



Upper Peninsula Health Plan MI Health Link (Medicare – Medicaid Plan) 2022 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

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Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) | 2022 *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 overthe-counter drugs are covered by Upper Peninsula Health Plan (UPHP) MI Health Link. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by UPHP MI Health Link. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

No changes made since 12/01/2022

For more recent information or other questions, contact UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. For more information visit www.uphp.com/medicare.

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A. Disclaimers

This is a list of drugs that members can get in UPHP MI Health Link.

- Upper Peninsula Health Plan MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.
- ❖ You can make a standing request to get this document, now and in the future, in a language other than English or in an alternate format.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits may change on January 1 of each year. You can always check UPHP MI Health Link's up-to-date List of Covered Drugs online at www.uphp.com/medicare.
- ❖ Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have UPHP MI Health Link pay for your services. For more information, call UPHP MI Health Link Customer Service or read the UPHP MI Health Link Member Handbook.

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 20 are the drugs covered by UPHP MI Health Link. 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."

- UPHP MI Health Link 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 UPHP MI Health Link network pharmacy.
- UPHP MI Health Link may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website at www.uphp.com/medicare, ask your Care Coordinator for help, or call UPHP Customer Service at

1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time.

B2. Does the Drug List ever change?

Yes, and UPHP MI Health Link 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 UPHP MI Health Link before you can get a drug.)
- Add or change the amount of a drug you can get (called "quantity limits").
- Add or change step therapy restrictions on a drug.
 (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

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

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

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

- You can always check UPHP MI Health Link's up to date Drug List online at www.uphp.com/medicare.
- You can also call UPHP Customer Service to check the current Drug List at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time.

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 refer to question B10 for more information on exceptions.

 A drug is taken off the market. If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know what to do.

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

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

When these changes happen, we will:

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

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

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

B4. Are there any restrictions or limits on drug coverage? Or 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 UPHP MI Health Link before you fill your prescription. If you don't get approval, UPHP MI Health Link may not cover the drug.
- Quantity limits: Sometimes UPHP MI Health Link limits the amount of a drug you can get.
- Step therapy: Sometimes UPHP MI Health Link 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 20-268. You can also get more information by visiting our website at www.uphp.com/medicare. We have posted online a 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. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

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

The table of drugs on page 20 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if UPHP MI Health Link changes their 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. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

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

There are two ways to find a drug:

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

To search **alphabetically**, go to the Index of Covered Drugs section. You can find the index starting on page 269. The section provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page 20. 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 I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time and ask about it. If you learn that UPHP MI Health Link will not cover the drug, you can do one of these things:

 Ask UPHP Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. Or

 You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new UPHP MI Health Link member and can't find my drug on the Drug List or have a problem getting my drug?

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

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

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

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

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

Yes. You can ask UPHP MI Health Link 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, UPHP MI Health Link 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 I ask for an exception?

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

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

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

For fastest service we recommend faxing the statement to 866-391-6730. You can also mail the statement:

Magellan Rx Management PO Box 2187 Maryland Heights, MO 63043

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).

UPHP MI Health Link covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

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

You can read the UPHP MI Health Link Drug List to see what OTC drugs are covered.

B15. What is my copay?

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

B16. What are drug tiers?

Tiers are groups of drugs. Tier 1 and Tier 2 may include OTC drugs.

Drug Tier	Type of Drug	Copay Amount
Tier 1	Generic drugs	(\$0)
Tier 2	Brand drugs	(\$0)

All tiers have (\$0) copay.

C. Overview of the List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by UPHP MI Health Link. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 269. The index alphabetically lists all drugs covered by UPHP MI Health Link.

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

The information in the necessary actions, restrictions, or limits on use column tells you if UPHP MI Health Link 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 UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. 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:

- * = This indicates the drug is not a Medicare Part D drug however is covered under your UPHP MI Health Link plan.
- PA = Prior authorization (approval): you must have approval from the plan before you can get this drug. There are also codes that show if a PA is required because the medication may be covered under Medicare Part B, or if a medication is only available for new starts only.
- ST = Step therapy: you must try another drug before you can get this one.
- QL = Quantity Limit: There is a limit to how much of a medication you can receive.
- QLC = This medication is subject to Opioid Safety Edits.

Legend

Symbol	Description
QL	Quantity limit, dispense limit for 30 days, unless otherwise noted
PA	Prior authorization required
ST	Step therapy exception required
QLC	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
BD	Covered under Medicare Part B or D
M	The brand name version of this drug is in Tier 2. The generic version is in Tier 1
S	Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.
*	Medicaid Benefit Drug

UPHP MI HEALTH LINK (List of Covered Drugs)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	
Nonsteroidal Anti-inflam	nmatory Drugs		
adult aspirin regimen (tablet dr)	\$0 (Tier 1)	*	
ADVIL (200 MG CAPLET, 200 MG GEL CAPLET, 200 MG TABLET, LIQUI-GEL 200 MG CAPSULE)	\$0 (Tier 2)	*	
ADVIL JUNIOR STRENGTH (TAB CHEW)	\$0 (Tier 2)	*	
ADVIL MIGRAINE (CAPSULE)	\$0 (Tier 2)	*	
all day pain relief (220 mg tab, cvs pain rlf 220 mg tb, gnp pain rlf 220 mg tb, pain rlf 220 mg caplet, sm relief 220 mg tab)	\$0 (Tier 1)	*	
all day relief (tablet)	\$0 (Tier 1)	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aspirin (300 mg suppository, 325 mg tablet, 81 mg chewable tablet, bayer 325 mg tablet, cvs 325 mg tablet, cvs 325 mg tablet, cvs 81 mg chewable tab, eq 325 mg tablet, eq 81 mg chewable tab, eql 325 mg tablet, gnp 81 mg chewable tab, gs 325 mg tablet, gs 81 mg chewable tab, hm 325 mg tablet, hm 81 mg chewable tab, kro 325 mg tablet, kro 81 mg chewable tab, pub 325 mg tablet, pub 81 mg chewable tab, qc 325 mg tablet, qc 81 mg chewable tab, ra 325 mg tablet, ra 81 mg chewable tab, sb 325 mg tablet, sm 81 mg chewable tab)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aspirin ec (325 mg tablet, 325 mg tablet, 325 mg tablet, 255 mg tablet)	\$0 (Tier 1)	*
buffered aspirin 325 mg tb	\$0 (Tier 1)	*
celecoxib (capsule)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
CHILDREN'S ADVIL (ORAL SUSP)	\$0 (Tier 2)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	
children's aspirin (81 mg chew tab, sm 81 mg chw tab)	\$0 (Tier 1)	*	
children's ibuprofen (child ibuprofen 100mg/5ml syrg, child ibuprofen 200mg/10ml cup, children ibuprof 100mg/5ml cup, children ibuprofen 100 mg/5 ml, cvs chld ibuprofen 100 mg/5 ml, eq child ibuprofen 100 mg/5 ml, eql child ibuprofen 100 mg/5ml, eql chld ibuprofen 100 mg/5 ml, gnp chld ibuprofen 100 mg/5 ml, gs child ibuprofen 100 mg/5 ml, hm child ibuprofen 100 mg/5 ml, kro chld ibuprofen 100 mg/5 ml, qc child ibuprofen 100 mg/5 ml, ra child ibuprofen 100 mg/5 ml)	\$0 (Tier 1)	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diclofenac 1.5% topical soln	\$0 (Tier 1)	PA
diclofenac potassium (25 mg tablet, 50 mg tablet)	\$0 (Tier 1)	
diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)	\$0 (Tier 1)	
diclofenac sodium 1% gel	\$0 (Tier 1)	QL (1000 PER 30 DAYS)
diclofenac sodium er (tab er 24h)	\$0 (Tier 1)	
diflunisal (tablet)	\$0 (Tier 1)	
ec-naproxen (tablet dr)	\$0 (Tier 1)	
ELYXYB (SOLUTION)	\$0 (Tier 2)	PA, QL (19.2 PER 30 OVER TIME)
etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
flurbiprofen 100 mg tablet	\$0 (Tier 1)	
ibu (tablet)	\$0 (Tier 1)	
ibu-200 (tablet)	\$0 (Tier 1)	*

Name of drug

Vill cost you
(tier level)

Necessary
actions,
restrictions, or
limits on use

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)	\$0 (Tier 1)	
ibuprofen ib (hm 100 mg chew tb, hm 200 mg caplet, hm 200 mg tablet, qc 200 mg caplet, qc 200 mg tablet, sm 100 mg chew tb, sm 200 mg tablet)	\$0 (Tier 1)	*
indomethacin (25 mg capsule, 50 mg capsule)	\$0 (Tier 1)	
infant's ibuprofen (drops susp)	\$0 (Tier 1)	*
infants ibuprofen (drops susp)	\$0 (Tier 1)	*
INFANTS' ADVIL (DROPS SUSP)	\$0 (Tier 2)	*
infants' ibuprofen (drops susp)	\$0 (Tier 1)	*
ketorolac 10 mg tablet	\$0 (Tier 1)	QL (20 PER 30 OVER TIME)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ketorolac tromethamine (15 mg/ml syringe, 15 mg/ml vial, 30 mg/ml isecure syr, 30 mg/ml syringe, 30 mg/ml vial, 60 mg/2 ml carpuject, 60 mg/2 ml syringe, 60 mg/2 ml vial)	\$0 (Tier 1)	
lofena (tablet)	\$0 (Tier 1)	
meloxicam (15 mg tablet, 7.5 mg tablet)	\$0 (Tier 1)	
nabumetone (tablet)	\$0 (Tier 1)	
naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet, dr 375 mg tablet, dr 500 mg tablet)	\$0 (Tier 1)	

Name of drug will	at the drug cost you	Necessary actions, restrictions, or
Name of drug will (ties		_

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	
naproxen sodium (275 mg tab, 550 mg tab)	\$0 (Tier 1)		
oxaprozin (600 mg caplet, 600 mg tablet)	\$0 (Tier 1)		
piroxicam (capsule)	\$0 (Tier 1)		
st. joseph aspirin (tab chew)	\$0 (Tier 1)	*	
st. joseph aspirin ec (tablet dr)	\$0 (Tier 1)	*	
sulindac (tablet)	\$0 (Tier 1)		
tri-buffered aspirin (tablet)	\$0 (Tier 1)	*	
Opioid Analgesics, Long-acting			
fentanyl (100 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)	
methadone hcl (10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc, 5 mg tablet, 5 mg/5 ml solution)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)	

	What the drive	Necessary
Name of drug	What the drug will cost you (tier level)	actions, restrictions, or limits on use
methadone intensol (oral conc)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)
morphine sulfate er (er 100 mg tablet, er 15 mg tablet, er 200 mg tablet, er 30 mg tablet, er 60 mg tablet)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)
XTAMPZA ER (CAP SPR 12)	\$0 (Tier 2)	QLC (Subject to Opioid Safety Edits)
Opioid Analgesics, Sho	rt-acting	
acetaminophen-codeine (acetamin-codein 300- 30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen- cod #3 tablet, acetaminophen-cod #4 tablet)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)
codeine sulfate (tablet)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	
DILAUDID (2 MG/ML SYRINGE, 4 MG/ML SYRINGE)	\$0 (Tier 2)		
endocet (tablet)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)	
fentanyl citrate (cit otfc 1,200 mcg, cit otfc 1,600 mcg, otfc 200 mcg, otfc 400 mcg, otfc 600 mcg, otfc 800 mcg)	\$0 (Tier 1)	PA, QLC (Subject to Opioid Safety Edits)	
hydrocodone- acetaminophen (hydrocodone-acetamin 10-325 mg, hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone- acetamin 5-325 mg, hydrocodone-acetamin 7.5-325, hydrocodone- acetamn 7.5-325/15)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml amp, 1 mg/ml carpujct, 1 mg/ml syringe, 1 mg/ml vial, 10 mg/ml vial, 2 mg tablet, 2 mg/ml carpujct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 4 mg tablet, 4 mg/ml amp, 4 mg/ml carpujct, 50 mg/5 ml amp, 50 mg/50 ml vl, 8 mg tablet)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)
morphine sulfate (10 mg/ml carpuject, 10 mg/ml syringe, 10 mg/ml vial, 4 mg/ml carpuject, 4 mg/ml vial, ir 15 mg tab, ir 30 mg tab, sulf 10 mg/5 ml cup, sulf 100 mg/5 ml conc, sulf 20 mg/5 ml soln)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab, (ir) 5 mg tablet, 5 mg/5 ml cup, 5 mg/5 ml soln)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)
oxycodone- acetaminophen (oxycodone- acetaminophen 10-325, oxycodone- acetaminophen 5-325, oxycodone- acetaminophn 2.5-325, oxycodone- acetaminophn 7.5-325)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)
tramadol hcl 50 mg tablet	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)
tramadol hcl- acetaminophen (tablet)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)
analgesics		
children's mapap 80 mg tab chw	\$0 (Tier 1)	*

Anesthetics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Local Anesthetics		
glydo (jel/pf app)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
lidocaine 5% ointment	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
lidocaine 5% patch	\$0 (Tier 1)	PA
lidocaine hcl (jel urojet ac, jelly uro-jet)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
lidocaine-prilocaine (cream (g))	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)

Anti-Addiction/Substance Abuse Treatment Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Alcohol Deterrents/Anti-craving		
acamprosate calcium (tablet dr)	\$0 (Tier 1)	
disulfiram (tablet)	\$0 (Tier 1)	
naltrexone hcl (tablet)	\$0 (Tier 1)	

Anti-Addiction/Substance Abuse Treatment Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIVITROL (SUS ER REC)	\$0 (Tier 2)	
Opioid Dependence		
buprenorphine hcl (2 mg tablet sl, 8 mg tablet sl)	\$0 (Tier 1)	
buprenorphine-nalox 2- 0.5mg tb	\$0 (Tier 1)	QL (360 PER 30 DAYS)
buprenorphine- naloxone (12-3mg flm, 4-1mg film)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
buprenorphine- naloxone (2-0.5mg fm, 8-2 mg tab, 8-2mg film)	\$0 (Tier 1)	QL (90 PER 30 DAYS)
Opioid Reversal Agents		
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)	\$0 (Tier 1)	
NARCAN (SPRAY)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Smoking Cessation Age	ents	
bupropion hcl sr 150 mg tablet	\$0 (Tier 1)	QL (60 PER 30 DAYS)
CHANTIX (1 MG CONT MONTH BOX, 1 MG TABLET, STARTING MONTH BOX)	\$0 (Tier 2)	QL (504 PER 365 OVER TIME)
nicoderm cq 21 mg/24hr patch	\$0 (Tier 1)	*
nicotine patch (21 mg/24hr patch, cvs 21 mg/24hr patch, eq 21 mg/24hr patch, gnp 21 mg/24hr patch, hm 21 mg/24hr patch, kro 21 mg/24hr patch, ra 21 mg/24hr patch, sm 21 mg/24hr patch)	\$0 (Tier 1)	*
NICOTROL NS (SPRAY)	\$0 (Tier 2)	QL (360 PER 365 OVER TIME)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
anti-addiction/substanc	e abuse treatment a	agents
NICODERM CQ (14 MG/24HR PATCH, 7 MG/24HR PATCH)	\$0 (Tier 2)	*
NICORETTE (2 MG CHEWING GUM, 2 MG LOZENGE, 2 MG MINI LOZENGE, 4 MG CHEWING GUM, 4 MG LOZENGE, 4 MG MINI LOZENGE)	\$0 (Tier 2)	*
nicotine gum (gum)	\$0 (Tier 1)	*

Name of drug

Vill cost you
(tier level)

