i>loperamide 1 mg/7.5 ml liquid mint 1 mg/7.5 ml</i>	\$0 (Tier 3)	*
<i>loperamide 1 mg/7.5 ml soln 1 mg/7.5 ml</i>	\$0 (Tier 3)	*
<i>loperamide 1 mg/7.5 ml susp mint 1 mg/7.5 ml</i>	\$0 (Tier 3)	*
MAG-AL PLUS SUSPENSION 200-200-20 MG/5 ML	\$0 (Tier 3)	*
MAG-AL PLUS XS SUSPENSION 400-400-40 MG/5 ML	\$0 (Tier 3)	*
<i>magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3)	*
<i>magnesium oxide 400 mg tablet u-d (otc) 400 mg (241.3 mg magnesium)</i>	\$0 (Tier 3)	*
METAMUCIL POWDER	\$0 (Tier 3)	*
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
MI ACID SUSPENSION 200-200-20 MG/5 ML	\$0 (Tier 3)	*
MI-ACID 400-400-40 MG/10 ML LQ 200-200-20 MG/5 ML	\$0 (Tier 3)	*
MI-ACID MAX STRENGTH LIQUID 400-400-40 MG/5 ML	\$0 (Tier 3)	*
MINTOX MAXIMUM STRENGTH SUSP MAX STR, LEMON CREME 400-400-40 MG/5 ML	\$0 (Tier 3)	*
MINTOX SUSPENSION 200-200-20 MG/5 ML	\$0 (Tier 3)	*
NATURAL FIBER LAX POWDER	\$0 (Tier 3)	*
NATURAL FIBER LAX POWDER ORIGINAL TEXTURE 3.4 GRAM/7 GRAM	\$0 (Tier 3)	*
NATURAL FIBER LAXATIVE POWDER ORANGE FLAVOR 3.4 GRAM/12 GRAM	\$0 (Tier 3)	*
NATURAL FIBER POWDER REGULAR 3.4 GRAM/7 GRAM	\$0 (Tier 3)	*
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0 (Tier 1)	QL (4000 ML per 1 day)
PEPTIC RELIEF 262 MG CHEW TAB 262 MG	\$0 (Tier 3)	*
PEPTO-BISMOL 525 MG/30 ML SUSP 262 MG/15 ML	\$0 (Tier 3)	*
PEPTO-BISMOL 525 MG/30 ML SUSP CHERRY 262 MG/15 ML	\$0 (Tier 3)	*
PEPTO-BISMOL CAPLET 262 MG	\$0 (Tier 3)	*
PEPTO-BISMOL MAX STR SUSP MAX-STR, CHERRY 525 MG/15 ML	\$0 (Tier 3)	*
PEPTO-BISMOL MAX STR SUSP MAX-STRENGTH 525 MG/15 ML	\$0 (Tier 3)	*
PEPTO-BISMOL TABLET CHEW 262 MG	\$0 (Tier 3)	*
PEPTO-BISMOL TABLET CHEW INSTACOOOL 262 MG	\$0 (Tier 3)	*
PEPTO-BISMOL TABLET CHEW S/F 262 MG	\$0 (Tier 3)	*
PEPTO-BISMOL TO-GO 262 MG CHEW 2X12, CHERRY FLAVOR 262 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
PEPTO-BISMOL TO-GO 262 MG CHEW CHERRY FLAVOR 262 MG	\$0 (Tier 3)	*
PINK BISMUTH CAPLET CAPLET 262 MG	\$0 (Tier 3)	*
PINK BISMUTH TABLET CHEW 262 MG	\$0 (Tier 3)	*
<i>polyethylene glycol 3350 powd 17 grams pkt,inner (otc) 17 gram</i>	\$0 (Tier 3)	*
<i>polyethylene glycol 3350 powd 17 grams pkts,outer (otc) 17 gram</i>	\$0 (Tier 3)	*
<i>polyethylene glycol 3350 powd inner (otc) 17 gram</i>	\$0 (Tier 3)	*
<i>polyethylene glycol 3350 powd outer (otc) 17 gram</i>	\$0 (Tier 3)	*
QC ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
QC ANTACID SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML	\$0 (Tier 3)	*
QC ANTACID-ANTIGAS MAX STR 400-400-40 MG/5 ML	\$0 (Tier 3)	*
QC ANTACID-ANTIGAS SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML	\$0 (Tier 3)	*
QC ANTI-DIARRHEAL 2 MG CAPLET 2 MG	\$0 (Tier 3)	*
QC ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	\$0 (Tier 3)	*
QC ANTI-DIARRHEAL 2 MG SOFTGEL 2 MG	\$0 (Tier 3)	*
QC DIARRHEA RLF 262 MG/15 ML VANILLA REG FLAVOR 262 MG/15 ML	\$0 (Tier 3)	*
QC GENTLE LAXATIVE 10 MG SUPP 10 MG	\$0 (Tier 3)	*
QC NATURAL VEGETABLE POWDER 3.4 GRAM/12 GRAM	\$0 (Tier 3)	*
QC NATURAL VEGETABLE POWDER 48 DOSES, REG FLAVOR	\$0 (Tier 3)	*
QC PINK BISMUTH TABLET CHEW 262 MG	\$0 (Tier 3)	*
QC READY TO USE ENEMA LATEX-FREE 19-7 GRAM/118 ML	\$0 (Tier 3)	*
QC READY TO USE ENEMA TWIN PACK 19-7 GRAM/118 ML	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
QC WOMEN'S LAXATIVE EC 5 MG TB 5 MG	\$0 (Tier 3)	*
REGULOID 3.4 G/12 G POWDER 3.4 GRAM/12 GRAM	\$0 (Tier 3)	*
REGULOID 3.4 G/7 G POWDER 3.4 GRAM/7 GRAM	\$0 (Tier 3)	*
REGULOID LAXATIVE POWDER	\$0 (Tier 3)	*
SILACE 50 MG/5 ML LIQUID 50 MG/5 ML	\$0 (Tier 3)	*
SILACE 60 MG/15 ML SYRUP 60 MG/15 ML	\$0 (Tier 3)	*
SM ADV ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	\$0 (Tier 3)	*
SM ADV ANTACID-ANTIGAS SUSP MAX STRENGTH, CHERRY 400-400-40 MG/5 ML	\$0 (Tier 3)	*
SM ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
SM ANTACID 750 MG CHEW TABLET 300 MG (750 MG)	\$0 (Tier 3)	*
SM ANTACID MAX STRENGTH SUSP ORIGINAL 400-400-40 MG/5 ML	\$0 (Tier 3)	*
SM ANTACID SUSPENSION 200-200-20 MG/5 ML	\$0 (Tier 3)	*
SM ANTI-DIARRHEAL 1 MG/7.5 ML 1 MG/7.5 ML	\$0 (Tier 3)	*
SM ANTI-DIARRHEAL 2 MG CAPLET 2 MG	\$0 (Tier 3)	*
SM ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	\$0 (Tier 3)	*
SM ANTI-DIARRHEAL 2 MG SOFTGEL 2 MG	\$0 (Tier 3)	*
SM ANTI-DIARRHEAL 2 MG SOFTGEL EASY TO SWALLOW,SFGL 2 MG	\$0 (Tier 3)	*
SM CAL ANTACID 500 MG CHEW TAB 215 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
SM CAL ANTACID 750 MG CHEW TAB 320 MG CALCIUM (750 MG)	\$0 (Tier 3)	*
SM ENEMA READY TO USE 19-7 GRAM/118 ML	\$0 (Tier 3)	*
SM ENEMA READY TO USE TWIN PAK 19-7 GRAM/118 ML	\$0 (Tier 3)	*
SM FIBER POWDER	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
SM FIBER SMOOTH POWDER	\$0 (Tier 3)	*
SM FIBER SMOOTH TEXTURE PWD	\$0 (Tier 3)	*
SM GENTLE LAXATIVE EC 5 MG TAB 5 MG	\$0 (Tier 3)	*
SM LAXATIVE 10 MG SUPPOSITORY 10 MG	\$0 (Tier 3)	*
<i>sm loperamide 1 mg/7.5 ml liq mint 1 mg/7.5 ml</i>	\$0 (Tier 3)	*
SM STOMACH RELIEF 525 MG/30 ML 262 MG/15 ML	\$0 (Tier 3)	*
SM STOMACH RELIEF CAPLET 262 MG	\$0 (Tier 3)	*
SM STOMACH RLF 262 MG CHEW TAB 262 MG	\$0 (Tier 3)	*
SM STOOL SOFTENER 100 MG SFTGL 100 MG	\$0 (Tier 3)	*
SM STOOL SOFTENER 100 MG SFTGL GLUTEN-FREE, SOFTGEL 100 MG	\$0 (Tier 3)	*
SM STOOL SOFTENER 100 MG SFTGL SOFTGEL 100 MG	\$0 (Tier 3)	*
SM STOOL SOFTENER 240 MG SFTGL 240 MG	\$0 (Tier 3)	*
SM STOOL SOFTENER 240 MG SFTGL SOFTGEL, GLUTEN-FREE 240 MG	\$0 (Tier 3)	*
STOMACH RELIEF 262 MG/15 ML ORIGINAL STRENGTH 262 MG/15 ML	\$0 (Tier 3)	*
STOMACH RELIEF 525 MG/15 ML 525 MG/15 ML	\$0 (Tier 3)	*
STOMACH RELIEF MAX STR LIQUID MAX. STRENGTH 525 MG/15 ML	\$0 (Tier 3)	*
STOMACH RELIEF MAX STR LIQUID MAX-STRENGTH 525 MG/15 ML	\$0 (Tier 3)	*
STOMACH RLF 262 MG/15 ML SUSP ORIGINAL STRENGTH 262 MG/15 ML	\$0 (Tier 3)	*
STOOL SOFTENER 100 MG CAPSULE 100 MG	\$0 (Tier 3)	*
STOOL SOFTENER 100 MG CAPSULE ORIGINAL 100 MG	\$0 (Tier 3)	*
STOOL SOFTENER 100 MG SOFTGEL 100 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
STOOL SOFTENER 100 MG SOFTGEL SOFTGEL 100 MG	\$0 (Tier 3)	*
STOOL SOFTENER 240 MG SOFTGEL SOFTGEL 240 MG	\$0 (Tier 3)	*
STOOL SOFTENER 250 MG SOFTGEL 250 MG	\$0 (Tier 3)	*
STOOL SOFTENER 250 MG SOFTGEL EX- STR, SOFTGEL 250 MG	\$0 (Tier 3)	*
STOOL SOFTENER 250 MG SOFTGEL SOFTGEL 250 MG	\$0 (Tier 3)	*
STOOL SOFTENER 250 MG SOFTGEL SOFTGEL, EX-STR 250 MG	\$0 (Tier 3)	*
STOOL SOFTENER 50 MG/5 ML LIQ 50 MG/5 ML	\$0 (Tier 3)	*
STOOL SOFTENER 60 MG/15 ML SYR 60 MG/15 ML	\$0 (Tier 3)	*
TUMS 750 MG CHEWY BITES 300 MG (750 MG)	\$0 (Tier 3)	*
TUMS E-X TABLET CHEWABLE ASSORTED FRUIT 300 MG (750 MG)	\$0 (Tier 3)	*
TUMS E-X TABLET CHEWABLE E-X 300 MG (750 MG)	\$0 (Tier 3)	*
TUMS E-X TABLET CHEWABLE E-X 300 MG (750 MG)	\$0 (Tier 3)	*
TUMS E-X TABLET CHEWABLE E-X, SINGLE ROLL 300 MG (750 MG)	\$0 (Tier 3)	*
TUMS E-X TABLET CHEWABLE E-X,3- ROLL 300 MG (750 MG)	\$0 (Tier 3)	*
TUMS E-X TABLET CHEWABLE S/F, ORANGE CREAM 300 MG (750 MG)	\$0 (Tier 3)	*
TUMS FRESHERS ANTACID CHEW TAB GLUTEN-F, COOL MINT 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
TUMS SMOOTHIES CHEW TABLET 300 MG (750 MG)	\$0 (Tier 3)	*
TUMS SMOOTHIES CHEW TABLET ASSTD TROPICAL FRUIT 300 MG (750 MG)	\$0 (Tier 3)	*
TUMS SMOOTHIES CHEW TABLET BERRY FUSION, EX-STR 300 MG (750 MG)	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
TUMS SMOOTHIES CHEW TABLET PEPPERMINT, EX-STR 300 MG (750 MG)	\$0 (Tier 3)	*
TUMS TABLET CHEWABLE 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
TUMS TABLET CHEWABLE 3-ROLL, PEPPERMINT 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
TUMS TABLET CHEWABLE ASSORTED FRUIT 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
TUMS TABLET CHEWABLE PEPPERMINT 200 MG CALCIUM (500 MG)	\$0 (Tier 3)	*
TUMS ULTRA STR CHEWY DELIGHTS 470 MG CALCIUM (1,177 MG)	\$0 (Tier 3)	*
TUMS ULTRA TABLET CHEWABLE 400 MG CALCIUM (1,000 MG)	\$0 (Tier 3)	*
TUMS ULTRA TABLET CHEWABLE ASSORTED BERRIES 400 MG CALCIUM (1,000 MG)	\$0 (Tier 3)	*
TUMS ULTRA TABLET CHEWABLE ASSORTED FRUIT 400 MG CALCIUM (1,000 MG)	\$0 (Tier 3)	*
TUMS ULTRA TABLET CHEWABLE MAXIMUM STRENGTH 400 MG CALCIUM (1,000 MG)	\$0 (Tier 3)	*
TUMS ULTRA TABLET CHEWABLE TROP FRUIT, GLUTEN-F 400 MG CALCIUM (1,000 MG)	\$0 (Tier 3)	*
TUMS X-STR 750 TABLET CHEWABLE ASST'D FRUIT FLAVOR 300 MG (750 MG)	\$0 (Tier 3)	*
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
WOMEN'S GENTLE LAX EC 5 MG TAB 5 MG	\$0 (Tier 3)	*
WOMEN'S LAXATIVE EC 5 MG TAB 5 MG	\$0 (Tier 3)	*
XENICAL 120 MG CAPSULE 120 MG	\$0 (Tier 3)	*
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 2)	PA
Gastrointestinal Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	\$0 (Tier 1)	
HELIDAC ORAL COMBO PACK 250-500-262.4 MG	\$0 (Tier 2)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
PYLERA ORAL CAPSULE 140-125-125 MG	\$0 (Tier 2)	
Histamine2 (H2) Receptor Antagonists		
ACID CONTROLLER 20 MG TABLET MAXIMUM STRENGTH 20 MG	\$0 (Tier 3)	*
ACID REDUCER 10 MG TABLET 10 MG	\$0 (Tier 3)	*
ACID REDUCER 10 MG TABLET ORIGINAL STRENGTH 10 MG	\$0 (Tier 3)	*
ACID REDUCER 20 MG TABLET MAX STRENGTH 20 MG	\$0 (Tier 3)	*
ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH 20 MG	\$0 (Tier 3)	*
ACID REDUCER 20 MG TABLET MAX-STR 20 MG	\$0 (Tier 3)	*
ACID REDUCER COMPLETE TAB CHEW 10-800-165 MG	\$0 (Tier 3)	*
<i>cimetidine 200 mg tablet blister pack (otc) 200 mg</i>	\$0 (Tier 3)	*
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>famotidine 10 mg tablet 10 mg</i>	\$0 (Tier 3)	*
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	
HEARTBURN RELIEF 10 MG TABLET 10 MG	\$0 (Tier 3)	*
HEARTBURN RELIEF 20 MG TABLET 20 MG	\$0 (Tier 3)	*
HEARTBURN RELIEF 200 MG TABLET 200 MG	\$0 (Tier 3)	*
HEARTBURN RELIEF LIQUID 254-237.5 MG/5 ML	\$0 (Tier 3)	*
HEARTBURN TREATMNT 24 HR 15 MG 1X14, SODIUM FREE 15 MG	\$0 (Tier 3)	*
HEARTBURN TREATMNT 24 HR 15 MG 3X14, SODIUM FREE 15 MG	\$0 (Tier 3)	*
<i>hm famotidine 10 mg tablet original strength 10 mg</i>	\$0 (Tier 3)	*
<i>hm famotidine 20 mg tablet maximum strength (otc) 20 mg</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
QC ACID CONTROLLER 10 MG TAB 10 MG	\$0 (Tier 3)	*
<i>ranitidine 150 mg tablet maximum strength (otc) 150 mg</i>	\$0 (Tier 3)	
SM ACID REDUCER 10 MG TABLET 10 MG	\$0 (Tier 3)	*
SM ACID REDUCER 20 MG TABLET 20 MG	\$0 (Tier 3)	*
SM ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH 20 MG	\$0 (Tier 3)	*
SM ACID REDUCER 200 MG TABLET 200 MG	\$0 (Tier 3)	*
Protectants		
CARAFATE ORAL SUSPENSION 100 MG/ML	\$0 (Tier 2)	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)	
<i>sucralfate oral suspension 100 mg/ml</i>	\$0 (Tier 1)	
<i>sucralfate oral tablet 1 gram</i>	\$0 (Tier 1)	
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	\$0 (Tier 2)	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1)	ST - FOR NEW STARTS ONLY
<i>gs lansoprazole dr 15 mg cap (otc) 15 mg</i>	\$0 (Tier 3)	*
<i>gs omeprazole dr 20 mg tablet 14 day course 20 mg</i>	\$0 (Tier 3)	*
<i>hm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc) 15 mg</i>	\$0 (Tier 3)	*
<i>hm lansoprazole dr 15 mg cap gluten-free,3 bottle (otc) 15 mg</i>	\$0 (Tier 3)	*
<i>hm omeprazole dr 20 mg tablet 1x14 day course 20 mg</i>	\$0 (Tier 3)	*
<i>hm omeprazole dr 20 mg tablet 2x14 day course 20 mg</i>	\$0 (Tier 3)	*
<i>hm omeprazole dr 20 mg tablet 3x14 day course 20 mg</i>	\$0 (Tier 3)	*
<i>lansoprazole dr 15 mg capsule (otc) 15 mg</i>	\$0 (Tier 3)	*
<i>lansoprazole dr 15 mg capsule 1x14 day course (otc) 15 mg</i>	\$0 (Tier 3)	*
<i>lansoprazole dr 15 mg capsule 2-14 day treatment (otc) 15 mg</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>lansoprazole dr 15 mg capsule 24hr, 3 bottles (otc) 15 mg</i>	\$0 (Tier 3)	*
<i>lansoprazole dr 15 mg capsule 2x14 day course (otc) 15 mg</i>	\$0 (Tier 3)	*
<i>lansoprazole dr 15 mg capsule 3x14 day course (otc) 15 mg</i>	\$0 (Tier 3)	*
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	\$0 (Tier 1)	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	\$0 (Tier 1)	
MAG-AL LIQUID 200-200 MG/5 ML	\$0 (Tier 3)	*
<i>omeprazole dr 20 mg tablet 14 day course 20 mg</i>	\$0 (Tier 3)	*
<i>omeprazole dr 20 mg tablet 1x14 day course 20 mg</i>	\$0 (Tier 3)	*
<i>omeprazole dr 20 mg tablet 20 mg</i>	\$0 (Tier 3)	*
<i>omeprazole dr 20 mg tablet 2x14 day course 20 mg</i>	\$0 (Tier 3)	*
<i>omeprazole dr 20 mg tablet 3x14 day course 20 mg</i>	\$0 (Tier 3)	*
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	\$0 (Tier 1)	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1)	
PREVACID 24HR DR 15 MG CAPSULE NAF 15 MG	\$0 (Tier 3)	*
PREVACID 24HR DR 15 MG CAPSULE NAF, 3 BOTTLES 15 MG	\$0 (Tier 3)	*
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	\$0 (Tier 2)	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	\$0 (Tier 1)	
<i>sm lansoprazole dr 15 mg cap gluten-free, 1 bottle (otc) 15 mg</i>	\$0 (Tier 3)	*
<i>sm lansoprazole dr 15 mg cap gluten-free, 3 bottle (otc) 15 mg</i>	\$0 (Tier 3)	*
<i>sm omeprazole dr 20 mg tablet 14 day course 20 mg</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sm omeprazole dr 20 mg tablet 2x14 day course 20 mg</i>	\$0 (Tier 3)	*
<i>sm omeprazole dr 20 mg tablet 3x14 day course 20 mg</i>	\$0 (Tier 3)	*
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	\$0 (Tier 2)	PA
CERDELGA ORAL CAPSULE 84 MG	\$0 (Tier 2)	PA
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 inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (Tier 1)	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	\$0 (Tier 2)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 2)	PA
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 (Tier 2)	PA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	\$0 (Tier 2)	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG	\$0 (Tier 2)	PA
<i>miglustat oral capsule 100 mg</i>	\$0 (Tier 1)	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	\$0 (Tier 2)	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	\$0 (Tier 2)	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	\$0 (Tier 2)	PA
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	\$0 (Tier 2)	PA
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	\$0 (Tier 1)	PA
<i>sapropterin oral tablet,soluble 100 mg</i>	\$0 (Tier 1)	PA



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (Tier 1)	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	\$0 (Tier 2)	PA
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	\$0 (Tier 2)	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
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)
OXYTROL TRANSDERMAL PATCH SEMI-WEEKLY 3.9 MG/24 HR	\$0 (Tier 2)	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	\$0 (Tier 1)	ST - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	ST - FOR NEW STARTS ONLY