Necessary
actions,
restrictions, or
limits on use

nicotine lozenge (2 mg lozenge, 2 mg mini lozenge, 4 mg lozenge, 4 mg mini lozenge, cvs 2 mg lozenge, cvs 2 mg lozenge, cvs 4 mg lozenge, cvs 4 mg mini lozenge, eq 2 mg mini lozenge, eq 2 mg mini lozenge, eq 2 mg lozenge, eq 1 mg lozenge, eq 1 mg lozenge, gnp 2 mg lozenge, gnp 2 mg mini lozenge, gnp 4 mg lozenge, gnp 4 mg mini lozenge, gs 2 mg lozenge, gs 2 mg lozenge, gs 4 mg lozenge, hm 2 mg mini lozenge, hm 2 mg mini lozenge, hm 4 mg lozenge, kro 2 mg lozenge, kro 2 mg lozenge, kro 4 mg lozenge, ra 2 mg lozenge, ra 2 mg lozenge, ra 4 mg lozenge, ra 4 mg lozenge, sm 4 mg lozenge, sm 4 mg lozenge, sm 4 mg lozenge, sw 2 mg lozenge, sw 4 mg lozenge)	\$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
nicotine patch (14 mg/24hr patch, 7 mg/24hr patch, cvs 14 mg/24hr patch, eq 14 mg/24hr patch, eq 7 mg/24hr patch, gnp 14 mg/24hr patch, gnp 7 mg/24hr patch, hm 14 mg/24hr patch, kro 14 mg/24hr patch, kro 14 mg/24hr patch, ra 14 mg/24hr patch, ra 7 mg/24hr patch, sm 14 mg/24hr patch, sm 14 mg/24hr patch, sm 7 mg/24hr patch, transdermal system)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Aminoglycosides		
amikacin sulfate (vial)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gentamicin sulfate (0.1% cream, 0.1% ointment, 80 mg/2 ml vial, 800 mg/20 ml vial, ped 20 mg/2 ml vial)	\$0 (Tier 1)	
neomycin sulfate (tablet)	\$0 (Tier 1)	
paromomycin sulfate (capsule)	\$0 (Tier 1)	
streptomycin sulfate (vial)	\$0 (Tier 1)	
tobramycin sulfate (1,200 mg/30 ml vial, 1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial)	\$0 (Tier 1)	
Antibacterials, Other		
aztreonam (vial)	\$0 (Tier 1)	
clindacin etz (med. swab)	\$0 (Tier 1)	
clindacin p (med. swab)	\$0 (Tier 1)	
clindamycin (pediatric) (soln recon)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clindamycin hcl (capsule)	\$0 (Tier 1)	
clindamycin phosphate (2% vaginal cream, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 9 g/60 ml vial, ph 900 mg/6 ml vl, phos 1% pledget)	\$0 (Tier 1)	
colistimethate (vial)	\$0 (Tier 1)	
daptomycin (vial)	\$0 (Tier 1)	
first aid antibiotic (eql oint, gs oint)	\$0 (Tier 1)	*
IMPAVIDO (CAPSULE)	\$0 (Tier 2)	
KIMYRSA (VIAL)	\$0 (Tier 2)	
linezolid 100 mg/5 ml susp	\$0 (Tier 1)	QL (1800 PER 28 DAYS)
linezolid 600 mg tablet	\$0 (Tier 1)	QL (56 PER 28 DAYS)
linezolid-d5w (piggyback)	\$0 (Tier 1)	
methenamine hippurate (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
METRO IV (PIGGYBACK)	\$0 (Tier 2)	
metronidazole (250 mg tablet, 500 mg tablet, 500 mg/100 ml, vaginal 0.75% gl)	\$0 (Tier 1)	
nitrofurantoin (100 mg cap, 50 mg cap)	\$0 (Tier 1)	
nitrofurantoin mono- macro (capsule)	\$0 (Tier 1)	
tinidazole (tablet)	\$0 (Tier 1)	
trimethoprim (tablet)	\$0 (Tier 1)	
triple antibiotic (, cvs, eq, gnp, hm, kro, pub, qc, ra, sm)	\$0 (Tier 1)	*
vancomycin hcl (1 gm add-van vial, 1 gm vial, 250 mg vial, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)	\$0 (Tier 1)	
vancomycin hcl 125 mg capsule	\$0 (Tier 1)	QL (120 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vancomycin hcl 250 mg capsule	\$0 (Tier 1)	QL (240 PER 30 DAYS)
VOQUEZNA DUAL PAK (COMBO. PKG)	\$0 (Tier 2)	PA
VOQUEZNA TRIPLE PAK (COMBO. PKG)	\$0 (Tier 2)	PA
XENLETA 600 MG TABLET	\$0 (Tier 2)	
Beta-lactam, Cephalosporins		
cefaclor (250 mg capsule, 500 mg capsule)	\$0 (Tier 1)	
cefadroxil (250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)	\$0 (Tier 1)	
cefazolin sodium (1 gm add-van vial, 1 gm vial, 2 gm vial)	\$0 (Tier 1)	
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	\$0 (Tier 1)	
cefepime hcl (1 gm vial, 100 gram smartpak, 2 gram vial)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefixime 400 mg capsule	\$0 (Tier 1)	
cefotaxime sodium 1 gm vial	\$0 (Tier 1)	
cefotetan (1 gm vial, 2 gm vial)	\$0 (Tier 1)	
cefoxitin (vial)	\$0 (Tier 1)	
cefpodoxime proxetil (100 mg tablet, 100 mg/5 ml susp, 200 mg tablet, 50 mg/5 ml susp)	\$0 (Tier 1)	
cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	\$0 (Tier 1)	
ceftazidime (1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial)	\$0 (Tier 1)	
ceftriaxone (1 gm add- vant vial, 1 gm vial, 2 gm add vial, 2 gm vial, 250 mg vial, 500 mg vial)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefuroxime (tablet)	\$0 (Tier 1)	
cefuroxime sodium (vial)	\$0 (Tier 1)	
cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)	\$0 (Tier 1)	
FETROJA (VIAL)	\$0 (Tier 2)	
tazicef (1 gm add- vantage vial, 1 gram vial, 2 gm add-vantage vial, 2 gram vial, 6 gram vial)	\$0 (Tier 1)	
TEFLARO (VIAL)	\$0 (Tier 2)	
Beta-lactam, Penicillins		
amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amoxicillin-clavulanate pot er (tab er 12h)	\$0 (Tier 1)	
amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	\$0 (Tier 1)	
ampicillin 500 mg capsule	\$0 (Tier 1)	
ampicillin sodium (1 gm add-vantage vl, 1 gm vial)	\$0 (Tier 1)	
ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin- sulbactam 15 gm vl, ampicillin-sulbactam 3 gm vial)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BICILLIN L-A (SYRINGE)	\$0 (Tier 2)	
dicloxacillin sodium (capsule)	\$0 (Tier 1)	
nafcillin sodium (1 gm add-van vial, 1 gm vial, 10 gm bulk vial, 2 gm add-vant vial, 2 gm vial)	\$0 (Tier 1)	
penicillin g sodium (vial)	\$0 (Tier 1)	
penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)	\$0 (Tier 1)	
piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil- tazobact 13.5 gm vl, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil- tazobact 4.5 gm vial, piperacil-tazobact 40.5 gram)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Carbapenems		
ertapenem (vial)	\$0 (Tier 1)	
imipenem-cilastatin sodium (vial)	\$0 (Tier 1)	
meropenem (iv 1 gm vial, iv 500 mg vial)	\$0 (Tier 1)	
Macrolides		
azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)	\$0 (Tier 1)	
clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)	\$0 (Tier 1)	
clarithromycin er (tab er 24h)	\$0 (Tier 1)	
DIFICID (200 MG TABLET, 40 MG/ML SUSPENSION)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
erythromycin (dr 250 mg tablet, dr 333 mg tablet, dr 500 mg tablet)	\$0 (Tier 1)	
erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)	\$0 (Tier 1)	
Quinolones		
BAXDELA 450 MG TABLET	\$0 (Tier 2)	
ciprofloxacin 200 mg/100ml-d5w	\$0 (Tier 1)	
ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)	\$0 (Tier 1)	
levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)	\$0 (Tier 1)	
levofloxacin-d5w (500 mg/100 ml-d5w, 750 mg/150 ml-d5w)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
moxifloxacin 400 mg/250 ml bag	\$0 (Tier 1)	
moxifloxacin hcl (tablet)	\$0 (Tier 1)	
ofloxacin (300 mg tablet, 400 mg tablet)	\$0 (Tier 1)	
Sulfonamides		
sulfadiazine (tablet)	\$0 (Tier 1)	
sulfamethoxazole- trimethoprim (20 ml cup, ds tablet, ss tablet, susp)	\$0 (Tier 1)	
Tetracyclines		
demeclocycline hcl (tablet)	\$0 (Tier 1)	
doxy 100 (vial)	\$0 (Tier 1)	
doxycycline hyclate (100 mg cap, 100 mg tab, 100 mg vl, 50 mg cap)	\$0 (Tier 1)	
doxycycline monohydrate (25 mg/5 ml susp, mono 100 mg cap, mono 100 mg tablet, mono 50 mg cap, mono 50 mg tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
minocycline hcl (100 mg capsule, 50 mg capsule, 75 mg capsule)	\$0 (Tier 1)	
mondoxyne nl 100 mg capsule	\$0 (Tier 1)	
morgidox 100 mg capsule	\$0 (Tier 1)	
NUZYRA 150 MG TABLET	\$0 (Tier 2)	
SEYSARA (TABLET)	\$0 (Tier 2)	
tetracycline hcl (250 mg capsule, 500 mg capsule)	\$0 (Tier 1)	
antibacterials		
BETADINE 10% SOLUTION	\$0 (Tier 2)	*
povidone-iodine (cvs soln, hm soln, ointment, qc soln, sm soln, solution)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anticonvulsants, Other		
BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 100 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	\$0 (Tier 2)	PA
EPIDIOLEX (SOLUTION)	\$0 (Tier 2)	PA
EPRONTIA (SOLUTION)	\$0 (Tier 2)	
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)	\$0 (Tier 1)	
FINTEPLA (SOLUTION)	\$0 (Tier 2)	PA
FYCOMPA (0.5 MG/ML ORAL SUSP, 10 MG TABLET, 12 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lamotrigine (100 mg tablet, 150 mg tablet, 200 mg tablet, 25 mg disper tab, 25 mg tablet, 5 mg disper tablet)	\$0 (Tier 1)	
lamotrigine (blue) (tab ds pk)	\$0 (Tier 1)	
lamotrigine (green) (tab ds pk)	\$0 (Tier 1)	
lamotrigine (orange) (tab ds pk)	\$0 (Tier 1)	
lamotrigine odt (orange) (tb rd dspk)	\$0 (Tier 1)	
levetiracetam (1,000 mg tablet, 1,000mg/10ml cup, 100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet)	\$0 (Tier 1)	
levetiracetam er (tab er 24h)	\$0 (Tier 1)	
NAYZILAM (SPRAY)	\$0 (Tier 2)	QL (10 PER 30 OVER TIME)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
roweepra 500 mg tablet	\$0 (Tier 1)	
SPRITAM (TAB SUSP)	\$0 (Tier 2)	
subvenite (blue) (tab ds pk)	\$0 (Tier 1)	
subvenite (green) (tab ds pk)	\$0 (Tier 1)	
subvenite (orange) (tab ds pk)	\$0 (Tier 1)	
subvenite (tablet)	\$0 (Tier 1)	
topiramate (100 mg tablet, 15 mg sprinkle cap, 200 mg tablet, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet)	\$0 (Tier 1)	
XCOPRI (100 MG TABLET, 12.5-25 MG TITRATION PK, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK, 50 MG TABLET, 50-100 MG TITRATION PAK)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Calcium Channel Modify	/ing Agents	
CELONTIN (CAPSULE)	\$0 (Tier 2)	
ethosuximide (250 mg capsule, 250 mg/5 ml soln)	\$0 (Tier 1)	
Gamma-aminobutyric A	cid (GABA) Augme	nting Agents
clobazam (10 mg tablet, 2.5 mg/ml suspension, 20 mg tablet)	\$0 (Tier 1)	
clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet)	\$0 (Tier 1)	QL (90 PER 30 DAYS)
clonazepam (2 mg odt, 2 mg tablet)	\$0 (Tier 1)	QL (300 PER 30 DAYS)
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diazepam (10 mg rectal gel syst, 2.5 mg rectal gel sys, 20 mg rectal gel syst)	\$0 (Tier 1)	
divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)	\$0 (Tier 1)	
divalproex sodium er (tab er 24h)	\$0 (Tier 1)	
gabapentin (100 mg capsule, 300 mg capsule)	\$0 (Tier 1)	QL (360 PER 30 DAYS)
gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)	\$0 (Tier 1)	QL (2160 PER 30 DAYS)
gabapentin 400 mg capsule	\$0 (Tier 1)	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	\$0 (Tier 1)	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	\$0 (Tier 1)	QL (150 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phenobarbital (100 mg tablet, 15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet)	\$0 (Tier 1)	
primidone (250 mg tablet, 50 mg tablet)	\$0 (Tier 1)	
SYMPAZAN (FILM)	\$0 (Tier 2)	
tiagabine hcl (tablet)	\$0 (Tier 1)	
VALTOCO (SPRAY)	\$0 (Tier 2)	QL (10 PER 30 OVER TIME)
vigabatrin (500 mg powder packt, 500 mg tablet)	\$0 (Tier 1)	PA
vigadrone 500 mg powder packet	\$0 (Tier 1)	PA
Sodium Channel Agents		
APTIOM (TABLET)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)	\$0 (Tier 1)	
carbamazepine er (100 mg cap, 100 mg tablet, 200 mg cap, 200 mg tablet, 300 mg cap, 400 mg tablet)	\$0 (Tier 1)	
DILANTIN 30 MG CAPSULE	\$0 (Tier 2)	
epitol (tablet)	\$0 (Tier 1)	
lacosamide (10 mg/ml solution, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup, 50 mg tablet, 50 mg/5 ml cup)	\$0 (Tier 1)	
oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phenytoin (100 mg/4 ml susp cup, 125 mg/5 ml susp, 50 mg infatab chew, 50 mg tablet chew)	\$0 (Tier 1)	
phenytoin sodium extended (capsule)	\$0 (Tier 1)	
rufinamide (200 mg tablet, 40 mg/ml suspension, 400 mg tablet)	\$0 (Tier 1)	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	
ZONISADE (ORAL SUSP)	\$0 (Tier 2)	ST
zonisamide (capsule)	\$0 (Tier 1)	

Antidementia Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antidementia Agents, O	ther	
ergoloid mesylates (tablet)	\$0 (Tier 1)	
NAMZARIC (14 MG-10 MG CAPSULE, 21 MG- 10 MG CAPSULE, 28 MG-10 MG CAPSULE, 7 MG-10 MG CAPSULE)	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
NAMZARIC TITRATION PACK	\$0 (Tier 2)	ST, QL (56 PER 365 OVER TIME)
Cholinesterase Inhibitor	'S	
donepezil hcl (tablet)	\$0 (Tier 1)	
donepezil hcl odt (tab rapdis)	\$0 (Tier 1)	
galantamine er (cap24h pel)	\$0 (Tier 1)	
galantamine hbr (tablet)	\$0 (Tier 1)	
galantamine hydrobromide (solution)	\$0 (Tier 1)	

Antidementia Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl (10 mg tablet, 5 mg tablet, 5-10 mg titration pk)	\$0 (Tier 1)	
memantine hcl er (cap spr 24)	\$0 (Tier 1)	QL (30 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antidepressants, Other		
AUVELITY (TAB IR ER)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
bupropion hcl (tablet)	\$0 (Tier 1)	
bupropion hcl sr 100 mg tablet	\$0 (Tier 1)	QL (90 PER 30 DAYS)
bupropion hcl sr 150mg tablet	\$0 (Tier 1)	QL (60 PER 30 DAYS)
bupropion hcl sr 200 mg tablet	\$0 (Tier 1)	QL (60 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bupropion hcl xl 150 mg tablet	\$0 (Tier 1)	QL (90 PER 30 DAYS)
bupropion hcl xl 300 mg tablet	\$0 (Tier 1)	QL (30 PER 30 DAYS)
mirtazapine (15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet, 7.5 mg tablet)	\$0 (Tier 1)	
quetiapine 150 mg tablet	\$0 (Tier 1)	QL (90 PER 30 DAYS)
SPRAVATO (56 MG DOSE PACK, 84 MG DOSE PACK)	\$0 (Tier 2)	PA
Monoamine Oxidase Inf	nibitors	
EMSAM (PATCH TD24)	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
MARPLAN (TABLET)	\$0 (Tier 2)	
phenelzine sulfate (tablet)	\$0 (Tier 1)	
tranylcypromine sulfate (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SSRIs/SNRIs (Selective Inhibitors/Serotonin and	Serotonin Reuptak I Norepinephrine R	e euptake Inhibitor
citalopram hbr (10 mg tablet, 10 mg/5 ml soln, 20 mg tablet, 20 mg/10 ml cup, 40 mg tablet)	\$0 (Tier 1)	
desvenlafaxine succinate er (er 25 mg, er 50 mg)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
desvenlafaxine succnt er 100mg	\$0 (Tier 1)	QL (120 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 60 MG CAP)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 30 MG CAP, DR 40 MG CAP)	\$0 (Tier 2)	QL (90 PER 30 DAYS)
duloxetine hcl (dr 20 mg cap, dr 60 mg cap)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
duloxetine hcl dr 30 mg	\$0 (Tier 1)	QL (90 PER 30 DAYS)
escitalopram oxalate (10 mg tablet, 20 mg tablet, 5 mg tablet, 5 mg/5 ml)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FETZIMA (ER 120 MG CAPSULE, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE)	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	\$0 (Tier 2)	ST, QL (56 PER 365 OVER TIME)
fluoxetine hcl (10 mg capsule, 20 mg capsule, 20 mg/5 ml soln cup, 20 mg/5 ml solution, 40 mg capsule)	\$0 (Tier 1)	
fluvoxamine maleate (tablet)	\$0 (Tier 1)	
nefazodone hcl (tablet)	\$0 (Tier 1)	
paroxetine cr (tab er 24h)	\$0 (Tier 1)	
paroxetine er (tab er 24h)	\$0 (Tier 1)	
paroxetine hcl (10 mg tablet, 10 mg/5 ml susp, 20 mg tablet, 30 mg tablet, 40 mg tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PAXIL 10 MG/5 ML SUSPENSION	\$0 (Tier 2)	
sertraline hcl (100 mg tablet, 20 mg/ml oral conc, 25 mg tablet, 50 mg tablet)	\$0 (Tier 1)	
SERTRALINE HCL (150 MG CAPSULE, 200 MG CAPSULE)	\$0 (Tier 2)	ST
trazodone hcl (100 mg tablet, 150 mg tablet, 50 mg tablet)	\$0 (Tier 1)	
TRINTELLIX (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
venlafaxine besylate er (tab er 24)	\$0 (Tier 1)	ST
venlafaxine hcl (tablet)	\$0 (Tier 1)	
venlafaxine hcl er (150 mg cap, 37.5 mg cap, 75 mg cap)	\$0 (Tier 1)	
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIIBRYD 10-20 MG STARTER PACK	\$0 (Tier 2)	QL (60 PER 365 OVER TIME)
vilazodone hcl (tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
Tricyclics		
amitriptyline hcl (tablet)	\$0 (Tier 1)	
amoxapine (tablet)	\$0 (Tier 1)	
clomipramine hcl (capsule)	\$0 (Tier 1)	
desipramine hcl (tablet)	\$0 (Tier 1)	
doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 100 mg capsule, 150 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)	\$0 (Tier 1)	
imipramine hcl (tablet)	\$0 (Tier 1)	
nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)	\$0 (Tier 1)	
protriptyline hcl (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
trimipramine maleate (capsule)	\$0 (Tier 1)	

Antiemetics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antiemetics, Other		
compro (supp.rect)	\$0 (Tier 1)	
meclizine hcl (12.5 mg tablet, 25 mg tablet)	\$0 (Tier 1)	
phenadoz (supp.rect)	\$0 (Tier 1)	
prochlorperazine (supp.rect)	\$0 (Tier 1)	
prochlorperazine 10 mg/2 ml vl	\$0 (Tier 1)	
prochlorperazine maleate (tablet)	\$0 (Tier 1)	
promethazine hcl (12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet, 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp)	\$0 (Tier 1)	

Antiemetics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
promethegan (12.5 mg suppos, 25 mg suppository)	\$0 (Tier 1)	
scopolamine (patch td 3)	\$0 (Tier 1)	
Emetogenic Therapy Adjuncts		
AKYNZEO 235-0.25 MG/20 ML VIAL	\$0 (Tier 2)	
AKYNZEO 300-0.5 MG CAPSULE	\$0 (Tier 2)	PA, QL (2 PER 30 OVER TIME)
aprepitant 125 mg capsule	\$0 (Tier 1)	PA, QL (2 PER 30 OVER TIME)
aprepitant 125-80-80 mg pack	\$0 (Tier 1)	PA, QL (6 PER 30 OVER TIME)
aprepitant 40 mg capsule	\$0 (Tier 1)	PA, QL (1 PER 30 OVER TIME)
aprepitant 80 mg capsule	\$0 (Tier 1)	PA, QL (8 PER 30 OVER TIME)
dronabinol (capsule)	\$0 (Tier 1)	PA, QL (60 PER 30 OVER TIME)
ondansetron hcl (4 mg tablet, 8 mg tablet)	\$0 (Tier 1)	PA