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>trospium oral tablet 20 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 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)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>finasteride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>silodosin oral capsule 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>tamsulosin oral capsule 0.4 mg</i>	\$0 (Tier 1)	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
DEPEN TITRATABS ORAL TABLET 250 MG	\$0 (Tier 2)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>budesonide 32 mcg nasal spray (otc) 32 mcg/actuation</i>	\$0 (Tier 3)	*
<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 1)	
<i>cortisone oral tablet 25 mg</i>	\$0 (Tier 1)	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	\$0 (Tier 2)	
<i>dexamethasone oral elixir 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)	PA - Part B vs D Determination
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	\$0 (Tier 1)	
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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)	PA - Part B vs D Determination
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 2)	PA - Part B vs D Determination
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<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)	
GENOTROPIN MINIQUEICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	\$0 (Tier 2)	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	\$0 (Tier 2)	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (Tier 2)	PA
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	\$0 (Tier 2)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET 50 MG	\$0 (Tier 2)	PA



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	PA
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<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 packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	\$0 (Tier 1)	PA; QL (300 GM per 30 days)
Estrogens		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	\$0 (Tier 2)	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	\$0 (Tier 2)	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<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 1)	
<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 1)	
<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)	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	\$0 (Tier 2)	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	\$0 (Tier 2)	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	\$0 (Tier 2)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (Tier 2)	
YUVAFEM VAGINAL TABLET 10 MCG	\$0 (Tier 2)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
AFTERA 1.5 MG TABLET 1.5 MG	\$0 (Tier 3)	*
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	
APRI ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 (Tier 2)	
AUBRA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 2)	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 2)	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 2)	
CAZIENT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0 (Tier 2)	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 2)	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 (Tier 2)	
CYRED ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
<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>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
ECONTRA EZ 1.5 MG TABLET INNER 1.5 MG	\$0 (Tier 3)	*
ECONTRA EZ 1.5 MG TABLET OUTER 1.5 MG	\$0 (Tier 3)	*
ECONTRA ONE-STEP 1.5 MG TABLET INNER 1.5 MG	\$0 (Tier 3)	*
ECONTRA ONE-STEP 1.5 MG TABLET OUTER 1.5 MG	\$0 (Tier 3)	*
EMOQUETTE ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 2)	
ENSKYCE ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 2)	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (Tier 1)	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 2)	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	\$0 (Tier 2)	
GIANVI (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 2)	
INCASSIA ORAL TABLET 0.35 MG	\$0 (Tier 2)	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0 (Tier 2)	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
JASMIEL (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 2)	
JINTELI ORAL TABLET 1-5 MG-MCG	\$0 (Tier 2)	
JULEBER ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 2)	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 2)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 (Tier 2)	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	\$0 (Tier 2)	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 2)	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 2)	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 (Tier 2)	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 2)	
<i>levonorgestrel 1.5 mg tablet (otc) 1.5 mg</i>	\$0 (Tier 3)	*
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
LORYNA (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 2)	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 2)	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 2)	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 2)	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 2)	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 2)	
MILI ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 2)	
MY CHOICE 1.5 MG TABLET 1.5 MG	\$0 (Tier 3)	*
MY WAY 1.5 MG TABLET (OTC) 1.5 MG	\$0 (Tier 3)	*
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 2)	
NEW DAY 1.5 MG TABLET 1.5 MG	\$0 (Tier 3)	*
NIKKI (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 2)	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg</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)	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 2)	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	\$0 (Tier 2)	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 (Tier 2)	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	\$0 (Tier 2)	
OCELLA ORAL TABLET 3-0.03 MG	\$0 (Tier 2)	
OPCICON ONE-STEP 1.5 MG TABLET 1.5 MG	\$0 (Tier 3)	*
OPTION 2 1.5 MG TABLET 1.5 MG	\$0 (Tier 3)	*
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 (Tier 2)	
PIRMELLA ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
PLAN B ONE-STEP 1.5 MG TABLET (OTC) 1.5 MG	\$0 (Tier 3)	*
PORTIA 28 ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 2)	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 2)	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0 (Tier 2)	
SHAROBEL ORAL TABLET 0.35 MG	\$0 (Tier 2)	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 2)	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
SYEDA ORAL TABLET 3-0.03 MG	\$0 (Tier 2)	
TAKE ACTION 1.5 MG TABLET 1.5 MG	\$0 (Tier 3)	*
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 2)	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 2)	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0 (Tier 2)	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 2)	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 2)	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 2)	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 2)	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 2)	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 2)	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (Tier 2)	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 2)	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0 (Tier 2)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 2)	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 2)	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 2)	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	\$0 (Tier 2)	