Antiemetics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)	\$0 (Tier 1)	PA, QL (450 PER 30 DAYS)
ondansetron odt (tab rapdis)	\$0 (Tier 1)	PA
SYNDROS (SOLUTION)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Antifungals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use		
Antifungals				
3 day vaginal (cream/appl)	\$0 (Tier 1)	*		
3-DAY VAGINAL CREAM (, CVS, SM)	\$0 (Tier 2)	*		
ABELCET (VIAL)	\$0 (Tier 2)	PA		
AMBISOME (VIAL)	\$0 (Tier 2)	PA		
amphotericin b (vial)	\$0 (Tier 1)	PA		
amphotericin b liposome (vial)	\$0 (Tier 1)	PA		

Antifungals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
anti-fungal 1% powder	\$0 (Tier 1)	*
anti-fungal cream (cream (g))	\$0 (Tier 1)	*
antifungal (eql top cream, sm topical cream, topical cream)	\$0 (Tier 1)	*
antifungal cream (1% cream, 2% topical cream, carrington 2% cream, cvs 1% cream, eql 1% cream, ra 1% cream, sm 1% cream)	\$0 (Tier 1)	*
athlete's foot (cream, eq cream, gnp cream)	\$0 (Tier 1)	*
baza antifungal (cream (g))	\$0 (Tier 1)	*
caspofungin acetate (vial)	\$0 (Tier 1)	
clotrimazole (cvs top cream, qc top cream, qc vag cream, ra vag cream, sm top cream, sm vag cream, top cream grx, topical cream, vaginal cream)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clotrimazole 10 mg troche	\$0 (Tier 1)	
clotrimazole-3 (cream, gnp cream)	\$0 (Tier 1)	*
CRESEMBA 186 MG CAPSULE	\$0 (Tier 2)	
econazole nitrate (cream (g))	\$0 (Tier 1)	
fluconazole (10 mg/ml susp, 100 mg tablet, 150 mg tablet, 200 mg tablet, 40 mg/ml susp, 50 mg tablet)	\$0 (Tier 1)	
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	\$0 (Tier 1)	
flucytosine (capsule)	\$0 (Tier 1)	
FUNGOID 2% TINCTURE	\$0 (Tier 2)	*
griseofulvin (125 mg/5 ml susp, micro 500 mg tab)	\$0 (Tier 1)	
griseofulvin ultramicrosize (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
inzo antifungal (cream (g))	\$0 (Tier 1)	*
itraconazole (10 mg/ml solution, 100 mg capsule, 100 mg/10 ml cup)	\$0 (Tier 1)	PA
JUBLIA (SOL W/APPL)	\$0 (Tier 2)	
ketoconazole (2% cream, 2% shampoo, 200 mg tablet)	\$0 (Tier 1)	
miconazole 1 (kit)	\$0 (Tier 1)	*
miconazole 3 (cvs miconazole 3 combo pack, gnp miconazole 3 combo pack, gs miconazole 3 combo pack, kro miconazole 3 combo pack, miconazole 3 4% cream, miconazole 3 combo pack, pub miconazole3day combo pack, ra miconazole 3 combo pack, sm miconazole 3 combo pack)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
miconazole 3 200 mg vag supp	\$0 (Tier 1)	
miconazole 7 (100 mg vag supp, cream, cvs cream, eq cream, eql cream, gnp cream, gs cream, kro cream, ra cream, sm 100 mg vag sup, sm cream)	\$0 (Tier 1)	*
miconazole nitrate (eq vaginal cream, sm topical cream, sm vaginal cream, topical cream, vaginal cream)	\$0 (Tier 1)	*
miconazole-7 (cream/appl)	\$0 (Tier 1)	*
naftifine hcl 1% gel	\$0 (Tier 1)	
NOXAFIL 40 MG/ML SUSPENSION	\$0 (Tier 2)	PA
nyamyc (powder)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nystop (powder)	\$0 (Tier 1)	
posaconazole dr 100 mg tablet	\$0 (Tier 1)	PA
terbinafine hcl (tablet)	\$0 (Tier 1)	QL (84 PER 180 OVER TIME)
terconazole (0.4% cream, 0.8% cream)	\$0 (Tier 1)	
tioconazole-1 (cvs ointmnt, eq ointment, gnp oint, ointment, ra oint, sm ointment)	\$0 (Tier 1)	*
tolnaftate (1% cream, 1% powder, af 1% cream, gnp 1% cream, qc 1% cream)	\$0 (Tier 1)	*
voriconazole (200 mg tablet, 40 mg/ml susp, 50 mg tablet)	\$0 (Tier 1)	
voriconazole 200 mg vial	\$0 (Tier 1)	PA

Antigout Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antigout Agents		
allopurinol (100 mg tablet, 300 mg tablet)	\$0 (Tier 1)	
colchicine 0.6 mg tablet	\$0 (Tier 1)	
febuxostat (tablet)	\$0 (Tier 1)	
probenecid (tablet)	\$0 (Tier 1)	
probenecid-colchicine (tablet)	\$0 (Tier 1)	

Antimigraine Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Ergot Alkaloids		
dihydroergotamine 1 mg/ml amp	\$0 (Tier 1)	PA
dihydroergotamine 4 mg/ml spry	\$0 (Tier 1)	PA, QL (8 PER 30 OVER TIME)
ergotamine-caffeine (tablet)	\$0 (Tier 1)	

Antimigraine Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Prophylactic		
AIMOVIG 140 MG/ML AUTOINJECTOR	\$0 (Tier 2)	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	\$0 (Tier 2)	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	\$0 (Tier 2)	PA, QL (1 PER 30 DAYS)
EMGALITY PEN (PEN INJCTR)	\$0 (Tier 2)	PA, QL (1 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	\$0 (Tier 2)	PA, QL (3 PER 30 DAYS)
timolol maleate (10 mg tablet, 20 mg tablet, 5 mg tablet)	\$0 (Tier 1)	
UBRELVY (TABLET)	\$0 (Tier 2)	PA, QL (16 PER 30 OVER TIME)
Serotonin (5-HT) Receptor Agonist		
eletriptan hbr (tablet)	\$0 (Tier 1)	QL (12 PER 30 OVER TIME)
naratriptan hcl (tablet)	\$0 (Tier 1)	QL (9 PER 30 OVER TIME)

Antimigraine Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rizatriptan (10 mg odt, 10 mg tablet, 5 mg odt, 5 mg tablet)	\$0 (Tier 1)	QL (18 PER 30 OVER TIME)
sumatriptan (spray)	\$0 (Tier 1)	QL (12 PER 30 OVER TIME)
sumatriptan succinate (100 mg tablet, 25 mg tablet, 50 mg tablet)	\$0 (Tier 1)	QL (9 PER 30 OVER TIME)
sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)	\$0 (Tier 1)	QL (5 PER 30 OVER TIME)
zolmitriptan (2.5 mg tablet, 5 mg tablet)	\$0 (Tier 1)	QL (12 PER 30 OVER TIME)

Antimyasthenic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Parasympathomimetics		
guanidine hcl (tablet)	\$0 (Tier 1)	

Antimyasthenic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pyridostigmine br 60 mg tablet	\$0 (Tier 1)	

Antimycobacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antimycobacterials, Oth	ner	
dapsone (100 mg tablet, 25 mg tablet)	\$0 (Tier 1)	
rifabutin (capsule)	\$0 (Tier 1)	
Antituberculars		
cycloserine (capsule)	\$0 (Tier 1)	
ethambutol hcl (tablet)	\$0 (Tier 1)	
isoniazid (100 mg tablet, 300 mg tablet, 50 mg/5 ml solution)	\$0 (Tier 1)	
PASER (GRANPKT DR)	\$0 (Tier 2)	
PRIFTIN (TABLET)	\$0 (Tier 2)	

Antimycobacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pyrazinamide (tablet)	\$0 (Tier 1)	
rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)	\$0 (Tier 1)	
SIRTURO (TABLET)	\$0 (Tier 2)	
TRECATOR (TABLET)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Alkylating Agents		
CYCLOPHOSPHAMID E (1 GM/5 ML VL, 500 MG/2.5 ML)	\$0 (Tier 2)	
cyclophosphamide (25 mg capsule, 50 mg capsule)	\$0 (Tier 1)	PA
ifosfamide 3 gm vial	\$0 (Tier 1)	
LEUKERAN (TABLET)	\$0 (Tier 2)	
MATULANE (CAPSULE)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
thiotepa 100 mg vial	\$0 (Tier 1)	
VALCHLOR (GEL (GRAM))	\$0 (Tier 2)	PA
ZEPZELCA (VIAL)	\$0 (Tier 2)	PA
Antiandrogens		
abiraterone acetate (tablet)	\$0 (Tier 1)	PA
bicalutamide (tablet)	\$0 (Tier 1)	
ERLEADA 60 MG TABLET	\$0 (Tier 2)	PA
flutamide (capsule)	\$0 (Tier 1)	
nilutamide (tablet)	\$0 (Tier 1)	
NUBEQA (TABLET)	\$0 (Tier 2)	PA
XTANDI (40 MG CAPSULE, 40 MG TABLET, 80 MG TABLET)	\$0 (Tier 2)	PA
Antiangiogenic Agents		
FOTIVDA (CAPSULE)	\$0 (Tier 2)	PA
lenalidomide (capsule)	\$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
POMALYST (CAPSULE)	\$0 (Tier 2)	PA
QINLOCK (TABLET)	\$0 (Tier 2)	PA
REVLIMID (CAPSULE)	\$0 (Tier 2)	PA
TABRECTA (TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
THALOMID (CAPSULE)	\$0 (Tier 2)	PA
Antiestrogens/Modifiers	3	
EMCYT (CAPSULE)	\$0 (Tier 2)	
SOLTAMOX (SOLUTION)	\$0 (Tier 2)	
tamoxifen citrate (tablet)	\$0 (Tier 1)	
toremifene citrate (tablet)	\$0 (Tier 1)	
Antimetabolites		
DROXIA (CAPSULE)	\$0 (Tier 2)	
hydroxyurea (capsule)	\$0 (Tier 1)	
mercaptopurine (tablet)	\$0 (Tier 1)	
nelarabine (vial)	\$0 (Tier 1)	
PURIXAN (ORAL SUSP)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TABLOID (TABLET)	\$0 (Tier 2)	
Antineoplastics, Other		
BESREMI (SYRINGE)	\$0 (Tier 2)	PA
GAVRETO (CAPSULE)	\$0 (Tier 2)	PA
IBRANCE (100 MG TABLET, 125 MG TABLET, 75 MG TABLET)	\$0 (Tier 2)	PA
IDHIFA (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
INREBIC (CAPSULE)	\$0 (Tier 2)	PA
KIMMTRAK (VIAL)	\$0 (Tier 2)	PA
KISQALI FEMARA CO- PACK (TABLET)	\$0 (Tier 2)	PA
LONSURF (TABLET)	\$0 (Tier 2)	PA
LUMAKRAS 120 MG TABLET	\$0 (Tier 2)	PA
NINLARO (CAPSULE)	\$0 (Tier 2)	PA
ONUREG (TABLET)	\$0 (Tier 2)	PA
OPDUALAG (VIAL)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEMAZYRE (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PHESGO (VIAL)	\$0 (Tier 2)	PA
RETEVMO (CAPSULE)	\$0 (Tier 2)	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	\$0 (Tier 2)	PA
RYLAZE (VIAL)	\$0 (Tier 2)	
SCEMBLIX 20 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	\$0 (Tier 2)	PA
SYNRIBO (VIAL)	\$0 (Tier 2)	PA
TAZVERIK (TABLET)	\$0 (Tier 2)	PA
TRUSELTIQ (CAPSULE)	\$0 (Tier 2)	PA
TUKYSA (TABLET)	\$0 (Tier 2)	PA
VONJO (CAPSULE)	\$0 (Tier 2)	PA
XPOVIO (TABLET)	\$0 (Tier 2)	PA
ZOLINZA (CAPSULE)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Aromatase Inhibitors, 3	rd Generation	
anastrozole (tablet)	\$0 (Tier 1)	
exemestane (tablet)	\$0 (Tier 1)	
letrozole (tablet)	\$0 (Tier 1)	
Molecular Target Inhibit	ors	
AFINITOR 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
AFINITOR DISPERZ (TAB SUSP)	\$0 (Tier 2)	PA
ALECENSA (CAPSULE)	\$0 (Tier 2)	PA
ALUNBRIG (180 MG TABLET, 90 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG-180 MG TAB PACK	\$0 (Tier 2)	PA, QL (60 PER 365 OVER TIME)
AYVAKIT (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
BALVERSA (TABLET)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET)	\$0 (Tier 2)	PA
BRAFTOVI 75 MG CAPSULE	\$0 (Tier 2)	PA
BRUKINSA (CAPSULE)	\$0 (Tier 2)	PA
CABOMETYX (TABLET)	\$0 (Tier 2)	PA
CALQUENCE (100 MG CAPSULE, 100 MG TABLET)	\$0 (Tier 2)	PA
CAPRELSA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	\$0 (Tier 2)	PA
COMETRIQ (CAPSULE)	\$0 (Tier 2)	PA
COPIKTRA (CAPSULE)	\$0 (Tier 2)	PA
COTELLIC (TABLET)	\$0 (Tier 2)	PA
DAURISMO (TABLET)	\$0 (Tier 2)	PA
ERIVEDGE (CAPSULE)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
erlotinib hcl (tablet)	\$0 (Tier 1)	PA
everolimus (10 mg tablet, 2.5 mg tablet, 5 mg tablet, 7.5 mg tablet)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
everolimus (2 mg tab for susp, 3 mg tab for susp)	\$0 (Tier 1)	PA
EXKIVITY (CAPSULE)	\$0 (Tier 2)	PA
FARYDAK (CAPSULE)	\$0 (Tier 2)	PA
GILOTRIF (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
IBRANCE (100 MG CAPSULE, 125 MG CAPSULE, 75 MG CAPSULE)	\$0 (Tier 2)	PA
ICLUSIG (10 MG TABLET, 15 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ICLUSIG (30 MG TABLET, 45 MG TABLET)	\$0 (Tier 2)	PA
imatinib mesylate (tablet)	\$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMBRUVICA (140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET, 70 MG CAPSULE, 70 MG/ML SUSPENSION)	\$0 (Tier 2)	PA
INLYTA (TABLET)	\$0 (Tier 2)	PA
INQOVI (TABLET)	\$0 (Tier 2)	PA
IRESSA (TABLET)	\$0 (Tier 2)	PA
JAKAFI (15 MG TABLET, 20 MG TABLET, 25 MG TABLET, 5 MG TABLET)	\$0 (Tier 2)	PA
JAKAFI 10 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
KISQALI (TABLET)	\$0 (Tier 2)	PA
KOSELUGO (CAPSULE)	\$0 (Tier 2)	PA
lapatinib (tablet)	\$0 (Tier 1)	PA
LENVIMA (CAPSULE)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LORBRENA (TABLET)	\$0 (Tier 2)	PA
LYNPARZA (TABLET)	\$0 (Tier 2)	PA
MEKINIST (0.5 MG TABLET, 2 MG TABLET)	\$0 (Tier 2)	PA
MEKTOVI (TABLET)	\$0 (Tier 2)	PA
NERLYNX (TABLET)	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
NEXAVAR (TABLET)	\$0 (Tier 2)	PA
ODOMZO (CAPSULE)	\$0 (Tier 2)	PA
PIQRAY (TABLET)	\$0 (Tier 2)	PA
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	\$0 (Tier 2)	PA
RUBRACA (TABLET)	\$0 (Tier 2)	PA
RYDAPT (CAPSULE)	\$0 (Tier 2)	PA
sorafenib (tablet)	\$0 (Tier 1)	PA
SPRYCEL (TABLET)	\$0 (Tier 2)	PA
STIVARGA (TABLET)	\$0 (Tier 2)	PA
sunitinib malate (capsule)	\$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUTENT (CAPSULE)	\$0 (Tier 2)	PA
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	\$0 (Tier 2)	PA
TAGRISSO 40 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TAGRISSO 80 MG TABLET	\$0 (Tier 2)	PA
TALZENNA (0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL)	\$0 (Tier 2)	PA
TASIGNA (CAPSULE)	\$0 (Tier 2)	PA
TEPMETKO (TABLET)	\$0 (Tier 2)	PA
TIBSOVO (TABLET)	\$0 (Tier 2)	PA
TURALIO 200 MG CAPSULE	\$0 (Tier 2)	PA
TYKERB (TABLET)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UKONIQ (TABLET)	\$0 (Tier 2)	PA
VENCLEXTA (TABLET)	\$0 (Tier 2)	PA
VENCLEXTA STARTING PACK (TAB DS PK)	\$0 (Tier 2)	PA
VERZENIO (TABLET)	\$0 (Tier 2)	PA
VITRAKVI (100 MG CAPSULE, 20 MG/ML SOLUTION, 25 MG CAPSULE)	\$0 (Tier 2)	PA
VIZIMPRO (TABLET)	\$0 (Tier 2)	PA
VOTRIENT (TABLET)	\$0 (Tier 2)	PA
WELIREG (TABLET)	\$0 (Tier 2)	PA
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	\$0 (Tier 2)	PA
XOSPATA (TABLET)	\$0 (Tier 2)	PA
ZEJULA 100 MG CAPSULE	\$0 (Tier 2)	PA
ZELBORAF (TABLET)	\$0 (Tier 2)	PA
ZYDELIG (TABLET)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYKADIA 150 MG TABLET	\$0 (Tier 2)	PA
Monoclonal Antibody/A	ntibody-Drug Conji	ugate
DANYELZA (VIAL)	\$0 (Tier 2)	PA
DARZALEX FASPRO (VIAL)	\$0 (Tier 2)	PA
JEMPERLI (VIAL)	\$0 (Tier 2)	PA
KANJINTI (VIAL)	\$0 (Tier 2)	PA
MONJUVI (VIAL)	\$0 (Tier 2)	PA
MVASI (VIAL)	\$0 (Tier 2)	PA
POLIVY (VIAL)	\$0 (Tier 2)	PA
RUXIENCE (VIAL)	\$0 (Tier 2)	PA
RYBREVANT (VIAL)	\$0 (Tier 2)	PA
SARCLISA (VIAL)	\$0 (Tier 2)	PA
TIVDAK (VIAL)	\$0 (Tier 2)	PA
TRAZIMERA (VIAL)	\$0 (Tier 2)	PA
TRODELVY (VIAL)	\$0 (Tier 2)	PA
ZIRABEV (VIAL)	\$0 (Tier 2)	PA
ZYNLONTA (VIAL)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Retinoids		
bexarotene (1% gel, 75 mg capsule)	\$0 (Tier 1)	PA
PANRETIN (GEL (GRAM))	\$0 (Tier 2)	
TARGRETIN 1% GEL	\$0 (Tier 2)	PA
tretinoin 10 mg capsule	\$0 (Tier 1)	
Treatment Adjuncts		
leucovorin calcium (10 mg tab, 15 mg tab, 25 mg tab, 500 mg vial)	\$0 (Tier 1)	
MESNEX 400 MG TABLET	\$0 (Tier 2)	

Antiparasitics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anthelmintics		
albendazole (tablet)	\$0 (Tier 1)	

Antiparasitics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ivermectin 3 mg tablet	\$0 (Tier 1)	PA
praziquantel (tablet)	\$0 (Tier 1)	
Antiprotozoals		
atovaquone (oral susp)	\$0 (Tier 1)	
atovaquone-proguanil hcl (tablet)	\$0 (Tier 1)	
benznidazole (tablet)	\$0 (Tier 1)	
chloroquine phosphate (tablet)	\$0 (Tier 1)	
COARTEM (TABLET)	\$0 (Tier 2)	
hydroxychloroquine sulfate (tablet)	\$0 (Tier 1)	
mefloquine hcl (tablet)	\$0 (Tier 1)	
nitazoxanide (tablet)	\$0 (Tier 1)	
pentamidine 300 mg inhal powdr	\$0 (Tier 1)	PA
pentamidine 300 mg inject vial	\$0 (Tier 1)	
primaquine (tablet)	\$0 (Tier 1)	
pyrimethamine (tablet)	\$0 (Tier 1)	PA

Antiparasitics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
quinine sulfate (capsule)	\$0 (Tier 1)	PA

Antiparkinson Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anticholinergics		
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	\$0 (Tier 1)	
trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)	\$0 (Tier 1)	
Antiparkinson Agents, Other		
entacapone (tablet)	\$0 (Tier 1)	
tolcapone (tablet)	\$0 (Tier 1)	
Dopamine Agonists		
bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)	\$0 (Tier 1)	

Antiparkinson Agents

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KYNMOBI (10 MG SL FILM, 15 MG SL FILM, 20 MG SL FILM, 25 MG SL FILM, 30 MG SL FILM)	\$0 (Tier 2)	PA, QL (150 PER 30 DAYS)
KYNMOBI TITRATION KIT	\$0 (Tier 2)	PA, QL (20 PER 365 OVER TIME)
NEUPRO (PATCH TD24)	\$0 (Tier 2)	ST
pramipexole dihydrochloride (tablet)	\$0 (Tier 1)	
ropinirole hcl (tablet)	\$0 (Tier 1)	
Dopamine Precursors a	nd/or L-Amino Acid	d Decarboxylase
carbidopa (tablet)	\$0 (Tier 1)	
carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa- levodopa 10-100 tab, carbidopa-levodopa 25- 100 tab, carbidopa- levodopa 25-250 tab)	\$0 (Tier 1)	

Antiparkinson Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbidopa-levodopa er (tablet er)	\$0 (Tier 1)	
INBRIJA (CAP W/DEV)	\$0 (Tier 2)	PA
RYTARY (CAPSULE ER)	\$0 (Tier 2)	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate (tablet)	\$0 (Tier 1)	
selegiline hcl (5 mg capsule, 5 mg tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
1st Generation/Typical		
chlorpromazine hcl (10 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluphenazine decanoate (vial)	\$0 (Tier 1)	
fluphenazine hcl (1 mg tablet, 10 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc)	\$0 (Tier 1)	
haloperidol (tablet)	\$0 (Tier 1)	
haloperidol decanoate (100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 50 mg/ml ampul, 50 mg/ml vial, 500 mg/5 ml vl)	\$0 (Tier 1)	
haloperidol decanoate 100 (ampul)	\$0 (Tier 1)	
haloperidol lactate (10 mg/5 ml cup, 2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 50 mg/10 ml vl)	\$0 (Tier 1)	
loxapine (capsule)	\$0 (Tier 1)	
molindone hcl (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
perphenazine (tablet)	\$0 (Tier 1)	
pimozide (tablet)	\$0 (Tier 1)	
thioridazine hcl (tablet)	\$0 (Tier 1)	
thiothixene (capsule)	\$0 (Tier 1)	
trifluoperazine hcl (tablet)	\$0 (Tier 1)	
2nd Generation/Atypica	I	
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	\$0 (Tier 2)	
aripiprazole (10 mg tablet, 15 mg tablet, 2 mg tablet, 20 mg tablet, 30 mg tablet, 5 mg tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
aripiprazole 1 mg/ml solution	\$0 (Tier 1)	QL (750 PER 30 DAYS)
aripiprazole odt (tab rapdis)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ARISTADA (SUSER SYR)	\$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		
ARISTADA INITIO (SUSER SYR)	\$0 (Tier 2)			
asenapine maleate (tab subl)	\$0 (Tier 1)	QL (60 PER 30 DAYS)		
CAPLYTA (CAPSULE)	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)		
FANAPT (1 MG TABLET, 10 MG TABLET, 12 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET)	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)		
FANAPT TITRATION PACK	\$0 (Tier 2)	ST, QL (8 PER 180 OVER TIME)		
INVEGA HAFYERA (SYRINGE)	\$0 (Tier 2)	ST		
INVEGA SUSTENNA (SYRINGE)	\$0 (Tier 2)			
INVEGA TRINZA (SYRINGE)	\$0 (Tier 2)			
LATUDA (120 MG TABLET, 20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)		

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LATUDA 80 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYBALVI (TABLET)	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	\$0 (Tier 2)	PA
olanzapine (10 mg tablet, 15 mg tablet, 2.5 mg tablet, 20 mg tablet, 5 mg tablet, 7.5 mg tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
olanzapine 10 mg vial	\$0 (Tier 1)	
olanzapine odt (tab rapdis)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
paliperidone er 6 mg tablet	\$0 (Tier 1)	QL (60 PER 30 DAYS)
PERSERIS (SUSER SYR)	\$0 (Tier 2)	
quetiapine er 200 mg tablet	\$0 (Tier 1)	QL (90 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	
quetiapine fumarate (100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab)	\$0 (Tier 1)	QL (90 PER 30 DAYS)	
quetiapine fumarate (300 mg tab, 400 mg tab)	\$0 (Tier 1)	QL (60 PER 30 DAYS)	
quetiapine fumarate er (er 150 mg tablet, er 300 mg tablet, er 400 mg tablet, er 50 mg tablet)	\$0 (Tier 1)	QL (60 PER 30 DAYS)	
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)	
RISPERDAL CONSTA (VIAL)	\$0 (Tier 2)		
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)	\$0 (Tier 1)	QL (60 PER 30 DAYS)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
risperidone 1 mg/ml solution	\$0 (Tier 1)	QL (240 PER 30 DAYS)
risperidone odt (tab rapdis)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
SECUADO (PATCH TD24)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	\$0 (Tier 2)	ST, QL (14 PER 365 OVER TIME)
ziprasidone hcl (capsule)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ziprasidone mesylate (vial)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ZYPREXA RELPREVV (VIAL)	\$0 (Tier 2)	
Treatment-Resistant		
clozapine (100 mg tablet, 25 mg tablet)	\$0 (Tier 1)	QL (270 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clozapine 200 mg tablet	\$0 (Tier 1)	QL (120 PER 30 DAYS)
clozapine 50 mg tablet	\$0 (Tier 1)	QL (180 PER 30 DAYS)
clozapine odt (100 mg tablet, 25 mg tablet)	\$0 (Tier 1)	QL (270 PER 30 DAYS)
clozapine odt 12.5 mg tablet	\$0 (Tier 1)	QL (90 PER 30 DAYS)
clozapine odt 150 mg tablet	\$0 (Tier 1)	QL (180 PER 30 DAYS)
clozapine odt 200 mg tablet	\$0 (Tier 1)	QL (120 PER 30 DAYS)
VERSACLOZ (ORAL SUSP)	\$0 (Tier 2)	QL (540 PER 30 DAYS)

Antispasticity Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antispasticity Agents		
baclofen (10 mg tablet, 20 mg tablet, 5 mg tablet)	\$0 (Tier 1)	

Antispasticity Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dantrolene sodium (100 mg cap, 25 mg cap, 50 mg cap)	\$0 (Tier 1)	
tizanidine hcl (2 mg tablet, 4 mg tablet)	\$0 (Tier 1)	

Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
APRETUDE (SUSER VIAL)	\$0 (Tier 2)		
BIKTARVY (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)	
CABENUVA (SUSER VIAL)	\$0 (Tier 2)		
DOVATO (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)	
GENVOYA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)	

Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 25 MG TABLET CHEW, 400 MG TABLET)	\$0 (Tier 2)	
ISENTRESS HD (TABLET)	\$0 (Tier 2)	
JULUCA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
STRIBILD (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TIVICAY (TABLET)	\$0 (Tier 2)	
TIVICAY PD (TAB SUSP)	\$0 (Tier 2)	
VOCABRIA (TABLET)	\$0 (Tier 2)	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DELSTRIGO (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EDURANT (TABLET)	\$0 (Tier 2)	
efavirenz (200 mg capsule, 50 mg capsule, 600 mg tablet)	\$0 (Tier 1)	
efavirenz-emtric-tenofov disop (tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
efavirenz-lamivu- tenofov disop (tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
etravirine (tablet)	\$0 (Tier 1)	
INTELENCE (TABLET)	\$0 (Tier 2)	
nevirapine (200 mg tablet, 50 mg/5 ml susp)	\$0 (Tier 1)	
nevirapine er (tab er 24h)	\$0 (Tier 1)	
PIFELTRO (TABLET)	\$0 (Tier 2)	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir (20 mg/ml solution, 300 mg tablet)	\$0 (Tier 1)	
abacavir-lamivudine (tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
abacavir-lamivudine- zidovudine (tablet)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
CIMDUO (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DESCOVY (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
emtricitabine (capsule)	\$0 (Tier 1)	
emtricitabine-tenofovir disop (tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	\$0 (Tier 2)	
lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)	\$0 (Tier 1)	
lamivudine-zidovudine (tablet)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ODEFSEY (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	\$0 (Tier 2)	
TEMIXYS (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tenofovir disoproxil fumarate (tablet)	\$0 (Tier 1)	
TRIUMEQ (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRIUMEQ PD (TAB SUSP)	\$0 (Tier 2)	QL (180 PER 30 DAYS)
TRIZIVIR (TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
VIDEX 2 GM PEDIATRIC SOLN	\$0 (Tier 2)	
VIDEX EC 125 MG CAPSULE	\$0 (Tier 2)	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	\$0 (Tier 2)	
zidovudine (100 mg capsule, 300 mg tablet, 50 mg/5 ml syrup)	\$0 (Tier 1)	
Anti-HIV Agents, Other		
FUZEON (VIAL)	\$0 (Tier 2)	
maraviroc (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RUKOBIA (TAB ER 12H)	\$0 (Tier 2)	
SELZENTRY (150 MG TABLET, 20 MG/ML ORAL SOLN, 25 MG TABLET, 300 MG TABLET, 75 MG TABLET)	\$0 (Tier 2)	
TROGARZO (VIAL)	\$0 (Tier 2)	
TYBOST (TABLET)	\$0 (Tier 2)	
Anti-HIV Agents, Protea	se Inhibitors (PI)	
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	\$0 (Tier 2)	
atazanavir sulfate (capsule)	\$0 (Tier 1)	
CRIXIVAN (CAPSULE)	\$0 (Tier 2)	
EVOTAZ (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
fosamprenavir calcium (tablet)	\$0 (Tier 1)	
INVIRASE (TABLET)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	\$0 (Tier 2)	
LEXIVA 50 MG/ML SUSPENSION	\$0 (Tier 2)	
Iopinavir-ritonavir (Iopinavir-ritonavir 80- 20mg/ml, Iopinavir- ritonavr 100-25mg tb, Iopinavir-ritonavr 200- 50mg tb)	\$0 (Tier 1)	
NORVIR (100 MG POWDER PACKET, 80 MG/ML SOLUTION)	\$0 (Tier 2)	
PREZCOBIX (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PREZISTA (100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 75 MG TABLET, 800 MG TABLET)	\$0 (Tier 2)	
REYATAZ 50 MG POWDER PACKET	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ritonavir (tablet)	\$0 (Tier 1)	
SYMTUZA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIRACEPT (TABLET)	\$0 (Tier 2)	
Anti-cytomegalovirus (C	CMV) Agents	
cidofovir (vial)	\$0 (Tier 1)	
ganciclovir sodium (500 mg vial, 500 mg/10 ml vial)	\$0 (Tier 1)	PA
LIVTENCITY (TABLET)	\$0 (Tier 2)	
PREVYMIS (240 MG TABLET, 240 MG/12 ML VIAL, 480 MG TABLET, 480 MG/24 ML VIAL)	\$0 (Tier 2)	
valganciclovir hcl (450 mg tablet, 50 mg/ml)	\$0 (Tier 1)	
Anti-hepatitis B (HBV) A	gents	
adefovir dipivoxil (tablet)	\$0 (Tier 1)	
BARACLUDE 0.05 MG/ML SOLUTION	\$0 (Tier 2)	QL (600 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
entecavir (tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	\$0 (Tier 2)	
lamivudine 100 mg tablet	\$0 (Tier 1)	
lamivudine hbv (tablet)	\$0 (Tier 1)	
VEMLIDY (TABLET)	\$0 (Tier 2)	
Anti-hepatitis C (HCV) A	gents	
MAVYRET 100-40 MG TABLET	\$0 (Tier 2)	QL (336 PER 365 OVER TIME)
MAVYRET 50-20 MG PELLET PACKET	\$0 (Tier 2)	QL (560 PER 365 OVER TIME)
ribavirin 200 mg tablet	\$0 (Tier 1)	
sofosbuvir-velpatasvir (tablet)	\$0 (Tier 1)	QL (84 PER 365 OVER TIME)
VOSEVI (TABLET)	\$0 (Tier 2)	QL (84 PER 365 OVER TIME)
Anti-influenza Agents		
amantadine (100 mg capsule, 100 mg/10 ml cup, 100 mg/10 ml soln, 50 mg/5 ml solution)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oseltamivir 6 mg/ml suspension	\$0 (Tier 1)	QL (1080 PER 365 OVER TIME)
oseltamivir phos 30 mg capsule	\$0 (Tier 1)	QL (168 PER 365 OVER TIME)
oseltamivir phos 45 mg capsule	\$0 (Tier 1)	QL (84 PER 365 OVER TIME)
oseltamivir phos 75 mg capsule	\$0 (Tier 1)	QL (110 PER 365 OVER TIME)
rimantadine hcl (tablet)	\$0 (Tier 1)	
XOFLUZA (20 MG TAB (40 MG DOSE), 40 MG TAB (80 MG DOSE), 40 MG TABLET)	\$0 (Tier 2)	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	\$0 (Tier 2)	QL (2 PER 365 OVER TIME)
Antiherpetic Agents		
acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)	\$0 (Tier 1)	
acyclovir sodium (1,000 mg/20 ml vial, 500 mg/10 ml vial)	\$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
famciclovir (tablet)	\$0 (Tier 1)	
valacyclovir (tablet)	\$0 (Tier 1)	QL (120 PER 30 DAYS)

Anxiolytics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	
Anxiolytics, Other			
buspirone hcl (tablet)	\$0 (Tier 1)		
hydroxyzine pamoate (capsule)	\$0 (Tier 1)		
Benzodiazepines	Benzodiazepines		
alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)	\$0 (Tier 1)	QL (120 PER 30 DAYS)	
alprazolam 2 mg tablet	\$0 (Tier 1)	QL (150 PER 30 DAYS)	
chlordiazepoxide 10 mg capsule	\$0 (Tier 1)	QL (900 PER 30 DAYS)	
chlordiazepoxide 25 mg capsule	\$0 (Tier 1)	QL (360 PER 30 DAYS)	

Anxiolytics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
chlordiazepoxide 5 mg capsule	\$0 (Tier 1)	QL (120 PER 30 DAYS)
clorazepate 15 mg tablet	\$0 (Tier 1)	QL (180 PER 30 DAYS)
clorazepate 3.75 mg tablet	\$0 (Tier 1)	QL (720 PER 30 DAYS)
clorazepate 7.5 mg tablet	\$0 (Tier 1)	QL (360 PER 30 DAYS)
diazepam (10 mg/2 ml carpuject, 10 mg/2 ml syringe, 25 mg/5 ml oral conc, 5 mg/5 ml oral cup, 5 mg/5 ml solution, 5 mg/ml oral conc, 50 mg/10 ml vial)	\$0 (Tier 1)	
diazepam 10 mg tablet	\$0 (Tier 1)	QL (120 PER 30 DAYS)
diazepam 2 mg tablet	\$0 (Tier 1)	QL (300 PER 30 DAYS)
diazepam 5 mg tablet	\$0 (Tier 1)	QL (240 PER 30 DAYS)
lorazepam (0.5 mg tablet, 1 mg tablet)	\$0 (Tier 1)	QL (90 PER 30 DAYS)

Anxiolytics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lorazepam 2 mg tablet	\$0 (Tier 1)	QL (150 PER 30 DAYS)
lorazepam 2 mg/ml oral concent	\$0 (Tier 1)	
lorazepam intensol (oral conc)	\$0 (Tier 1)	