ZARAH ORAL TABLET 3-0.03 MG	\$0 (Tier 2)	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 2)	
Progestins		
CAMILA ORAL TABLET 0.35 MG	\$0 (Tier 2)	
DEBLITANE ORAL TABLET 0.35 MG	\$0 (Tier 2)	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$0 (Tier 2)	PA - Part B vs D Determination
ERRIN ORAL TABLET 0.35 MG	\$0 (Tier 2)	
LYZA ORAL TABLET 0.35 MG	\$0 (Tier 2)	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0 (Tier 1)	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0 (Tier 1)	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	\$0 (Tier 1)	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	\$0 (Tier 1)	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	
NORA-BE ORAL TABLET 0.35 MG	\$0 (Tier 2)	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)	
NORLYROC ORAL TABLET 0.35 MG	\$0 (Tier 2)	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	\$0 (Tier 2)	
<i>raloxifene oral tablet 60 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 2)	
<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)	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 2)	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (Tier 1)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 2)	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 2)	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 2)	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (Tier 1)	
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 1)	PA
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
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	\$0 (Tier 2)	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 2)	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	\$0 (Tier 2)	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)	
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	\$0 (Tier 2)	PA; QL (24 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 (Tier 2)	PA; QL (20 EA per 30 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (27 ML per 30 days)
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2)	PA - Part B vs D Determination
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (Tier 2)	PA - Part B vs D Determination
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 (Tier 2)	PA



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 2)	PA - Part B vs D Determination
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 2)	PA - Part B vs D Determination
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 (Tier 2)	PA - Part B vs D Determination
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 2)	PA - Part B vs D Determination
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 (Tier 2)	PA - Part B vs D Determination
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	\$0 (Tier 2)	PA - Part B vs D Determination
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2)	PA - Part B vs D Determination
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 (Tier 2)	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 2)	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
OLUMIANT ORAL TABLET 1 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (4 ML per 30 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	\$0 (Tier 2)	PA; QL (4 ML per 30 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	\$0 (Tier 2)	PA; QL (1.6 ML per 30 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	\$0 (Tier 2)	PA; QL (2.8 ML per 30 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	\$0 (Tier 2)	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	\$0 (Tier 2)	PA
XELJANZ ORAL TABLET 10 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (Tier 2)	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	\$0 (Tier 2)	PA
Immunological Agents		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	\$0 (Tier 2)	PA - Part B vs D Determination
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	\$0 (Tier 2)	PA - Part B vs D Determination
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	\$0 (Tier 2)	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 2)	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 (Tier 2)	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 (Tier 2)	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 (Tier 2)	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (150 EA per 30 days)
AFINITOR ORAL TABLET 2.5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
<i>azathioprine oral tablet 50 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (8 ML per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	\$0 (Tier 2)	PA; QL (8 EA per 30 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 (Tier 2)	PA; QL (8 ML per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	\$0 (Tier 2)	PA; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	\$0 (Tier 2)	PA; QL (8 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 (Tier 2)	PA; QL (8 ML per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (14 ML per 365 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (120 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet 5 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (40 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination; QL (240 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 2)	PA - Part B vs D Determination
GENGRAF ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	PA - Part B vs D Determination
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (6 EA per 28 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (6 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY
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 - FOR NEW STARTS ONLY
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (6 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (6 EA per 28 days)
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (Tier 2)	PA - Part B vs D Determination
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	\$0 (Tier 2)	QL (60 EA per 30 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	PA - Part B vs D Determination
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 2)	PA - Part B vs D Determination
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 2)	PA - Part B vs D Determination
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (Tier 2)	PA - Part B vs D Determination
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 2)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 2)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 2)	
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	\$0 (Tier 1)	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (Tier 2)	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 2)	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 2)	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (Tier 2)	
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (Tier 2)	PA - Part B vs D Determination
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (Tier 2)	PA - Part B vs D Determination