Bipolar Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Mood Stabilizers		
lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)	\$0 (Tier 1)	
lithium carbonate er (tablet er)	\$0 (Tier 1)	
lithium citrate (solution)	\$0 (Tier 1)	
valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antidiabetic Agents		
acarbose (tablet)	\$0 (Tier 1)	
CYCLOSET (TABLET)	\$0 (Tier 2)	
FARXIGA (TABLET)	\$0 (Tier 2)	
glimepiride (tablet)	\$0 (Tier 1)	
glipizide (10 mg tablet, 5 mg tablet)	\$0 (Tier 1)	
glipizide er (tab er 24)	\$0 (Tier 1)	
glipizide xl (tab er 24)	\$0 (Tier 1)	
glipizide-metformin (tablet)	\$0 (Tier 1)	
glyburide (tablet)	\$0 (Tier 1)	
glyburide-metformin hcl (tablet)	\$0 (Tier 1)	
GLYXAMBI (TABLET)	\$0 (Tier 2)	
JANUMET (TABLET)	\$0 (Tier 2)	
JANUMET XR (TBMP 24HR)	\$0 (Tier 2)	
JANUVIA (TABLET)	\$0 (Tier 2)	
JARDIANCE (TABLET)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JENTADUETO (TABLET)	\$0 (Tier 2)	
JENTADUETO XR (TAB BP 24H)	\$0 (Tier 2)	
metformin hcl (1,000 mg tablet, 500 mg tablet, 850 mg tablet)	\$0 (Tier 1)	
metformin hcl er (tab er 24h)	\$0 (Tier 1)	
MOUNJARO (PEN INJCTR)	\$0 (Tier 2)	QL (2 PER 28 DAYS)
nateglinide (tablet)	\$0 (Tier 1)	
OZEMPIC (1 MG/DOSE (2 MG/1.5ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	\$0 (Tier 2)	QL (3 PER 28 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN	\$0 (Tier 2)	QL (1.5 PER 28 DAYS)
pioglitazone hcl (tablet)	\$0 (Tier 1)	
pioglitazone-metformin (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
repaglinide (tablet)	\$0 (Tier 1)	
RYBELSUS (14 MG TABLET, 7 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RYBELSUS 3 MG TABLET	\$0 (Tier 2)	QL (60 PER 365 OVER TIME)
SOLIQUA 100-33 (INSULN PEN)	\$0 (Tier 2)	
SYMLINPEN 120 (PEN INJCTR)	\$0 (Tier 2)	PA
SYMLINPEN 60 (PEN INJCTR)	\$0 (Tier 2)	PA
SYNJARDY (TABLET)	\$0 (Tier 2)	
SYNJARDY XR (TAB BP 24H)	\$0 (Tier 2)	
TRADJENTA (TABLET)	\$0 (Tier 2)	
TRIJARDY XR (TAB BP 24H)	\$0 (Tier 2)	
TRULICITY (PEN INJCTR)	\$0 (Tier 2)	QL (2 PER 28 DAYS)
VICTOZA 2-PAK (PEN INJCTR)	\$0 (Tier 2)	QL (9 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VICTOZA 3-PAK (PEN INJCTR)	\$0 (Tier 2)	QL (9 PER 30 DAYS)
XIGDUO XR (TAB BP 24H)	\$0 (Tier 2)	
Glycemic Agents		
BAQSIMI (SPRAY)	\$0 (Tier 2)	
diazoxide (oral susp)	\$0 (Tier 1)	
GLUCAGEN (VIAL)	\$0 (Tier 2)	ST
glucagon emergency kit ((vial), 1 mg kit)	\$0 (Tier 2)	
GVOKE (VIAL)	\$0 (Tier 2)	
GVOKE HYPOPEN 1- PACK (AUTO INJCT)	\$0 (Tier 2)	
GVOKE HYPOPEN 2- PACK (AUTO INJCT)	\$0 (Tier 2)	
GVOKE PFS 1-PACK SYRINGE (SYRINGE)	\$0 (Tier 2)	
GVOKE PFS 2-PACK SYRINGE (SYRINGE)	\$0 (Tier 2)	
Insulins		
HUMALOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMALOG JUNIOR KWIKPEN (INS PEN HF)	\$0 (Tier 2)	
HUMALOG KWIKPEN U-100 (INSULN PEN)	\$0 (Tier 2)	
HUMALOG KWIKPEN U-200 (INSULN PEN)	\$0 (Tier 2)	
HUMALOG MIX 50-50 (VIAL)	\$0 (Tier 2)	
HUMALOG MIX 50-50 KWIKPEN (INSULN PEN)	\$0 (Tier 2)	
HUMALOG MIX 75-25 (VIAL)	\$0 (Tier 2)	
HUMALOG MIX 75-25 KWIKPEN (INSULN PEN)	\$0 (Tier 2)	
HUMULIN 70-30 (VIAL)	\$0 (Tier 2)	
HUMULIN 70/30 KWIKPEN (INSULN PEN)	\$0 (Tier 2)	
HUMULIN N (VIAL)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMULIN N KWIKPEN (INSULN PEN)	\$0 (Tier 2)	
HUMULIN R (VIAL)	\$0 (Tier 2)	
HUMULIN R U-500 (VIAL)	\$0 (Tier 2)	
HUMULIN R U-500 KWIKPEN (INSULN PEN)	\$0 (Tier 2)	
INSULIN LISPRO (VIAL)	\$0 (Tier 2)	
INSULIN LISPRO JUNIOR KWIKPEN (INS PEN HF)	\$0 (Tier 2)	
INSULIN LISPRO KWIKPEN U-100 (INSULN PEN)	\$0 (Tier 2)	
INSULIN LISPRO PROTAMINE MIX (INSULN PEN)	\$0 (Tier 2)	
LANTUS (VIAL)	\$0 (Tier 2)	
LANTUS SOLOSTAR (INSULN PEN)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEVEMIR (VIAL)	\$0 (Tier 2)	
LEVEMIR FLEXTOUCH (INSULN PEN)	\$0 (Tier 2)	
LYUMJEV (VIAL)	\$0 (Tier 2)	
LYUMJEV KWIKPEN U-100 (INSULN PEN)	\$0 (Tier 2)	
LYUMJEV KWIKPEN U-200 (INSULN PEN)	\$0 (Tier 2)	
TOUJEO MAX SOLOSTAR (INSULN PEN)	\$0 (Tier 2)	
TOUJEO SOLOSTAR (INSULN PEN)	\$0 (Tier 2)	
TRESIBA (VIAL)	\$0 (Tier 2)	
TRESIBA FLEXTOUCH U-100 (INSULN PEN)	\$0 (Tier 2)	
TRESIBA FLEXTOUCH U-200 (INSULN PEN)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anticoagulants		
ELIQUIS 2.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
ELIQUIS DVT-PE TREAT START 5MG	\$0 (Tier 2)	QL (148 PER 365 OVER TIME)
enoxaparin sodium (100 mg/ml syr, 120 mg/0.8 ml syr, 150 mg/ml syr, 30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr)	\$0 (Tier 1)	QL (28 PER 90 OVER TIME)
enoxaparin sodium 300 mg/3 ml vial	\$0 (Tier 1)	QL (105 PER 90 OVER TIME)
fondaparinux 10 mg/0.8 ml syr	\$0 (Tier 1)	QL (28 PER 90 OVER TIME)
fondaparinux 2.5 mg/0.5 ml syr	\$0 (Tier 1)	QL (17.5 PER 90 OVER TIME)
fondaparinux 5 mg/0.4 ml syr	\$0 (Tier 1)	QL (14 PER 90 OVER TIME)
fondaparinux 7.5 mg/0.6 ml syr	\$0 (Tier 1)	QL (21 PER 90 OVER TIME)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR)	\$0 (Tier 2)	QL (7 PER 90 OVER TIME)
FRAGMIN 10,000 UNIT/ML SYRINGE	\$0 (Tier 2)	QL (35 PER 90 OVER TIME)
FRAGMIN 12,500 UNIT/0.5 ML SYR	\$0 (Tier 2)	QL (17.5 PER 90 OVER TIME)
FRAGMIN 15,000 UNIT/0.6 ML SYR	\$0 (Tier 2)	QL (21 PER 90 OVER TIME)
FRAGMIN 18,000 UNIT/0.72 ML	\$0 (Tier 2)	QL (25.3 PER 90 OVER TIME)
FRAGMIN 7,500 UNIT/0.3 ML SYR	\$0 (Tier 2)	QL (10.5 PER 90 OVER TIME)
FRAGMIN 95,000 UNIT/3.8 ML VL	\$0 (Tier 2)	QL (22.8 PER 90 OVER TIME)
heparin sodium (5,000 unit/ml carpujct, 50,000 unit/10 ml vial, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial)	\$0 (Tier 1)	
jantoven (tablet)	\$0 (Tier 1)	
warfarin sodium (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XARELTO (10 MG TABLET, 20 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
XARELTO (15 MG TABLET, 2.5 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	\$0 (Tier 2)	QL (102 PER 365 OVER TIME)
Blood Products and Mo	difiers, Other	
anagrelide hcl (capsule)	\$0 (Tier 1)	
NEULASTA (SYRINGE)	\$0 (Tier 2)	PA
NEULASTA ONPRO (SYR W/ INJ)	\$0 (Tier 2)	PA
OXBRYTA 300 MG TABLET FOR SUSP	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
PROCRIT (VIAL)	\$0 (Tier 2)	PA
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PYRUKYND (20 MG TABLET, 20 MG TAPER PACK, 5 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
PYRUKYND (20-5 MG TAPER PACK, 50-20 MG TAPER PACK)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PYRUKYND (5 MG PACK, 20-5 MG PACK, 50-20 MG PACK)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PYRUKYND (50 MG TABLET, 50 MG TAPER PACK)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
PYRUKYND 5 MG TAPER PACK	\$0 (Tier 2)	
UDENYCA (SYRINGE)	\$0 (Tier 2)	PA
ZARXIO (SYRINGE)	\$0 (Tier 2)	
Hemostasis Agents		
phytonadione 10 mg/ml ampul	\$0 (Tier 1)	*
tranexamic acid 650 mg tablet	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin k1 (ampul)	\$0 (Tier 1)	*
Platelet Modifying Agen	ts	
aspirin-dipyridamole er (cpmp 12hr)	\$0 (Tier 1)	
BRILINTA (TABLET)	\$0 (Tier 2)	
CABLIVI 11 MG KIT	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
cilostazol (tablet)	\$0 (Tier 1)	
clopidogrel (tablet)	\$0 (Tier 1)	
prasugrel hcl (tablet)	\$0 (Tier 1)	
TAVALISSE (TABLET)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Alpha-adrenergic Agonists		
clonidine (patch tdwk)	\$0 (Tier 1)	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
droxidopa (capsule)	\$0 (Tier 1)	PA
guanfacine hcl (tablet)	\$0 (Tier 1)	
methyldopa (tablet)	\$0 (Tier 1)	
midodrine hcl (tablet)	\$0 (Tier 1)	
Alpha-adrenergic Block	ing Agents	
prazosin hcl (capsule)	\$0 (Tier 1)	
terazosin hcl (capsule)	\$0 (Tier 1)	
Angiotensin II Receptor	Antagonists	
candesartan cilexetil (tablet)	\$0 (Tier 1)	
eprosartan mesylate (tablet)	\$0 (Tier 1)	
irbesartan (tablet)	\$0 (Tier 1)	
losartan potassium (tablet)	\$0 (Tier 1)	
olmesartan medoxomil (tablet)	\$0 (Tier 1)	
telmisartan (tablet)	\$0 (Tier 1)	
valsartan (160 mg tablet, 320 mg tablet, 40 mg tablet, 80 mg tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Angiotensin-converting	Enzyme (ACE) Inh	ibitors
benazepril hcl (tablet)	\$0 (Tier 1)	
captopril (tablet)	\$0 (Tier 1)	
enalapril maleate (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tablet)	\$0 (Tier 1)	
fosinopril sodium (tablet)	\$0 (Tier 1)	
lisinopril (tablet)	\$0 (Tier 1)	
moexipril hcl (tablet)	\$0 (Tier 1)	
perindopril erbumine (tablet)	\$0 (Tier 1)	
quinapril hcl (tablet)	\$0 (Tier 1)	
ramipril (capsule)	\$0 (Tier 1)	
trandolapril (tablet)	\$0 (Tier 1)	
Antiarrhythmics		
amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)	\$0 (Tier 1)	
digitek (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
digox (tablet)	\$0 (Tier 1)	
digoxin (0.05 mg/ml solution, 0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet, 62.5 mcg tablet)	\$0 (Tier 1)	
disopyramide phosphate (capsule)	\$0 (Tier 1)	
dofetilide (capsule)	\$0 (Tier 1)	
flecainide acetate (tablet)	\$0 (Tier 1)	
mexiletine hcl (capsule)	\$0 (Tier 1)	
PACERONE (100 MG TABLET, 400 MG TABLET)	\$0 (Tier 2)	
pacerone 200 mg tablet	\$0 (Tier 1)	
propafenone hcl (tablet)	\$0 (Tier 1)	
propafenone hcl er (cap er 12h)	\$0 (Tier 1)	
quinidine gluc er 324 mg tab	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
quinidine sulfate (tablet)	\$0 (Tier 1)	
sorine (tablet)	\$0 (Tier 1)	
sotalol (tablet)	\$0 (Tier 1)	
sotalol af (tablet)	\$0 (Tier 1)	
Beta-adrenergic Blockir	ng Agents	
acebutolol hcl (capsule)	\$0 (Tier 1)	
atenolol (tablet)	\$0 (Tier 1)	
betaxolol hcl (10 mg tablet, 20 mg tablet)	\$0 (Tier 1)	
bisoprolol fumarate (tablet)	\$0 (Tier 1)	
BYSTOLIC (TABLET)	\$0 (Tier 2)	
carvedilol (tablet)	\$0 (Tier 1)	
carvedilol er (cpmp 24hr)	\$0 (Tier 1)	
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)	\$0 (Tier 1)	
metoprolol succinate (tab er 24h)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metoprolol tartrate (100 mg tab, 25 mg tab, 50 mg tab)	\$0 (Tier 1)	
nadolol (tablet)	\$0 (Tier 1)	
nebivolol hcl (tablet)	\$0 (Tier 1)	
pindolol (tablet)	\$0 (Tier 1)	
propranolol hcl (10 mg tablet, 20 mg tablet, 40 mg tablet, 60 mg tablet, 80 mg tablet)	\$0 (Tier 1)	
propranolol hcl er (cap sa 24h)	\$0 (Tier 1)	
Calcium Channel Blocki	ing Agents, Dihydro	opyridines
amlodipine besylate (tablet)	\$0 (Tier 1)	
felodipine er (tab er 24h)	\$0 (Tier 1)	
nicardipine hcl (20 mg capsule, 30 mg capsule)	\$0 (Tier 1)	
nifedipine er (tab er 24, tablet er)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nimodipine (capsule)	\$0 (Tier 1)	
NYMALIZE (30 MG/10 ML SOLUTION, 30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN, 60 MG/10 ML SOLUTION, 60 MG/20 ML SOLUTION)	\$0 (Tier 2)	
Calcium Channel Blocki	ng Agents, Nondih	ydropyridines
cartia xt (cap er 24h)	\$0 (Tier 1)	
dilt-xr (cap er deg)	\$0 (Tier 1)	
diltiazem 12hr er (cap er 12h)	\$0 (Tier 1)	
diltiazem 24hr er (cap sa 24h)	\$0 (Tier 1)	
diltiazem 24hr er (cd) (cap er 24h)	\$0 (Tier 1)	
diltiazem 24hr er (la) (24h er(la) 180 mg tb, 24h er(la) 240 mg tb, 24h er(la) 300 mg tb, 24h er(la) 360 mg tb, 24h er(la) 420 mg tb)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diltiazem 24hr er (xr) (cap er deg)	\$0 (Tier 1)	
diltiazem hcl (120 mg tablet, 30 mg tablet, 60 mg tablet, 90 mg tablet)	\$0 (Tier 1)	
matzim la (tab er 24h)	\$0 (Tier 1)	
taztia xt (cap sa 24h)	\$0 (Tier 1)	
tiadylt er (cap sa 24h)	\$0 (Tier 1)	
verapamil er (120 mg capsule, 120 mg tablet, 180 mg capsule, 180 mg tablet, 240 mg capsule, 240 mg tablet)	\$0 (Tier 1)	
verapamil hcl (120 mg tablet, 40 mg tablet, 80 mg tablet)	\$0 (Tier 1)	
verapamil sr (cap24h pel)	\$0 (Tier 1)	
Cardiovascular Agents, Other		
acetazolamide (tablet)	\$0 (Tier 1)	
aliskiren (tablet)	\$0 (Tier 1)	
amiloride- hydrochlorothiazide (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amlodipine besylate- benazepril (capsule)	\$0 (Tier 1)	
amlodipine-atorvastatin (tablet)	\$0 (Tier 1)	
amlodipine-valsartan (tablet)	\$0 (Tier 1)	
amlodipine-valsartan- hctz (tablet)	\$0 (Tier 1)	
atenolol-chlorthalidone (tablet)	\$0 (Tier 1)	
benazepril- hydrochlorothiazide (tablet)	\$0 (Tier 1)	
bisoprolol- hydrochlorothiazide (tablet)	\$0 (Tier 1)	
CAMZYOS (CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
candesartan- hydrochlorothiazid (tablet)	\$0 (Tier 1)	
captopril- hydrochlorothiazide (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	\$0 (Tier 2)	PA, QL (450 PER 30 DAYS)
enalapril- hydrochlorothiazide (tablet)	\$0 (Tier 1)	
ENTRESTO (TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
fosinopril- hydrochlorothiazide (tablet)	\$0 (Tier 1)	
icosapent ethyl (0.5 gm capsule, 500 mg capsule)	\$0 (Tier 1)	PA
irbesartan- hydrochlorothiazide (tablet)	\$0 (Tier 1)	
lisinopril- hydrochlorothiazide (tablet)	\$0 (Tier 1)	
losartan- hydrochlorothiazide (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metyrosine (capsule)	\$0 (Tier 1)	
olmesartan- hydrochlorothiazide (tablet)	\$0 (Tier 1)	
pentoxifylline (tablet er)	\$0 (Tier 1)	
quinapril- hydrochlorothiazide (tablet)	\$0 (Tier 1)	
ranolazine er (tab er 12h)	\$0 (Tier 1)	
spironolactone-hctz (tablet)	\$0 (Tier 1)	
telmisartan- hydrochlorothiazid (tablet)	\$0 (Tier 1)	
trandolapril-verapamil er (tab bp 24h)	\$0 (Tier 1)	
triamterene- hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)	\$0 (Tier 1)	
valsartan- hydrochlorothiazide (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VYNDAMAX (CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
Diuretics, Loop		
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)	\$0 (Tier 1)	
furosemide (10 mg/ml solution, 100 mg/10 ml syring, 100 mg/10 ml vial, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet)	\$0 (Tier 1)	
torsemide (tablet)	\$0 (Tier 1)	
Diuretics, Potassium-sparing		
amiloride hcl (tablet)	\$0 (Tier 1)	
eplerenone (tablet)	\$0 (Tier 1)	
spironolactone (100 mg tablet, 25 mg tablet, 50 mg tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use		
Diuretics, Thiazide				
chlorthalidone (tablet)	\$0 (Tier 1)			
DIURIL (ORAL SUSP)	\$0 (Tier 2)			
hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)	\$0 (Tier 1)			
indapamide (tablet)	\$0 (Tier 1)			
METHADOSE (ORAL CONC)	\$0 (Tier 2)	QLC (Subject to Opioid Safety Edits)		
metolazone (tablet)	\$0 (Tier 1)			
Dyslipidemics, Fibric Acid Derivatives				
fenofibrate (134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule)	\$0 (Tier 1)			
fenofibric acid (dr 135 mg cap, dr 45 mg cap)	\$0 (Tier 1)			
gemfibrozil (tablet)	\$0 (Tier 1)			

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use		
Dyslipidemics, HMG CoA Reductase Inhibitors				
atorvastatin calcium (tablet)	\$0 (Tier 1)			
fluvastatin er (tab er 24h)	\$0 (Tier 1)			
fluvastatin sodium (capsule)	\$0 (Tier 1)			
LIVALO (TABLET)	\$0 (Tier 2)	ST		
lovastatin (tablet)	\$0 (Tier 1)			
pravastatin sodium (tablet)	\$0 (Tier 1)			
rosuvastatin calcium (tablet)	\$0 (Tier 1)			
simvastatin (tablet)	\$0 (Tier 1)			
Dyslipidemics, Other				
cholestyramine (packet, powder)	\$0 (Tier 1)			
cholestyramine light (packet, powder)	\$0 (Tier 1)			
colestipol hcl (1 gm tablet, granules, granules packet)	\$0 (Tier 1)			

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ezetimibe (tablet)	\$0 (Tier 1)	
ezetimibe-simvastatin (tablet)	\$0 (Tier 1)	
icosapent ethyl 1 gram capsule	\$0 (Tier 1)	PA
JUXTAPID (10 MG CAPSULE, 5 MG CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
niacin er (tab er 24h)	\$0 (Tier 1)	
omega-3 acid ethyl esters (capsule)	\$0 (Tier 1)	
prevalite (packet, powder)	\$0 (Tier 1)	
REPATHA PUSHTRONEX (WEAR INJCT)	\$0 (Tier 2)	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK (PEN INJCTR)	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)
REPATHA SYRINGE (SYRINGE)	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
triklo (capsule)	\$0 (Tier 1)	
Vasodilators, Direct-act	ing Arterial	
hydralazine hcl (10 mg tablet, 100 mg tablet, 25 mg tablet, 50 mg tablet)	\$0 (Tier 1)	
minoxidil (10 mg tablet, 2.5 mg tablet)	\$0 (Tier 1)	
Vasodilators, Direct-act	ing Arterial/Venous	
isosorbide dinitrate (10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab)	\$0 (Tier 1)	
isosorbide mononitrate (tablet)	\$0 (Tier 1)	
isosorbide mononitrate er (tab er 24h)	\$0 (Tier 1)	
minitran (patch td24)	\$0 (Tier 1)	
NITRO-BID (OINT. (G))	\$0 (Tier 2)	
nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.6 mg tablet sl)	\$0 (Tier 1)	
nitroglycerin patch (patch td24)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Attention Deficit Hypera Amphetamines	activity Disorder Ag	jents,
dextroamphetamine 10 mg tab	\$0 (Tier 1)	QL (180 PER 30 DAYS)
dextroamphetamine 5 mg tab	\$0 (Tier 1)	QL (90 PER 30 DAYS)
dextroamphetamine er 10 mg cap	\$0 (Tier 1)	QL (180 PER 30 DAYS)
dextroamphetamine er 15 mg cap	\$0 (Tier 1)	QL (120 PER 30 DAYS)
dextroamphetamine er 5 mg cap	\$0 (Tier 1)	QL (60 PER 30 DAYS)
dextroamphetamine- amphet er (er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap, er 5 mg cap)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
dextroamphetamine- amphetamine (tablet)	\$0 (Tier 1)	QL (90 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Attention Deficit Hypera amphetamines	ctivity Disorder Ag	ents, Non-
atomoxetine hcl (100 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
atomoxetine hcl 10 mg capsule	\$0 (Tier 1)	QL (60 PER 30 DAYS)
clonidine hcl er 0.1 mg tablet	\$0 (Tier 1)	
guanfacine hcl er (tab er 24h)	\$0 (Tier 1)	
methylphenidate 5 mg/5 ml soln	\$0 (Tier 1)	
methylphenidate er (18 mg tab, 27 mg tab, 54 mg tab, 72 mg tab)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
methylphenidate er 36 mg tab	\$0 (Tier 1)	QL (60 PER 30 DAYS)
methylphenidate hcl (10 mg tablet, 20 mg tablet, 5 mg tablet)	\$0 (Tier 1)	QL (90 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Central Nervous System	n, Other	
8 hour acetaminophen (tablet er)	\$0 (Tier 1)	*
8 hour pain relief (gnp 650 mg, ra 650 mg, sm 650 mg)	\$0 (Tier 1)	*
8hr arthritis pain (tablet er)	\$0 (Tier 1)	*
8hr arthritis pain relief (tablet er)	\$0 (Tier 1)	*
8hr muscle aches-pain (tablet er)	\$0 (Tier 1)	*

	What the drug	Necessary actions,
Name of drug	will cost you (tier level)	restrictions, or limits on use
acetaminophen (120 mg suppos, 160 mg/5 ml sol, 325 mg gelcap, 325 mg tablet, 325 mg/10.15 ml, 500 mg caplet, 500 mg softgel, 500 mg tablet, 650 mg suppos, 650 mg/20.3 ml, 650mg/20.3ml cup, cvs 325 mg gelcp, cvs 500 mg cplt, cvs 500 mg gelcp, cvs 500 mg gelcp, cvs 500 mg tablet, eq 500 mg gelcap, eq 500 mg tablet, eql 500 mg gelcp, eql 500 mg tab, gnp 325 mg gelcp, gnp 500 mg tab, kro 500 mg cplt, kro 500 mg cplt, kro 500 mg caplet, ra 500 mg caplet, ra 500 mg gelcap, ra 500 mg tablet)	\$0 (Tier 1)	*
acetaminophen 8 hour (tablet er)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetaminophen er (tablet er)	\$0 (Tier 1)	*
arthritis pain (eq er 650 mg, gs er 650 mg)	\$0 (Tier 1)	*
arthritis pain relief (arthritis er 650 mg caplt, arthritis relf er 650 mg, cvs arthrit rlf er 650 mg, eql arthrit rlf er 650 mg, hm arthrit rlf er 650 mg, hm arthritis er 650 mg, kro arthritis er 650 mg, qc arthritis er 650 mg, ra arthritis er 650 mg, sm arthritis relf er 650)	\$0 (Tier 1)	*
AUSTEDO (TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
butalb-acetamin-caff 50- 325-40	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
children's pain relief (160 mg/5 ml sus, cvs 160 mg/5 ml, hm 160 mg/5 ml, kro 160 mg/5 ml, pub 160 mg/5 ml, qc 160 mg/5 ml)	\$0 (Tier 1)	*
children's pain-fever (child pain-fever 160 mg/5 ml, cvs child pain-fever 160 mg/5, eq chld pain-fever 160 mg/5 ml, gnp child pain-fever 160 mg/5, gs child fever-pain 160 mg/5ml, gs child pain-fever 160 mg/5 ml, kro child pain-fever 160 mg/5, sm chld pain-fever 160 mg/5, sm chld pain-fever 160 mg/5 ml)	\$0 (Tier 1)	*
ed-apap (liquid)	\$0 (Tier 1)	*
EXSERVAN (FILM)	\$0 (Tier 2)	PA
FEVERALL (SUPP.RECT)	\$0 (Tier 2)	*
infant pain relief (oral susp)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
infant pain-fever (oral susp)	\$0 (Tier 1)	*
infants' acetaminophen (oral susp)	\$0 (Tier 1)	*
infants' pain relief (oral susp)	\$0 (Tier 1)	*
infants' pain reliever (hm 160 mg/5 ml, sm 160 mg/5 ml)	\$0 (Tier 1)	*
infants' pain-fever (cvs infant 160 mg/5, eq infant 160 mg/5, gs infant 160 mg/5, hm infant 160 mg/5, infant 160 mg/5 ml, infants 160 mg/5 ml, kro infant 160 mg/5, sm infant 160 mg/5)	\$0 (Tier 1)	*
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
m-pap (liquid)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mapap (500 mg capsule, 500 mg/15 ml liquid)	\$0 (Tier 1)	*
mapap arthritis pain (tablet er)	\$0 (Tier 1)	*
non-aspirin pain relief (tablet)	\$0 (Tier 1)	*
NUEDEXTA (CAPSULE)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pain relief extra strength (tablet)	\$0 (Tier 1)	*
pain reliever (325 mg tablet, 500 mg gelcap, 500 mg tablet, cvs 500 mg cplt, eq 325 mg tablet, eq 500 mg caplet, gnp 325 mg tab, gnp 500 mg caplt, gnp 500 mg tablet, sm 325 mg tablet, sm 325 mg tablet, sm 500 mg caplet, sm 500 mg gelcap, sm 500 mg tablet, sm er 650 mg)	\$0 (Tier 1)	*
pharbetol (tablet)	\$0 (Tier 1)	*
RADICAVA ORS 105 MG/5 ML SUSP	\$0 (Tier 2)	PA, QL (50 PER 28 DAYS)
RADICAVA ORS STARTER KIT SUSP	\$0 (Tier 2)	PA
riluzole (tablet)	\$0 (Tier 1)	PA
silapap (liquid)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sm arthritis pain er 650 mg tb	\$0 (Tier 1)	*
tension headache (tablet)	\$0 (Tier 1)	*
tension headache relief (tablet)	\$0 (Tier 1)	*
tetrabenazine (tablet)	\$0 (Tier 1)	PA
Fibromyalgia Agents		
pregabalin (100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)	\$0 (Tier 1)	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	\$0 (Tier 1)	QL (900 PER 30 DAYS)
pregabalin 300 mg capsule	\$0 (Tier 1)	QL (60 PER 30 DAYS)
SAVELLA (100 MG TABLET, 12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SAVELLA TITRATION PACK	\$0 (Tier 2)	QL (110 PER 365 OVER TIME)
Multiple Sclerosis Agen	ts	
AVONEX PEN (PEN IJ KIT)	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS)
AVONEX PREFILLED SYR 30 MCG KT	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS)
BAFIERTAM (CAPSULE DR)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
BETASERON 0.3 MG KIT	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
dalfampridine er (tab er 12h)	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
dimethyl fumarate 30d start pk	\$0 (Tier 1)	PA, QL (120 PER 365 OVER TIME)
EXTAVIA 0.3 MG KIT	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
fingolimod (capsule)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GILENYA (CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
glatiramer 20 mg/ml syringe	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
glatiramer 40 mg/ml syringe	\$0 (Tier 1)	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN (PEN INJCTR)	\$0 (Tier 2)	PA, QL (0.4 PER 28 DAYS)
MAYZENT (1 MG TABLET, 2 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	\$0 (Tier 2)	PA, QL (14 PER 365 OVER TIME)
MAYZENT 0.25MG START-2MG MAINT	\$0 (Tier 2)	PA, QL (24 PER 365 OVER TIME)
OCREVUS (VIAL)	\$0 (Tier 2)	PA, QL (40 PER 365 OVER TIME)
PLEGRIDY 125 MCG/0.5 ML PEN	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
PLEGRIDY 125 MCG/0.5 ML SYRING	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PLEGRIDY PEN INJ STARTER PACK	\$0 (Tier 2)	PA, QL (2 PER 365 OVER TIME)
PLEGRIDY SYRINGE STARTER PACK	\$0 (Tier 2)	PA, QL (4 PER 365 OVER TIME)
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	\$0 (Tier 2)	PA, QL (6 PER 28 DAYS)
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	\$0 (Tier 2)	PA, QL (6 PER 28 DAYS)
REBIF REBIDOSE TITRATION PACK	\$0 (Tier 2)	PA, QL (8.4 PER 365 OVER TIME)
REBIF TITRATION PACK	\$0 (Tier 2)	PA, QL (8.4 PER 365 OVER TIME)
TYSABRI (VIAL)	\$0 (Tier 2)	PA
VUMERITY (CAPSULE DR)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ZEPOSIA 0.92 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZEPOSIA STARTER KIT (37-DAY)	\$0 (Tier 2)	PA, QL (74 PER 365 OVER TIME)
ZEPOSIA STARTER PACK (7-DAY)	\$0 (Tier 2)	PA, QL (14 PER 365 OVER TIME)