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (Tier 2)	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (Tier 2)	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 (Tier 2)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 (Tier 2)	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 2)	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 (Tier 2)	PA - Part B vs D Determination
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	\$0 (Tier 2)	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (Tier 2)	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (Tier 2)	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	\$0 (Tier 2)	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 (Tier 2)	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (Tier 2)	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 (Tier 2)	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (Tier 2)	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 (Tier 2)	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 (Tier 2)	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 (Tier 2)	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 (Tier 2)	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (Tier 2)	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (Tier 2)	PA - Part B vs D Determination
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	\$0 (Tier 2)	PA - Part B vs D Determination



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (Tier 2)	PA - Part B vs D Determination
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 (Tier 2)	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (Tier 2)	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 (Tier 2)	QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 (Tier 1)	PA - Part B vs D Determination
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (Tier 2)	PA - Part B vs D Determination
<i>tetanus, diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (Tier 2)	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (Tier 2)	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 2)	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 2)	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (Tier 2)	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	\$0 (Tier 2)	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	\$0 (Tier 2)	QL (1 EA per 999 days)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide oral capsule 750 mg</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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</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>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	\$0 (Tier 1)	
Glucocorticoids		
<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 1)	
COLOCORT RECTAL ENEMA 100 MG/60 ML	\$0 (Tier 2)	
<i>cortisone oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>dexamethasone oral elixir 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>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	\$0 (Tier 1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	\$0 (Tier 1)	
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<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)	PA - Part B vs D Determination
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 2)	PA - Part B vs D Determination
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 1)	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 2)	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 2)	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	\$0 (Tier 1)	
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	\$0 (Tier 1)	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>cinacalcet oral tablet 30 mg, 90 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination; QL (120 EA per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination; QL (60 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	\$0 (Tier 2)	PA
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	\$0 (Tier 2)	ST - FOR NEW STARTS ONLY
<i>ibandronate oral tablet 150 mg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	\$0 (Tier 2)	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (Tier 1)	PA - Part B vs D Determination
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (Tier 2)	QL (1 ML per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	\$0 (Tier 2)	
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	\$0 (Tier 1)	
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml</i>	\$0 (Tier 1)	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	\$0 (Tier 2)	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (Tier 2)	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
ALAWAY 0.025% EYE DROPS 0.025 % (0.035 %)	\$0 (Tier 3)	*
ARTIFICIAL TEARS 1.4% DROPS 1.4 %	\$0 (Tier 3)	*
ARTIFICIAL TEARS DROPS 0.5-0.6 %	\$0 (Tier 3)	*
ARTIFICIAL TEARS EYE OINTMENT 83-15 %	\$0 (Tier 3)	*
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	\$0 (Tier 1)	
CHILD'S ALAWAY 0.025% EYE DROP 0.025 % (0.035 %)	\$0 (Tier 3)	*
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 (Tier 2)	PA
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	\$0 (Tier 1)	
EYE ITCH RELIEF 0.025% DROPS 0.025 % (0.035 %)	\$0 (Tier 3)	*
GENTEAL TEARS 0.1%-0.3% DROP 0.1-0.3 %	\$0 (Tier 3)	*
GENTEAL TEARS SEVERE 0.3% GEL INNER 0.3 %	\$0 (Tier 3)	*
GS LUBRICAT PLUS 0.5% EYE DRPS P/F, 30X0.4ML 0.5 %	\$0 (Tier 3)	*
HM EYE ITCH RELIEF 0.025% DROP 0.025 % (0.035 %)	\$0 (Tier 3)	*
HM LUBRICAT PLUS 0.5% EYE DRPS P/F, SUV, STERILE 0.5 %	\$0 (Tier 3)	*
ISOPTO TEARS 0.5% EYE DROPS 0.5 %	\$0 (Tier 3)	*
<i>ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %)</i>	\$0 (Tier 3)	*
LUBRICANT 0.5% EYE DROP 0.5 %	\$0 (Tier 3)	*



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
LUBRICANT PM EYE OINTMENT P/F 57.3-42.5 %	\$0 (Tier 3)	*
LUBRICATING PLUS 0.5% EYE DRPS P/F, 30X0.4ML 0.5 %	\$0 (Tier 3)	*
LUBRICATING PLUS 0.5% EYE DRPS P/F, 50X0.4ML 0.5 %	\$0 (Tier 3)	*
LUBRIFRESH PM EYE OINTMENT 83-15 %	\$0 (Tier 3)	*
<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-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</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)	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	\$0 (Tier 1)	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
REFRESH CELLUVISC 1% EYE DROPS 1 %	\$0 (Tier 3)	*
REFRESH LACRI-LUBE OINTMENT 56.8-42.5 %	\$0 (Tier 3)	*
REFRESH LIQUIGEL 1% EYE DROP 1 %	\$0 (Tier 3)	*
REFRESH P.M. OINTMENT 57.3-42.5 %	\$0 (Tier 3)	*
REFRESH PLUS 0.5% EYE DROPS 30X0.4ML 0.5 %	\$0 (Tier 3)	*
REFRESH PLUS 0.5% EYE DROPS 70X0.4ML,U-D 0.5 %	\$0 (Tier 3)	*
REFRESH PLUS 0.5% EYE DROPS U-D,50X.4ML 0.5 %	\$0 (Tier 3)	*
REFRESH TEARS 0.5% EYE DROP 0.5 %	\$0 (Tier 3)	*
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	\$0 (Tier 2)	QL (60 EA per 30 days)
SM EYE ITCH RELIEF 0.025% DROP UP TO 12 HRS,STERILE 0.025 % (0.035 %)	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
SM LUBRICAT PLUS 0.5% EYE DRPS 0.5 %	\$0 (Tier 3)	*
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (Tier 1)	
SYSTANE 0.3% EYE GEL 0.3 %	\$0 (Tier 3)	*
SYSTANE NIGHTTIME EYE OINTMENT 94-3 %	\$0 (Tier 3)	*
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (Tier 2)	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	\$0 (Tier 2)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1)	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	\$0 (Tier 2)	