Dental and Oral Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dental and Oral Agents		
chlorhexidine gluconate (15 ml cup, rinse)	\$0 (Tier 1)	
doxycycline hyclate 20 mg tab	\$0 (Tier 1)	
lidocaine hcl viscous (solution)	\$0 (Tier 1)	
oralone (paste (g))	\$0 (Tier 1)	
paroex (mouthwash)	\$0 (Tier 1)	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	\$0 (Tier 1)	
triamcinolone 0.1% paste	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Acne and Rosacea Agents		
acitretin (capsule)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amnesteem (capsule)	\$0 (Tier 1)	PA
azelaic acid (gel (gram))	\$0 (Tier 1)	
claravis (capsule)	\$0 (Tier 1)	PA
clind ph-benzoyl perox 1.2-5%	\$0 (Tier 1)	
clindamycin-benzoyl peroxide (clindamycin- benzoyl 1-5%, clindamycin-bnz 1-5% pmp)	\$0 (Tier 1)	
erythromycin-benzoyl peroxide (gel (gram))	\$0 (Tier 1)	
FINACEA 15% FOAM	\$0 (Tier 2)	
isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	\$0 (Tier 1)	PA
metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)	\$0 (Tier 1)	
myorisan (capsule)	\$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rosadan (cream, gel)	\$0 (Tier 1)	
tazarotene (0.05% gel, 0.1% cream, 0.1% gel)	\$0 (Tier 1)	
tretinoin (0.025% cream, 0.05% cream)	\$0 (Tier 1)	PA
zenatane (capsule)	\$0 (Tier 1)	PA
Dermatitis and Pruitus	Agents	
ala-cort 2.5% cream	\$0 (Tier 1)	
alclometasone dipropionate (dipr 0.05% oint, dipro 0.05% crm)	\$0 (Tier 1)	
ammonium lactate (cream, lotion)	\$0 (Tier 1)	*
betamethasone diprop augmented (crm, gel, oin)	\$0 (Tier 1)	
betamethasone dipropionate (crm, lot, oint)	\$0 (Tier 1)	
betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CIBINQO (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
clobetasol emollient 0.05% crm	\$0 (Tier 1)	
clobetasol propionate (cream, gel, ointment, solution)	\$0 (Tier 1)	
desonide (cream, ointment)	\$0 (Tier 1)	
desoximetasone (cream, ointment)	\$0 (Tier 1)	
EUCRISA (OINT. (G))	\$0 (Tier 2)	PA
fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)	\$0 (Tier 1)	
fluocinonide (cream, gel, ointment, solution)	\$0 (Tier 1)	
fluocinonide 0.1% cream	\$0 (Tier 1)	QL (120 PER 30 DAYS)
fluticasone propionate (0.005% oint, 0.05% cream)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
halobetasol propionate (cream, ointmnt)	\$0 (Tier 1)	
hydrocortisone (cream, lotion, ointment)	\$0 (Tier 1)	
hydrocortisone val 0.2% cream	\$0 (Tier 1)	QL (60 PER 30 DAYS)
mometasone furoate (cream, oint, soln)	\$0 (Tier 1)	
OPZELURA (CREAM (G))	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
selenium sulfide 2.5% lotion	\$0 (Tier 1)	
tacrolimus (0.03% ointment, 0.1% ointment)	\$0 (Tier 1)	
triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)	\$0 (Tier 1)	
triderm (cream)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dermatological Agents,	Other	
calcipotriene (cream, ointment)	\$0 (Tier 1)	QL (120 PER 30 DAYS)
calcipotriene 0.005% solution	\$0 (Tier 1)	QL (60 PER 30 DAYS)
clotrimazole- betamethasone crm	\$0 (Tier 1)	
diclofenac sodium 3% gel	\$0 (Tier 1)	ST, QL (300 PER 30 DAYS)
fluorouracil (0.5% cream, 2% topical soln, 5% topical soln)	\$0 (Tier 1)	
imiquimod 5% cream packet	\$0 (Tier 1)	
nystatin-triamcinolone (cream, ointm)	\$0 (Tier 1)	
PICATO (GEL (EA))	\$0 (Tier 2)	ST
podofilox 0.5% topical soln	\$0 (Tier 1)	
SANTYL (OINT. (G))	\$0 (Tier 2)	
silver sulfadiazine (cream (g))	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	
SSD (CREAM (G))	\$0 (Tier 2)		
Pediculicides/Scabicide	S		
lice killing (cvs shampoo, eq shampoo, eql shampoo, gs shampoo, hm shampoo, kro shampoo, sb shampoo, shampoo, sm shampoo)	\$0 (Tier 1)	*	
lice treatment (1% creme rinse, cvs 1% crm rins, gnp 1% crm rins, gnp shampoo, hm 1% crm rinse, ra 1% crm rinse, shampoo, sm 1% crm rinse, sm permethrin)	\$0 (Tier 1)	*	
malathion (lotion)	\$0 (Tier 1)		
permethrin (cream (g))	\$0 (Tier 1)		
Topical Anti-infectives	Topical Anti-infectives		
acyclovir 5% ointment	\$0 (Tier 1)		
ciclodan 8% solution	\$0 (Tier 1)	PA	
ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)	\$0 (Tier 1)		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ciclopirox 8% solution	\$0 (Tier 1)	PA
clindamycin ph 1% solution	\$0 (Tier 1)	
ery (med. swab)	\$0 (Tier 1)	
erythromycin (gel, solution)	\$0 (Tier 1)	
mupirocin 2% ointment	\$0 (Tier 1)	
dermatological agents		
ACNE MEDICATION (10% GEL, 10% LOTION, 5% GEL)	\$0 (Tier 2)	*
acne medication 2.5% gel	\$0 (Tier 1)	*
adapalene 0.1% gel	\$0 (Tier 1)	*
anti-itch (cream, cvs cream, eql cream, gs cream, qc cream, ra cream)	\$0 (Tier 1)	*
anti-itch with aloe (cream (g))	\$0 (Tier 1)	*
benzoyl peroxide (10% gel, 2.5% gel, 5% gel, 5% wash)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIFFERIN 0.1% GEL	\$0 (Tier 2)	*
gnp hydrocort acetate 1% cr	\$0 (Tier 1)	*
hydrocortisone (0.5% cream, 1% cream, 1% cream, 1% cream, ointment, eq 1% cream, gnp 1% ointment, hm 1% cream, kro 1% cream, qc 1% cream, ra 1% cream, sm 1% ointment)	\$0 (Tier 1)	*
hydrocortisone plus (cream)	\$0 (Tier 1)	*
hydrocortisone-aloe (cream, eq crm, sm crm)	\$0 (Tier 1)	*
RENOVA (CREAM (G))	\$0 (Tier 2)	*
RENOVA PUMP (CREAM (G))	\$0 (Tier 2)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Electrolyte/Mineral Repl	acement	
AMINOSYN II (10% IV SOLUTION, 15% IV SOLUTION)	\$0 (Tier 2)	PA
AMINOSYN-PF 10% IV SOLUTION	\$0 (Tier 2)	PA
CARBAGLU (TAB DISPER)	\$0 (Tier 2)	
carglumic acid (tab disper)	\$0 (Tier 1)	
CLINISOL (IV SOLN)	\$0 (Tier 2)	PA
dextrose 5%-0.45% nacl (iv soln)	\$0 (Tier 1)	
dextrose 5%-0.9% nacl (iv soln)	\$0 (Tier 1)	
dextrose in water (100 ml, 50 ml, iv soln)	\$0 (Tier 1)	
glucose in water (iv soln)	\$0 (Tier 1)	
klor-con (packet)	\$0 (Tier 1)	
KLOR-CON 10 (TABLET ER)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KLOR-CON 8 (TABLET ER)	\$0 (Tier 2)	
klor-con m10 (tab er prt)	\$0 (Tier 1)	
KLOR-CON M15 (TAB ER PRT)	\$0 (Tier 2)	
klor-con m20 (tab er prt)	\$0 (Tier 1)	
manganese chloride (vial)	\$0 (Tier 1)	*
PLENAMINE (IV SOLN)	\$0 (Tier 2)	PA
potassium chloride (cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20% (40 meq/15ml), cl er 10 meq capsule, cl er 15 meq tablet, cl er 20 meq tablet, cl er 8 meq capsule, cl er 8 meq tablet, cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
potassium citrate er (tablet er)	\$0 (Tier 1)	
SLOW-MAG (TABLET DR)	\$0 (Tier 2)	*
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% soln, sodium chloride 0.9% soln, sodium chloride 0.9% solution)	\$0 (Tier 1)	
sodium chloride-water (iv soln)	\$0 (Tier 1)	
wee care (oral susp)	\$0 (Tier 1)	*
Electrolyte/Mineral/Metal Modifiers		
CHEMET (CAPSULE)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
deferasirox (125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp, 90 mg granule pkt, 90 mg tablet)	\$0 (Tier 1)	PA
deferiprone (3 times a day) (tablet)	\$0 (Tier 1)	PA
deferiprone (tablet)	\$0 (Tier 1)	PA
sodium polystyrene sulf powder	\$0 (Tier 1)	
trientine hcl 250 mg capsule	\$0 (Tier 1)	PA
Phosphate Binders		
AURYXIA (TABLET)	\$0 (Tier 2)	PA
calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)	\$0 (Tier 1)	
lanthanum carbonate (tab chew)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sevelamer carbonate (0.8 gm powder packet, 2.4 gm powder packet, 800 mg tab)	\$0 (Tier 1)	
VELPHORO (TAB CHEW)	\$0 (Tier 2)	
Potassium Binders		
kionex (oral susp)	\$0 (Tier 1)	
sod polystyren sulf 15 g/60 ml	\$0 (Tier 1)	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	\$0 (Tier 2)	
VELTASSA (POWD PACK)	\$0 (Tier 2)	
Vitamins		
BACMIN (TABLET)	\$0 (Tier 2)	*
corvita (tablet)	\$0 (Tier 1)	*
cyanocobalamin injection (vial)	\$0 (Tier 1)	*
DIALYVITE (TABLET)	\$0 (Tier 2)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIALYVITE 3000 (TABLET)	\$0 (Tier 2)	*
DIALYVITE 5000 (TABLET)	\$0 (Tier 2)	*
DIALYVITE SUPREME D (TABLET)	\$0 (Tier 2)	*
DIALYVITE ZINC (TABLET)	\$0 (Tier 2)	*
DRISDOL (CAPSULE)	\$0 (Tier 2)	*
ENLYTE (CAP IR DR)	\$0 (Tier 2)	*
fabb (tablet)	\$0 (Tier 1)	*
FLORIVA (TAB CHEW)	\$0 (Tier 2)	*
folbic (tablet)	\$0 (Tier 1)	*
folic acid (1 mg tablet, 1,000 mcg tablet, 5 mg/ml vial, 50 mg/10 ml vial)	\$0 (Tier 1)	*
FOLTRATE (TABLET)	\$0 (Tier 2)	*
hydroxocobalamin (vial)	\$0 (Tier 1)	*
INFUVITE ADULT (VIAL)	\$0 (Tier 2)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INFUVITE PEDIATRIC (VIAL)	\$0 (Tier 2)	*
M.V.I. PEDIATRIC (VIAL)	\$0 (Tier 2)	*
MEPHYTON (TABLET)	\$0 (Tier 2)	*
multi-vitamin w-fluoride- iron (drops)	\$0 (Tier 1)	*
multivitamin with fluoride (multivit-fluor 0.25 mg tab chw, multivit-fluor 0.25 mg/ml drop, multivit-fluor 0.5 mg tab chew, multivit-fluor 0.5 mg/ml drop, multivit-fluoride 1 mg tab chw)	\$0 (Tier 1)	*
multivitamin-iron- fluoride (drops)	\$0 (Tier 1)	*
MVC-FLUORIDE (TAB CHEW)	\$0 (Tier 2)	*
NASCOBAL (SPRAY)	\$0 (Tier 2)	*
NEPHPLEX RX (TABLET)	\$0 (Tier 2)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
niacin (500 mg capsule sa, er 500 mg capsule, tr 500 mg capsule)	\$0 (Tier 1)	*
phytonadione (1 mg/0.5 ml syr, 5 mg tablet)	\$0 (Tier 1)	*
POLY-VI-FLOR (0.25 MG DROP, 0.25 MG TAB CHEW, 0.5 MG TAB CHEW, 1 MG TAB CHEW)	\$0 (Tier 2)	*
POLY-VI-FLOR WITH IRON (0.25 MG DROP, 0.5 MG CHWTB)	\$0 (Tier 2)	*
PRENATAL VITAMINS	\$0 (Tier 2)	
pyridoxine 100 mg/ml vial	\$0 (Tier 1)	*
QUFLORA (0.25 MG CHEW TAB, 0.25 MG/ML DROP, 0.5 MG CHEW TAB, 0.5 MG/ML DROP, 1 MG CHEW TAB)	\$0 (Tier 2)	*
QUFLORA FE (0.25 MG CHEW TABLET, PED 0.25 MG/ML DROP)	\$0 (Tier 2)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
renal caps (capsule)	\$0 (Tier 1)	*
reno caps (capsule)	\$0 (Tier 1)	*
STROVITE FORTE (TABLET)	\$0 (Tier 2)	*
STROVITE ONE (TABLET)	\$0 (Tier 2)	*
thiamine 200 mg/2 ml vial	\$0 (Tier 1)	*
TRI-VI-FLOR (DRPS SP BP)	\$0 (Tier 2)	*
tri-vitamin with fluoride (drops)	\$0 (Tier 1)	*
tri-vite with fluoride (drops)	\$0 (Tier 1)	*
triphrocaps (capsule)	\$0 (Tier 1)	*
virt-caps (capsule)	\$0 (Tier 1)	*
virt-gard (tablet)	\$0 (Tier 1)	*
vit 3 (capsule)	\$0 (Tier 1)	*
VITAL-D RX (TABLET)	\$0 (Tier 2)	*
vitamin d2 1.25mg(50,000 unit)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamins a,c,d and fluoride (drops)	\$0 (Tier 1)	*
electrolytes/minerals/me	etals/vitamins	
calcium (600 mg tablet, cvs 600 mg tablet, gnp 600 mg tablet, ra 600 mg tablet, sm 600 mg tablet, sv 600 mg tablet)	\$0 (Tier 1)	*
calcium 600-vit d3 (200 tablet, 600 mg-vit d3 5 mcg tb)	\$0 (Tier 1)	*
calcium carbonate (mg/5 ml cup, mg/5 ml sus)	\$0 (Tier 1)	*
chromium cl 40 mcg/10 ml vial	\$0 (Tier 1)	*
copper chloride (vial)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-Constipation Agents		
constulose (solution)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
enulose (solution)	\$0 (Tier 1)	
generlac (solution)	\$0 (Tier 1)	
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	\$0 (Tier 1)	
LINZESS (CAPSULE)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
lubiprostone (capsule)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
MOTEGRITY (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	\$0 (Tier 2)	ST, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	\$0 (Tier 2)	ST, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents		
alosetron hcl (tablet)	\$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	
diphenoxylate-atrop 2.5- 0.025	\$0 (Tier 1)		
loperamide 2 mg capsule	\$0 (Tier 1)		
XERMELO (TABLET)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)	
Antispasmodics, Gastrointestinal			
CUVPOSA (SOLUTION)	\$0 (Tier 2)		
dicyclomine hcl (10 mg capsule, 20 mg tablet)	\$0 (Tier 1)		
glycopyrrolate (1 mg tablet, 1 mg/5 ml soln, 2 mg tablet)	\$0 (Tier 1)		
Gastrointestinal Agents, Other			
advanced antacid- antigas (eql liquid, hm susp, liquid, sm susp)	\$0 (Tier 1)	*	
almacone-2 (oral susp)	\$0 (Tier 1)	*	
alum-mag hydroxide- simethicone (al-mag hydrox-simeth max susp, alum-mag hydroxide-simeth susp)	\$0 (Tier 1)	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aluminum hydroxide (oral susp)	\$0 (Tier 1)	*
antacid (eql suspension, qc suspension, sm suspension, suspension)	\$0 (Tier 1)	*
antacid calcium (tab chew)	\$0 (Tier 1)	*
antacid maximum strength (hv max strength liquid, liq, sm max strength susp)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bismatrol tablet chew	\$0 (Tier 1)	*
bismuth 262 mg tablet chew	\$0 (Tier 1)	*
cal-gest (tab chew)	\$0 (Tier 1)	*
CLENPIQ 160 ML SOLUTION	\$0 (Tier 2)	
diarrhea relief (oral susp)	\$0 (Tier 1)	*
foaming antacid (oral susp)	\$0 (Tier 1)	*
GATTEX (KIT)	\$0 (Tier 2)	PA
gavilyte-c (soln recon)	\$0 (Tier 1)	
gavilyte-g (soln recon)	\$0 (Tier 1)	
gavilyte-n (soln recon)	\$0 (Tier 1)	
hm cal antacid 500 mg chew tab	\$0 (Tier 1)	*
k-pec (oral susp)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
loperamide (1 mg/7.5 ml liquid, 1 mg/7.5 ml soln, 1 mg/7.5 ml susp, 1 mg/7.5ml soln cup, 2 mg/15 ml soln cup, cvs 1 mg/7.5 ml sus, eq 1 mg/7.5 ml susp, eql 1 mg/7.5 ml liq, hm 1 mg/7.5 ml liq, kro 1 mg/7.5 ml susp, sm 1 mg/7.5 ml liq)	\$0 (Tier 1)	*
MAG-AL (ORAL SUSP)	\$0 (Tier 2)	*
MAG-AL PLUS SUSPENS 30 ML CUP	\$0 (Tier 2)	*
mag-al plus xs (oral susp)	\$0 (Tier 1)	*
magnesium oxide (400 mg tablet, 420 mg tablet)	\$0 (Tier 1)	*
metoclopramide hcl (10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol, 5 mg tablet, 5 mg/5 ml soln)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mi acid (oral susp)	\$0 (Tier 1)	*
mi-acid 400-400-40 mg/10 ml lq	\$0 (Tier 1)	*
mintox maximum strength (oral susp)	\$0 (Tier 1)	*
MYALEPT (VIAL)	\$0 (Tier 2)	PA
peg 3350-electrolyte solution	\$0 (Tier 1)	
peg-3350 and electrolytes (soln recon)	\$0 (Tier 1)	
peptic relief (tab chew)	\$0 (Tier 1)	*
pepto-bismol 262 mg caplet	\$0 (Tier 1)	*
PEPTO-BISMOL TABLET CHEW	\$0 (Tier 2)	*
pink bismuth (262 mg tab chew, caplet, gnp 262 mg tb chw, gnp caplet, qc 262 mg caplet, qc 262 mg tab chw, ra 262 mg tab chw, ra caplet, tablet chew)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RECTIV (OINT. (G))	\$0 (Tier 2)	
sod sulf-potass sulf- mag sulf (soln recon)	\$0 (Tier 1)	
sodium bicarbonate (10 grain tablet, 325 mg (5 gr) tb, 325 mg tablet, 650 mg tablet)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUPREP (SOLN RECON)	\$0 (Tier 2)	
trilyte with flavor packets (soln recon)	\$0 (Tier 1)	
tums ultra strength (tab chew)	\$0 (Tier 1)	*
ursodiol (250 mg tablet, 500 mg tablet)	\$0 (Tier 1)	
XENICAL (CAPSULE)	\$0 (Tier 2)	*
XIFAXAN (TABLET)	\$0 (Tier 2)	PA
ZORBTIVE (VIAL)	\$0 (Tier 2)	PA
Histamine2 (H2) Receptor Antagonists		
acid controller (tablet)	\$0 (Tier 1)	*
acid gone antacid (oral susp)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acid reducer complete (tab chew)	\$0 (Tier 1)	*
cimetidine (200 mg tablet, cvs 200 mg tablet, gnp 200 mg tablet)	\$0 (Tier 1)	*
dual action (tab chew)	\$0 (Tier 1)	*
dual action complete (eql actn complete tb chew, hm tb chw, kro actn complete tb chew, sm tb chw)	\$0 (Tier 1)	*
famotidine (10 mg tablet, 20 mg tablet, eq 10 mg tablet, eq 20 mg tablet, hm 10 mg tablet, hm 20 mg tablet, pub 20 mg tablet)	\$0 (Tier 1)	*
famotidine (40 mg tablet, 40 mg/5 ml susp)	\$0 (Tier 1)	
heartburn relief (10 mg tablet, 20 mg tablet, 200 mg tablet, cvs 200 mg tb, cvs liquid, liquid, sm 200 mg tab)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nizatidine 15 mg/ml solution	\$0 (Tier 1)	
Protectants		
misoprostol (tablet)	\$0 (Tier 1)	
sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)	\$0 (Tier 1)	
Proton Pump Inhibitors		
esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
lansoprazole (cvs dr 15 mg cap, eq dr 15 mg cap, eql dr 15 mg cap, gnp dr 15 mg cap, gs dr 15 mg cap, hm dr 15 mg cap, kro dr 15 mg cap, ra dr 15 mg cap, sm dr 15 mg cap)	\$0 (Tier 1)	*
lansoprazole dr 15 mg capsule	\$0 (Tier 1)	QL (60 PER 30 DAYS), *
lansoprazole dr 30 mg capsule	\$0 (Tier 1)	QL (60 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
omeprazole (cvs dr 20 mg tablet, dr 20 mg tablet, eq dr 20 mg tablet, eql dr 20 mg tablet, gnp dr 20 mg tablet, from dr 20 mg tablet, kro dr 20 mg tablet, pub dr 20 mg tablet, ra dr 20 mg tablet, sm dr 20 mg tablet, sw dr 20 mg tablet, sw dr 20 mg tablet, sw dr 20 mg tablet)	\$0 (Tier 1)	*
omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
PREVACID 24HR (CAPSULE DR)	\$0 (Tier 2)	*
rabeprazole sod dr 20 mg tab	\$0 (Tier 1)	QL (60 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gastrointestinal agents		
advanced antacid- antigas (gs liquid, kro liquid, sm liquid)	\$0 (Tier 1)	*
antacid (500 mg chew tablet, 500 mg chew tablet, cvs 750 mg chew tablet, eq 500 mg chew tablet, eq liquid, eql 500 mg chew tablet, eql liquid, ex-str tablet chew, gnp 500 mg chew tablet, gnp liquid, hm 500 mg chew tablet, liquid, pub 500 mg chew tablet, ac 500 mg chew tablet, sm 500 mg chew tablet)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
antacid extra strength (750 mg chewable tablet, cvs ex-str 750 mg chew, cvs kids 750 mg chew, cvs xtra str chew tab, eq ex-str 750 mg chew, eq extra str chew tab, eql ex-str 750 mg chew, ex str 750 mg chew, gnp ex-str 750 mg chew, gnp xtra str chew tab, hm ex-str 750 mg chew, qc xtra str chew tab, sm 750 mg chew tab, sm 750 mg chew tab, xtra str chew tab, xtra str chew tab, xtra strength chew tab)	\$0 (Tier 1)	*
antacid plus anti-gas (oral susp)	\$0 (Tier 1)	*
antacid ultra strength (cvs str tab chew, cvs tab chew, eq str tab chew, eql str tab chew, str 1,000 mg chw, str tab chewable)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
antacid with simethicone (oral susp)	\$0 (Tier 1)	*
antacid-antigas (antacid anti-gas liquid, antacid anti-gas max str liq, antacid-antigas liquid, antacid-antigas liquid, gnp antacid anti-gas liquid, gnp antacid anti-gas liquid, gnp antacid-antigas suspension, hm antacid anti-gas suspension, kro antacid-antigas liquid, pub antacid-antigas liquid, pub antacid-antigas liquid, antigas suspension, ra antacid-antigas liquid, sm antacid-antigas liquid, sm antacid-antigas liquid)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcium antacid (500 mg chw tab, 750 mg tb chew, ex-str tablet, gs cal 500 mg chew tab, gs cal 750 mg chew tab, hm cal 750 mg chew tab, pub 750 mg, sm cal 500 mg chew tab, sm cal 750 mg chew tab)	\$0 (Tier 1)	*
fiber powder	\$0 (Tier 1)	*
GAVISCON (EXTRA STRENGTH LIQUID, LIQUID)	\$0 (Tier 2)	*
natural fiber (gnp powder, lax powder, powder)	\$0 (Tier 1)	*
ra antacid-gas relief liquid	\$0 (Tier 1)	*
sw antacid plus gas relief liq	\$0 (Tier 1)	*
TUMS (750 MG CHEWY BITES, E-X TABLET CHEWABLE, KIDS 300 MG (750) CHEWTAB, TABLET CHEWABLE)	\$0 (Tier 2)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TUMS SMOOTHIES (TAB CHEW)	\$0 (Tier 2)	*
TUMS ULTRA (TAB CHEW)	\$0 (Tier 2)	*
TUMS X-STR (TAB CHEW)	\$0 (Tier 2)	*
laxatives		
bisacodyl (10 mg suppository, cvs 10 mg suppos, cvs ec 5 mg tablet, ec 5 mg tablet, ra ec 5 mg tablet)	\$0 (Tier 1)	*
clearlax (gnp powder packet, powder packet)	\$0 (Tier 1)	*
COLACE (CAPSULE)	\$0 (Tier 2)	*
docu liquid (liquid)	\$0 (Tier 1)	*
docusate calcium (capsule)	\$0 (Tier 1)	*
docusate sodium (100 mg capsule, 100 mg softgel, 250 mg capsule, 250 mg softgel, 50 mg/5 ml liq, pub 100 mg cap)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DOK 100 MG SOFTGEL	\$0 (Tier 2)	*
enema (cvs enema ready to use, enema ready to use, enema ready to use, enema ready-to-use, eql enema ready to use, hm enema ready to use, hm enema ready to use twin pak, qc ready to use enema, ra enema twin pack, sm enema ready to use, sm enema ready to use twin pak)	\$0 (Tier 1)	*
enema disposable (enema)	\$0 (Tier 1)	*
eql fiber therapy powder	\$0 (Tier 1)	*
fast relief laxative (supp.rect)	\$0 (Tier 1)	*
FLEET ENEMA	\$0 (Tier 2)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gentle laxative (10 mg supp, 10 mg supposit, cvs 10 mg supp, cvs ec 5 mg tb, ec 5 mg tablet, eq dr 5 mg tab, eql ec 5 mg tb, gnp 10 mg supp, gnp ec 5 mg tb, hm 10 mg supp, kro ec 5 mg tb, qc 10 mg supp, sm ec 5 mg tab)	\$0 (Tier 1)	*
hm fiber powder	\$0 (Tier 1)	*
konsyl psyllium fiber powder	\$0 (Tier 1)	*
laxative (ec 5 mg tablet, gnp ec 5 mg tablet, hm ec 5 mg tablet, pub ec 5 mg tablet, ra ec 5 mg tablet)	\$0 (Tier 1)	*
laxative suppository (10 mg suppository, sm 10 mg suppository)	\$0 (Tier 1)	*
metamucil powder	\$0 (Tier 1)	*
natural vegetable powder (powder)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEDIA-LAX ENEMA (ENEMA)	\$0 (Tier 2)	*
psyllium fiber powder (powder)	\$0 (Tier 1)	*
saline enema (enema)	\$0 (Tier 1)	*
SILACE (50 MG/5 ML LIQUID, 60 MG/15 ML SYRUP)	\$0 (Tier 2)	*
sm fiber smooth powder	\$0 (Tier 1)	*
stool softener (100 mg capsule, 100 mg softgel, 250 mg softgel, 50 mg/5 ml liq, 60 mg/15 ml syr, cvs 100 mg cap, cvs 100 mg sfgl, cvs 100 mg sfgl, eq 100 mg sfgl, eq 100 mg sfgl, eql 100 mg sfgl, gnp 250 mg sfgl, gnp 50 mg/5 ml, gnp 60 mg/15 ml, gs 100 mg sftgl, hm 100 mg sftgl, kro 100 mg sfgl, ra 100 mg cap, sm 100 mg sftgl, sm 250 mg sftgl, sm 250 mg sftgl)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
women's gentle laxative (tablet dr)	\$0 (Tier 1)	*
women's laxative (ec 5 mg tab, qc ec 5 mg tb)	\$0 (Tier 1)	*