Ophthalmic Anti-Allergy Agents		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	\$0 (Tier 2)	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (Tier 1)	
<i>cromolyn sodium nasal spray 5.2 mg/spray (4 %)</i>	\$0 (Tier 3)	*
LASTACFT OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (Tier 2)	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	\$0 (Tier 1)	
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	\$0 (Tier 2)	
ZADITOR 0.025% (0.035%) DROPS UP TO 12 HRS (OTC) 0.025 % (0.035 %)	\$0 (Tier 3)	*
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	\$0 (Tier 2)	
<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)	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	\$0 (Tier 2)	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	\$0 (Tier 2)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<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)	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	\$0 (Tier 2)	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	\$0 (Tier 2)	
<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>ofloxacin ophthalmic (eye) drops 0.3 %</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>tobramycin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (Tier 2)	
Opthalmic Anti-Inflammatories		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	\$0 (Tier 2)	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	\$0 (Tier 1)	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	\$0 (Tier 2)	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	\$0 (Tier 2)	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	\$0 (Tier 1)	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	\$0 (Tier 2)	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	\$0 (Tier 1)	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	\$0 (Tier 2)	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	\$0 (Tier 2)	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</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 1)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 (Tier 2)	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	\$0 (Tier 2)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	\$0 (Tier 1)	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (Tier 1)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (Tier 2)	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	\$0 (Tier 2)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</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>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	\$0 (Tier 2)	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0 (Tier 1)	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	\$0 (Tier 2)	
Ophthalmic Prostaglandin And Prostamide Analogs		
<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)	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	\$0 (Tier 2)	
Otic Agents		
Otic Agents		
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 1)	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	\$0 (Tier 2)	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	\$0 (Tier 2)	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1)	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	\$0 (Tier 2)	
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	\$0 (Tier 2)	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	\$0 (Tier 1)	
<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)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (Tier 1)	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
AHIST 25 MG TABLET 25 MG	\$0 (Tier 3)	*
ALA-HIST IR 2 MG TABLET 2 MG	\$0 (Tier 3)	*
ALAVERT 10 MG ODT 10 MG	\$0 (Tier 3)	*
ALAVERT 10 MG ODT CITRUS BURST,12-FREE 10 MG	\$0 (Tier 3)	*
ALAVERT 10 MG ODT CITRUS BURST,24 HOUR 10 MG	\$0 (Tier 3)	*
ALL DAY ALLERGY 10 MG TABLET 10 MG	\$0 (Tier 3)	*
ALL DAY ALLERGY 10 MG TABLET INDOOR/OUTDOOR 10 MG	\$0 (Tier 3)	*
ALL DAY ALLERGY 10 MG TABLET INDOOR/OUTDOOR 24 HR 10 MG	\$0 (Tier 3)	*
ALLER-CHLOR 4 MG TABLET 4 MG	\$0 (Tier 3)	*
ALLER-EASE 60 MG TABLET 12 HOUR, NON-DROWSY 60 MG	\$0 (Tier 3)	*
ALLER-G-TIME 25 MG CAPLET 25 MG	\$0 (Tier 3)	*
ALLERGY (LORATADINE) 10 MG TAB 10 MG	\$0 (Tier 3)	*
ALLERGY 25 MG CAPSULE 25 MG	\$0 (Tier 3)	*
ALLERGY 25 MG SOFTGEL D/F, GLUTEN-FREE 25 MG	\$0 (Tier 3)	*
ALLERGY 25 MG TABLET 25 MG	\$0 (Tier 3)	*
ALLERGY 4 MG TABLET 4 MG	\$0 (Tier 3)	*
ALLERGY 4 MG TABLET U-D 4 MG	\$0 (Tier 3)	*
ALLERGY RELIEF 10 MG TABLET 10 MG	\$0 (Tier 3)	*
ALLERGY RELIEF 10 MG TABLET NON-DROWSY 10 MG	\$0 (Tier 3)	*
ALLERGY RELIEF 10 MG TABLET NON-DROWSY,24 HOUR 10 MG	\$0 (Tier 3)	*
ALLERGY RELIEF 180 MG TABLET 180 MG	\$0 (Tier 3)	*
ALLERGY RELIEF 25 MG CAPSULE 25 MG	\$0 (Tier 3)	*
ALLERGY RELIEF 25 MG SOFTGEL 25 MG	\$0 (Tier 3)	*
ALLERGY RELIEF 25 MG SOFTGEL SOFTGEL 25 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
ALLERGY RELIEF 25 MG TABLET 25 MG	\$0 (Tier 3)	*
ALLERGY RELIEF 4 MG TABLET 4 MG	\$0 (Tier 3)	*
ALLERGY RELIEF 5 MG/5 ML SOLN A/F 5 MG/5 ML	\$0 (Tier 3)	*
ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	\$0 (Tier 3)	*
ALLERGY RLF (CETRZN) 10 MG TAB 10 MG	\$0 (Tier 3)	*
ALLERGY-TIME 4 MG TABLET 4 MG	\$0 (Tier 3)	*
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	\$0 (Tier 1)	
<i>azelastine nasal spray, non-aerosol 0.15 % (205.5 mcg)</i>	\$0 (Tier 1)	
BANOPHEN 25 MG CAPSULE 25 MG	\$0 (Tier 3)	*
BANOPHEN 25 MG TABLET 25 MG	\$0 (Tier 3)	*
BANOPHEN 50 MG CAPSULE 50 MG	\$0 (Tier 3)	*
<i>cetirizine hcl 1 mg/ml soln (otc) 1 mg/ml</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 1 mg/ml soln children, s/f, grape (otc) 1 mg/ml</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 10 mg chew tab inner 10 mg</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 10 mg chew tab outer 10 mg</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 10 mg tablet 10 mg</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 10 mg tablet f/c, u-d, 10x10, inner 10 mg</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 10 mg tablet f/c, u-d, 10x10, outer 10 mg</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 10 mg tablet indoor & outdoor 10 mg</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 10 mg tablet indoor/outdoor 24 hr 10 mg</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 10 mg tablet indoor-outdoor, 24hr 10 mg</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 5 mg chew tab children's, inner 5 mg</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 5 mg chew tab children's, outer, u-d 5 mg</i>	\$0 (Tier 3)	*



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cetirizine hcl 5 mg tablet 5 mg</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 5 mg tablet indoor & outdoor 5 mg</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 5 mg/5 ml soln inner 5 mg/5 ml</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 5 mg/5 ml soln outer 5 mg/5 ml</i>	\$0 (Tier 3)	*
<i>cetirizine oral solution 1 mg/ml</i>	\$0 (Tier 1)	
CHILD ALL DAY ALLERGY 1 MG/ML 1 MG/ML	\$0 (Tier 3)	*
CHILD ALL DAY ALLERGY 1 MG/ML 1 MG/ML	\$0 (Tier 3)	*
CHILD ALL DAY ALLERGY 1 MG/ML BUBBLE GUM 1 MG/ML	\$0 (Tier 3)	*
CHILD ALLERGY 5 MG/5 ML SOLN 5 MG/5 ML	\$0 (Tier 3)	*
CHILD ALLERGY RELIEF 1 MG/ML 1 MG/ML	\$0 (Tier 3)	*
CHILD ALLERGY RLF 12.5 MG/5 ML 12.5 MG/5 ML	\$0 (Tier 3)	*
CHILD CETIRIZINE 10 MG CHEW TB 10 MG	\$0 (Tier 3)	*
CHILD CETIRIZINE 10 MG CHEW TB CHEWABLE, ALLERGY 10 MG	\$0 (Tier 3)	*
CHILD CETIRIZINE 5 MG CHEW TAB 5 MG	\$0 (Tier 3)	*
CHILD CETIRIZINE HCL 1 MG/ML 1 MG/ML	\$0 (Tier 3)	*
CHILD CETIRIZINE HCL 1 MG/ML A/F,S/F,CHILDREN'S 1 MG/ML	\$0 (Tier 3)	*
CHILD DIPHENHYDRAMIN 12.5 MG/5 INNER 12.5 MG/5 ML	\$0 (Tier 3)	*
CHILD DIPHENHYDRAMIN 12.5 MG/5 OUTER 12.5 MG/5 ML	\$0 (Tier 3)	*
CHILD DIPHENHYDRAMIN 25 MG/10 ML INNER 12.5 MG/5 ML	\$0 (Tier 3)	*
CHILD DIPHENHYDRAMIN 25 MG/10 ML OUTER 12.5 MG/5 ML	\$0 (Tier 3)	*
CHILD FLONASE ALLER RLF 50 MCG 50 MCG/ACTUATION	\$0 (Tier 3)	*
<i>child loratadine 5 mg/5 ml sol 5 mg/5 ml</i>	\$0 (Tier 3)	*
<i>child loratadine 5 mg/5 ml syr 5 mg/5 ml</i>	\$0 (Tier 3)	*



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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>child loratadine 5 mg/5 ml syr grape, s/f 5 mg/5 ml</i>	\$0 (Tier 3)	*
<i>child loratadine 5 mg/5 ml syr s/f, a/f, gluten/f 5 mg/5 ml</i>	\$0 (Tier 3)	*
CHILD'S ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	\$0 (Tier 3)	*
CHILD'S ALLERGY 12.5 MG/5 ML A/F,CHERRY,CHILD 12.5 MG/5 ML	\$0 (Tier 3)	*
<i>chlorpheniramine 4 mg tablet 4 mg</i>	\$0 (Tier 3)	*
CLARINEX ORAL SYRUP 2.5 MG/5 ML (0.5 MG/ML)	\$0 (Tier 2)	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>cyproheptadine oral tablet 4 mg</i>	\$0 (Tier 1)	PA
DAYHIST ALLERGY 1.34 MG TABLET 12 HR RELIEF 1.34 MG	\$0 (Tier 3)	*
<i>desloratadine oral tablet 5 mg</i>	\$0 (Tier 1)	
DIPHEDRYL 12.5 MG/5 ML ELIXIR 12.5 MG/5 ML	\$0 (Tier 3)	*
DIPHEDRYL ALLERGY CAPSULE 25 MG	\$0 (Tier 3)	*
DIPHENHIST 25 MG CAPSULE 25 MG	\$0 (Tier 3)	*
<i>diphenhydramine 12.5 mg/5 ml 12.5 mg/5 ml</i>	\$0 (Tier 3)	*
<i>diphenhydramine 25 mg caplet caplet 25 mg</i>	\$0 (Tier 3)	*
<i>diphenhydramine 25 mg capsule (otc) 25 mg</i>	\$0 (Tier 3)	*
<i>diphenhydramine 25 mg capsule u-d, 10x10 (otc) 25 mg</i>	\$0 (Tier 3)	*
<i>diphenhydramine 25 mg tablet 25 mg</i>	\$0 (Tier 3)	*
<i>diphenhydramine 25 mg tablet inner 25 mg</i>	\$0 (Tier 3)	*
<i>diphenhydramine 25 mg tablet outer 25 mg</i>	\$0 (Tier 3)	*
<i>diphenhydramine 25 mg/10 ml 12.5 mg/5 ml</i>	\$0 (Tier 3)	*
<i>diphenhydramine 50 mg capsule (otc) 50 mg</i>	\$0 (Tier 3)	*
<i>diphenhydramine 50 mg capsule u-d, 10x10 (otc) 50 mg</i>	\$0 (Tier 3)	*
ED CHLORPED JR SYRUP 2 MG/5 ML	\$0 (Tier 3)	*
<i>fexofenadine hcl 180 mg tablet (otc) 180 mg</i>	\$0 (Tier 3)	*
<i>fexofenadine hcl 180 mg tablet 24 hour, non-drowsy (otc) 180 mg</i>	\$0 (Tier 3)	*
<i>fexofenadine hcl 180 mg tablet 24-hour (otc) 180 mg</i>	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>fexofenadine hcl 180 mg tablet 24hr,original str (otc) 180 mg</i>	\$0 (Tier 3)	*
<i>fexofenadine hcl 180 mg tablet allergy, 24hr (otc) 180 mg</i>	\$0 (Tier 3)	*
<i>fexofenadine hcl 180 mg tablet f/c, 10x10,u-d,inner (otc) 180 mg</i>	\$0 (Tier 3)	*
<i>fexofenadine hcl 180 mg tablet f/c, 10x10,u-d,outer (otc) 180 mg</i>	\$0 (Tier 3)	*
<i>fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc) 180 mg</i>	\$0 (Tier 3)	*
<i>fexofenadine hcl 60 mg tablet 12 hour, non-drowsy (otc) 60 mg</i>	\$0 (Tier 3)	*
<i>fexofenadine hcl 60 mg tablet allergy (otc) 60 mg</i>	\$0 (Tier 3)	*
<i>fexofenadine hcl 60 mg tablet indoor/outdoor (otc) 60 mg</i>	\$0 (Tier 3)	*
<i>fexofenadine hcl 60 mg tablet inner,u-d (otc) 60 mg</i>	\$0 (Tier 3)	*
<i>fexofenadine hcl 60 mg tablet u-d, 10x10,outer (otc) 60 mg</i>	\$0 (Tier 3)	*
FLONASE ALLERGY RLF 50 MCG SPR 120 METERED SPRAYS 50 MCG/ACTUATION	\$0 (Tier 3)	*
FLONASE ALLERGY RLF 50 MCG SPR 3X120 METERED SPRAYS 50 MCG/ACTUATION	\$0 (Tier 3)	*
FLONASE ALLERGY RLF 50 MCG SPR 50 MCG/ACTUATION	\$0 (Tier 3)	*
FLONASE ALLERGY RLF 50 MCG SPR 60 METERED SPRAYS 50 MCG/ACTUATION	\$0 (Tier 3)	*
GS ALL DAY ALLERGY 10 MG TAB 10 MG	\$0 (Tier 3)	*
GS ALLER-EASE 180 MG TABLET 180 MG	\$0 (Tier 3)	*
GS ALLERGY RELIEF 10 MG TABLET 10 MG	\$0 (Tier 3)	*
GS ALLERGY RELIEF 10 MG TABLET NON-DROWSY 10 MG	\$0 (Tier 3)	*
GS ALLERGY RELIEF 25 MG CAP 25 MG	\$0 (Tier 3)	*
GS ALLERGY RELIEF 25 MG TABLET 25 MG	\$0 (Tier 3)	*
GS ALLERGY RELIEF 4 MG TABLET 4 MG	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
GS CHILD ALL DAY ALLER 1 MG/ML 1 MG/ML	\$0 (Tier 3)	*
GS CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	\$0 (Tier 3)	*
HISTEX 2.5 MG/5 ML SYRUP 2.5 MG/5 ML	\$0 (Tier 3)	*
HISTEX PD 0.938 MG/ML DROP 0.938 MG/ML	\$0 (Tier 3)	*
HM ALL DAY ALLERGY 10 MG TAB 10 MG	\$0 (Tier 3)	*
HM ALLERGY 25 MG TABLET MINITABS 25 MG	\$0 (Tier 3)	*
HM ALLERGY RELIEF 10 MG TABLET 10 MG	\$0 (Tier 3)	*
HM ALLERGY RELIEF 25 MG CAP 25 MG	\$0 (Tier 3)	*
HM ALLERGY RELIEF 25 MG TABLET 25 MG	\$0 (Tier 3)	*
HM ALLERGY RELIEF 4 MG TABLET 4 HOUR, GLUTEN-FREE 4 MG	\$0 (Tier 3)	*
HM ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	\$0 (Tier 3)	*
HM CHILD ALL DAY ALLER 1 MG/ML 1 MG/ML	\$0 (Tier 3)	*
HM CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	\$0 (Tier 3)	*
HM CHILD CETIRIZINE 1 MG/ML D/F, S/F, BUBBLEGUM 1 MG/ML	\$0 (Tier 3)	*
HM CHILD CETIRIZINE 1 MG/ML D/F, GRAPE, S/F, GLUT-F 1 MG/ML	\$0 (Tier 3)	*
<i>hm child loratadine 5 mg/5 ml 5 mg/5 ml</i>	\$0 (Tier 3)	*
<i>hm child loratadine 5 mg/5 ml a/f, s/f, grape 5 mg/5 ml</i>	\$0 (Tier 3)	*
<i>hm fexofenadine hcl 180 mg tab (otc) 180 mg</i>	\$0 (Tier 3)	*
<i>hm fexofenadine hcl 180 mg tab 24 hour, gluten-free (otc) 180 mg</i>	\$0 (Tier 3)	*
<i>hm fexofenadine hcl 60 mg tab (otc) 60 mg</i>	\$0 (Tier 3)	*
<i>hm loratadine 10 mg tablet 10 mg</i>	\$0 (Tier 3)	*
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>levocetirizine oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet 10 mg</i>	\$0 (Tier 3)	*
<i>loratadine 10 mg tablet 10x10, outer 10 mg</i>	\$0 (Tier 3)	*
<i>loratadine 10 mg tablet 24 hour, non-drowsy 10 mg</i>	\$0 (Tier 3)	*
<i>loratadine 10 mg tablet inner 10 mg</i>	\$0 (Tier 3)	*
<i>loratadine 10 mg tablet non-drowsy 10 mg</i>	\$0 (Tier 3)	*
<i>loratadine 10 mg tablet non-drowsy, 24hr 10 mg</i>	\$0 (Tier 3)	*
<i>loratadine 5 mg/5 ml syrup children's 5 mg/5 ml</i>	\$0 (Tier 3)	*
<i>loratadine 5 mg/5 ml syrup children's, a/f, d/f 5 mg/5 ml</i>	\$0 (Tier 3)	*
<i>loratadine allergy 5 mg/5 ml d/f, a/f, s/f 5 mg/5 ml</i>	\$0 (Tier 3)	*
M-DRYL 12.5 MG/5 ML SOLUTION 12.5 MG/5 ML	\$0 (Tier 3)	*
M-HIST PD 0.625 MG/ML DROP 0.625 MG/ML	\$0 (Tier 3)	*
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	\$0 (Tier 1)	
PEDIACLEAR ALLERGY 0.313 MG/ML 0.313 MG/ML	\$0 (Tier 3)	*
PEDIACLEAR PD 0.625 MG/ML DROP 0.625 MG/ML	\$0 (Tier 3)	*
PEDIAVENT 2 MG/5 ML SYRUP 2 MG/5 ML	\$0 (Tier 3)	*
PHARBEDRYL 25 MG CAPSULE 25 MG	\$0 (Tier 3)	*
PHARBEDRYL 50 MG CAPSULE 50 MG	\$0 (Tier 3)	*
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA
QC ALL DAY ALLERGY 10 MG TAB 10 MG	\$0 (Tier 3)	*
QC ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	\$0 (Tier 3)	*
QC CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
QC CHILDREN'S ALLERGY 1 MG/ML 1 MG/ML	\$0 (Tier 3)	*
<i>qc chlorpheniramine 4 mg tab 4 mg</i>	\$0 (Tier 3)	*
QC COMPLETE ALLERGY 25 MG CAP 25 MG	\$0 (Tier 3)	*
QC COMPLETE ALLERGY 25 MG CAP 25 MG	\$0 (Tier 3)	*
QC COMPLETE ALLERGY 25 MG CPLT CAPLET 25 MG	\$0 (Tier 3)	*
QC COMPLETE ALLERGY 25 MG CPLT CAPLET 25 MG	\$0 (Tier 3)	*
<i>qc fexofenadine hcl 180 mg tab (otc) 180 mg</i>	\$0 (Tier 3)	*
<i>qc loratadine 10 mg tablet non-drowsy 10 mg</i>	\$0 (Tier 3)	*
SILADRYL 12.5 MG/5 ML LIQUID A/F, S/F 12.5 MG/5 ML	\$0 (Tier 3)	*
SM ALL DAY ALLERGY 10 MG TAB 10 MG	\$0 (Tier 3)	*
SM ALL DAY ALLERGY 10 MG TAB INDOOR/OUTDOOR 24 HR 10 MG	\$0 (Tier 3)	*
SM ALLERGY 4 MG TABLET 4 MG	\$0 (Tier 3)	*
SM ALLERGY 4-HR 4 MG TABLET 4 MG	\$0 (Tier 3)	*
SM ALLERGY RELIEF 1.34 MG TAB 1.34 MG	\$0 (Tier 3)	*
SM ALLERGY RELIEF 12.5 MG/5 ML 12.5 MG/5 ML	\$0 (Tier 3)	*
SM ALLERGY RELIEF 12.5 MG/5 ML CHILDREN'S, CHERRY 12.5 MG/5 ML	\$0 (Tier 3)	*
SM ALLERGY RELIEF 25 MG CAP 25 MG	\$0 (Tier 3)	*
SM ALLERGY RELIEF 25 MG TABLET 25 MG	\$0 (Tier 3)	*
SM ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	\$0 (Tier 3)	*
SM CHILD ALL DAY ALLER 1 MG/ML 1 MG/ML	\$0 (Tier 3)	*
SM CHILD ALL DAY ALLER 1 MG/ML CHERRY 1 MG/ML	\$0 (Tier 3)	*
SM CHILD ALL DAY ALLER 1 MG/ML D/F, S/F, A/F BUBBLE 1 MG/ML	\$0 (Tier 3)	*
SM CHILD ALL DAY ALLER 1 MG/ML S/F, GRAPE 1 MG/ML	\$0 (Tier 3)	*



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
SM CHILD ALLERGY 5 MG/5 ML SOL 5 MG/5 ML	\$0 (Tier 3)	*
<i>sm child loratadine 5 mg/5 ml s/f, a/f, gluten/f 5 mg/5 ml</i>	\$0 (Tier 3)	*
<i>sm fexofenadine hcl 180 mg tab (otc) 180 mg</i>	\$0 (Tier 3)	*
<i>sm fexofenadine hcl 180 mg tab 24hr, gluten-free (otc) 180 mg</i>	\$0 (Tier 3)	*
<i>sm fexofenadine hcl 60 mg tab (otc) 60 mg</i>	\$0 (Tier 3)	*
<i>sm loratadine 10 mg tablet 10 mg</i>	\$0 (Tier 3)	*
<i>sm loratadine 10 mg tablet non-drowsy,gluten-f 10 mg</i>	\$0 (Tier 3)	*
<i>sm loratadine 5 mg/5 ml syrup 5 mg/5 ml</i>	\$0 (Tier 3)	*
<i>triprolidine 0.625 mg/ml drop 0.625 mg/ml</i>	\$0 (Tier 3)	*
VANACLEAR PD 0.313 MG/ML DROP 0.313 MG/ML	\$0 (Tier 3)	*
VANAMINE PD 6.25 MG/ML DROPS 6.25 MG/ML	\$0 (Tier 3)	*
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
CHLD FLONASE SENSIMIST 27.5 MCG 27.5 MCG/ACTUATION	\$0 (Tier 3)	*
FLONASE SENSIMIST 27.5 MCG SPR 27.5 MCG/ACTUATION	\$0 (Tier 3)	*
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (Tier 2)	QL (120 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	\$0 (Tier 2)	QL (240 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	\$0 (Tier 2)	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	\$0 (Tier 2)	QL (21.2 GM per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	\$0 (Tier 1)	QL (75 ML per 30 days)



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>fluticasone prop 50 mcg spray (otc) 50 mcg/actuation</i>	\$0 (Tier 3)	*
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	\$0 (Tier 1)	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	\$0 (Tier 1)	QL (34 GM per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	\$0 (Tier 2)	QL (12.5 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	\$0 (Tier 2)	QL (2 EA per 30 days)
Antileukotrienes		
<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)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (Tier 2)	QL (25.8 GM 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)	PA - Part B vs D Determination
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	\$0 (Tier 1)	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation, 90 mcg/actuation (nda020983)</i>	\$0 (Tier 1)	QL (36 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)	PA - Part B vs D Determination
<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>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	\$0 (Tier 1)	



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	\$0 (Tier 2)	QL (60 EA per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	\$0 (Tier 2)	PA - Part B vs D Determination
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	\$0 (Tier 1)	
<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)	PA - Part B vs D Determination
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	\$0 (Tier 2)	PA - Part B vs D Determination
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 (Tier 2)	QL (60 EA per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	\$0 (Tier 2)	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (Tier 2)	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (Tier 2)	PA
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	\$0 (Tier 2)	PA
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2)	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	\$0 (Tier 2)	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 2)	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (Tier 2)	PA - Part B vs D Determination
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	\$0 (Tier 2)	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	\$0 (Tier 2)	PA
Mast Cell Stabilizers		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (Tier 1)	
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	\$0 (Tier 2)	
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 300 mg</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (Tier 1)	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (90 EA per 30 days)
<i>bosentan oral tablet 125 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (60 EA per 30 days)
<i>bosentan oral tablet 62.5 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (120 EA per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 2)	PA - FOR NEW STARTS ONLY; QL (30 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	\$0 (Tier 1)	PA - FOR NEW STARTS ONLY; QL (90 EA per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	\$0 (Tier 2)	PA - Part B vs D Determination
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE 267 MG	\$0 (Tier 2)	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	\$0 (Tier 2)	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2)	PA



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (Tier 1)	PA - Part B vs D Determination
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	\$0 (Tier 2)	QL (60 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)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (Tier 2)	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	\$0 (Tier 2)	QL (10.7 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	\$0 (Tier 1)	QL (10.2 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
PEDIACLEAR COUGH 6.25 MG/ML 6.25 MG/ML	\$0 (Tier 3)	*
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	\$0 (Tier 2)	QL (10.2 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	\$0 (Tier 2)	QL (60 EA per 30 days)
Respiratory Tract/ Pulmonary Agents		
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (Tier 2)	QL (8 GM per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (Tier 1)	PA - Part B vs D Determination
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (Tier 2)	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	\$0 (Tier 2)	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 (Tier 2)	PA



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

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions, or Limits on Use
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
<i>doxepin oral tablet 3 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>doxepin oral tablet 6 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	\$0 (Tier 2)	PA
<i>ramelteon oral tablet 8 mg</i>	\$0 (Tier 1)	
SILENOR ORAL TABLET 3 MG, 6 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	\$0 (Tier 2)	PA; QL (540 ML per 30 days)



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