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Genetic or Enzyme or P Modifiers, Treatment	rotein Disorder: Re	eplacement,
ALDURAZYME (VIAL)	\$0 (Tier 2)	PA
ARALAST NP (VIAL)	\$0 (Tier 2)	PA
betaine anhydrous (powder)	\$0 (Tier 1)	
CERDELGA (CAPSULE)	\$0 (Tier 2)	PA
CHOLBAM (CAPSULE)	\$0 (Tier 2)	PA
CREON (CAPSULE DR)	\$0 (Tier 2)	

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cromolyn 100 mg/5 ml oral conc	\$0 (Tier 1)	
CYSTAGON (CAPSULE)	\$0 (Tier 2)	
ELAPRASE (VIAL)	\$0 (Tier 2)	PA
EVRYSDI (SOLN RECON)	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
FABRAZYME 35 MG VIAL	\$0 (Tier 2)	PA
GALAFOLD (CAPSULE)	\$0 (Tier 2)	PA, QL (14 PER 28 DAYS)
KANUMA (VIAL)	\$0 (Tier 2)	PA
LUMIZYME (VIAL)	\$0 (Tier 2)	PA
miglustat (capsule)	\$0 (Tier 1)	PA
NAGLAZYME (VIAL)	\$0 (Tier 2)	PA
nitisinone (10 mg capsule, 2 mg capsule, 5 mg capsule)	\$0 (Tier 1)	
ORFADIN (20 MG CAPSULE, 4 MG/ML SUSPENSION)	\$0 (Tier 2)	

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE)	\$0 (Tier 2)	PA
PROLASTIN C (VIAL)	\$0 (Tier 2)	PA
RAVICTI (LIQUID)	\$0 (Tier 2)	PA
REVCOVI (VIAL)	\$0 (Tier 2)	PA
sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)	\$0 (Tier 1)	PA
sodium phenylbutyrate powder	\$0 (Tier 1)	
STRENSIQ (VIAL)	\$0 (Tier 2)	PA
TEGSEDI (SYRINGE)	\$0 (Tier 2)	PA
VIMIZIM (VIAL)	\$0 (Tier 2)	PA
VYNDAQEL (CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ZEMAIRA 1,000 MG VIAL	\$0 (Tier 2)	PA

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZENPEP (DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 3,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE)	\$0 (Tier 2)	
ZOKINVY (CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antispasmodics, Urinary		
darifenacin er (tab er 24h)	\$0 (Tier 1)	
flavoxate hcl (tablet)	\$0 (Tier 1)	

Genitourinary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET, ER 8 MG/ML SUSP)	\$0 (Tier 2)	
oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)	\$0 (Tier 1)	
oxybutynin chloride er (tab er 24)	\$0 (Tier 1)	
solifenacin succinate (tablet)	\$0 (Tier 1)	
tolterodine tartrate (tablet)	\$0 (Tier 1)	
tolterodine tartrate er (cap er 24h)	\$0 (Tier 1)	
trospium chloride (tablet)	\$0 (Tier 1)	
trospium chloride er (cap er 24h)	\$0 (Tier 1)	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er (tab er 24h)	\$0 (Tier 1)	

Genitourinary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
doxazosin mesylate (tablet)	\$0 (Tier 1)	
dutasteride (capsule)	\$0 (Tier 1)	
finasteride 5 mg tablet	\$0 (Tier 1)	
silodosin (capsule)	\$0 (Tier 1)	
tadalafil (2.5 mg tablet, 5 mg tablet)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
tamsulosin hcl (capsule)	\$0 (Tier 1)	
Genitourinary Agents, Other		
acetic acid 0.25% irrig soln	\$0 (Tier 1)	
bethanechol chloride (tablet)	\$0 (Tier 1)	
ELMIRON (CAPSULE)	\$0 (Tier 2)	
K-PHOS ORIGINAL (TABLET SOL)	\$0 (Tier 2)	*
penicillamine 250 mg tablet	\$0 (Tier 1)	
THIOLA EC (TABLET DR)	\$0 (Tier 2)	

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Stimu (Adrenal)	ulant/Replacement/	Modifying
dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)	\$0 (Tier 1)	
fludrocortisone acetate (tablet)	\$0 (Tier 1)	
gnp hydrocortisone 0.5% crm	\$0 (Tier 1)	*
hydrocortisone (10 mg tablet, 20 mg tablet, 5 mg tablet)	\$0 (Tier 1)	
methylprednisolone (16 mg tab, 32 mg tab, 4 mg dosepk, 4 mg tablet, 8 mg tablet)	\$0 (Tier 1)	
prednisolone 15 mg/5 ml soln	\$0 (Tier 1)	

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
prednisone (1 mg tablet, 10 mg tab dose pack, 10 mg tablet, 2.5 mg tablet, 20 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 50 mg tablet)	\$0 (Tier 1)	
scalpicin (solution)	\$0 (Tier 1)	*

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Stime (Pituitary)	ulant/Replacement/	Modifying
desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial, ac 4 mcg/ml ampul, ac 4 mcg/ml vial)	\$0 (Tier 1)	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENOTROPIN (12 MG CARTRIDGE, 5 MG CARTRIDGE, MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.4 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG)	\$0 (Tier 2)	PA
INCRELEX (VIAL)	\$0 (Tier 2)	PA
SKYTROFA (CARTRIDGE)	\$0 (Tier 2)	PA

Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		

KORLYM (TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
		30 DA 13)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anabolic Steroids		
oxandrolone 10 mg tablet	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
oxandrolone 2.5 mg tablet	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
Androgens		
ANDRODERM (PATCH TD24)	\$0 (Tier 2)	PA
danazol (capsule)	\$0 (Tier 1)	
testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram pkt)	\$0 (Tier 1)	PA
testosterone cypionate (vial)	\$0 (Tier 1)	PA
testosterone enanthate (vial)	\$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Estrogens		
afirmelle (tablet)	\$0 (Tier 1)	
altavera (tablet)	\$0 (Tier 1)	
alyacen (tablet)	\$0 (Tier 1)	
amabelz (tablet)	\$0 (Tier 1)	
amethyst (tablet)	\$0 (Tier 1)	
aubra (tablet)	\$0 (Tier 1)	
aubra eq (tablet)	\$0 (Tier 1)	
aurovela (tablet)	\$0 (Tier 1)	
aurovela 24 fe (tablet)	\$0 (Tier 1)	
aurovela fe (tablet)	\$0 (Tier 1)	
aviane (tablet)	\$0 (Tier 1)	
ayuna (tablet)	\$0 (Tier 1)	
azurette (tablet)	\$0 (Tier 1)	
balziva (tablet)	\$0 (Tier 1)	
bekyree (tablet)	\$0 (Tier 1)	
blisovi 24 fe (tablet)	\$0 (Tier 1)	
blisovi fe (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
briellyn (tablet)	\$0 (Tier 1)	
chateal (tablet)	\$0 (Tier 1)	
chateal eq (tablet)	\$0 (Tier 1)	
CLIMARA PRO (PATCH TDWK)	\$0 (Tier 2)	
cryselle (tablet)	\$0 (Tier 1)	
cyclafem (tablet)	\$0 (Tier 1)	
dasetta (tablet)	\$0 (Tier 1)	
desogestr-eth estrad eth estra (tablet)	\$0 (Tier 1)	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	\$0 (Tier 2)	
dolishale (tablet)	\$0 (Tier 1)	
dotti (patch tdsw)	\$0 (Tier 1)	
elinest (tablet)	\$0 (Tier 1)	
enpresse (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
estarylla (tablet)	\$0 (Tier 1)	
estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 10 mcg vaginal insrt, 2 mg tablet)	\$0 (Tier 1)	
estradiol (once weekly) (patch tdwk)	\$0 (Tier 1)	
estradiol (twice weekly) (patch tdsw)	\$0 (Tier 1)	
estradiol-norethindrone acetat (tablet)	\$0 (Tier 1)	
ESTRING (VAG RING)	\$0 (Tier 2)	QL (1 PER 90 OVER TIME)
ethynodiol-ethinyl estradiol (tablet)	\$0 (Tier 1)	
falmina (tablet)	\$0 (Tier 1)	
femynor (tablet)	\$0 (Tier 1)	
fyavolv (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hailey (tablet)	\$0 (Tier 1)	
hailey 24 fe (tablet)	\$0 (Tier 1)	
hailey fe (tablet)	\$0 (Tier 1)	
jinteli (tablet)	\$0 (Tier 1)	
junel (tablet)	\$0 (Tier 1)	
junel fe (tablet)	\$0 (Tier 1)	
junel fe 24 (tablet)	\$0 (Tier 1)	
kariva (tablet)	\$0 (Tier 1)	
kelnor 1-35 (tablet)	\$0 (Tier 1)	
kelnor 1-50 (tablet)	\$0 (Tier 1)	
kurvelo (tablet)	\$0 (Tier 1)	
larin (tablet)	\$0 (Tier 1)	
larin 24 fe (tablet)	\$0 (Tier 1)	
larin fe (tablet)	\$0 (Tier 1)	
larissia (tablet)	\$0 (Tier 1)	
lessina (tablet)	\$0 (Tier 1)	
levonest (tablet)	\$0 (Tier 1)	
levonorgestrel-eth estradiol (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levora-28 (tablet)	\$0 (Tier 1)	
lillow (tablet)	\$0 (Tier 1)	
lopreeza 1 mg-0.5 mg tablet	\$0 (Tier 1)	
low-ogestrel (tablet)	\$0 (Tier 1)	
lutera (tablet)	\$0 (Tier 1)	
lyllana (patch tdsw)	\$0 (Tier 1)	
marlissa (tablet)	\$0 (Tier 1)	
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	\$0 (Tier 2)	
microgestin (tablet)	\$0 (Tier 1)	
microgestin 24 fe (tablet)	\$0 (Tier 1)	
microgestin fe (tablet)	\$0 (Tier 1)	
mili (tablet)	\$0 (Tier 1)	
mimvey (tablet)	\$0 (Tier 1)	
mono-linyah (tablet)	\$0 (Tier 1)	
mononessa (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
necon (tablet)	\$0 (Tier 1)	
norethindron-ethinyl estradiol (tablet)	\$0 (Tier 1)	
norethindrone- e.estradiol-iron (1- 0.02(21)-75 tab, 1.5- 0.03mg(21)-75)	\$0 (Tier 1)	
norgestimate-ethinyl estradiol (norg-ee 0.18- 0.215-0.25/0.035, norg- ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)	\$0 (Tier 1)	
nortrel (tablet)	\$0 (Tier 1)	
nylia (tablet)	\$0 (Tier 1)	
nymyo (tablet)	\$0 (Tier 1)	
orsythia (tablet)	\$0 (Tier 1)	
philith (tablet)	\$0 (Tier 1)	
pimtrea (tablet)	\$0 (Tier 1)	
pirmella (tablet)	\$0 (Tier 1)	
portia (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	\$0 (Tier 2)	
PREMPHASE (TABLET)	\$0 (Tier 2)	
PREMPRO (TABLET)	\$0 (Tier 2)	
previfem (tablet)	\$0 (Tier 1)	
simliya (tablet)	\$0 (Tier 1)	
sprintec (tablet)	\$0 (Tier 1)	
sronyx (tablet)	\$0 (Tier 1)	
tarina 24 fe (tablet)	\$0 (Tier 1)	
tarina fe (tablet)	\$0 (Tier 1)	
tarina fe 1-20 eq (tablet)	\$0 (Tier 1)	
tri femynor (tablet)	\$0 (Tier 1)	
tri-estarylla (tablet)	\$0 (Tier 1)	
tri-linyah (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tri-mili (tablet)	\$0 (Tier 1)	
tri-nymyo (tablet)	\$0 (Tier 1)	
tri-previfem (tablet)	\$0 (Tier 1)	
tri-sprintec (tablet)	\$0 (Tier 1)	
tri-vylibra (tablet)	\$0 (Tier 1)	
trivora-28 (tablet)	\$0 (Tier 1)	
vienva (tablet)	\$0 (Tier 1)	
viorele (tablet)	\$0 (Tier 1)	
volnea (tablet)	\$0 (Tier 1)	
vyfemla (tablet)	\$0 (Tier 1)	
vylibra (tablet)	\$0 (Tier 1)	
wera (tablet)	\$0 (Tier 1)	
yuvafem (tablet)	\$0 (Tier 1)	
zovia 1-35 (tablet)	\$0 (Tier 1)	
Progestins		
aftera (tablet)	\$0 (Tier 1)	*
camila (tablet)	\$0 (Tier 1)	
deblitane (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEPO-PROVERA 400 MG/ML VIAL	\$0 (Tier 2)	QL (10 PER 28 DAYS)
DEPO-SUBQ PROVERA 104 (SYRINGE)	\$0 (Tier 2)	QL (0.65 PER 90 OVER TIME)
econtra ez (tablet)	\$0 (Tier 1)	*
econtra one-step (tablet)	\$0 (Tier 1)	*
errin (tablet)	\$0 (Tier 1)	
heather (tablet)	\$0 (Tier 1)	
incassia (tablet)	\$0 (Tier 1)	
jencycla (tablet)	\$0 (Tier 1)	
levonorgestrel (tablet)	\$0 (Tier 1)	*
lyleq (tablet)	\$0 (Tier 1)	
lyza (tablet)	\$0 (Tier 1)	
MAKENA 275 MG/1.1 ML AUTOINJCT	\$0 (Tier 2)	PA
medroxyprogesterone 150 mg/ml	\$0 (Tier 1)	QL (1 PER 90 OVER TIME)
medroxyprogesterone acetate (10 mg tab, 2.5 mg tab, 5 mg tab)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
megestrol acetate (20 mg tablet, 40 mg tablet, 40 mg tablet, 400 mg/10 ml cup, 400 mg/10ml susp cup, 625 mg/5 ml susp, acet 40 mg/ml susp, acet 400 mg/10 ml)	\$0 (Tier 1)	PA
my choice (tablet)	\$0 (Tier 1)	*
my way (tablet)	\$0 (Tier 1)	*
new day (tablet)	\$0 (Tier 1)	*
nora-be (tablet)	\$0 (Tier 1)	
norethindrone (tablet)	\$0 (Tier 1)	
norethindrone ac (lupaneta) (tablet)	\$0 (Tier 1)	
norethindrone acetate (tablet)	\$0 (Tier 1)	
norlyda (tablet)	\$0 (Tier 1)	
opcicon one-step (tablet)	\$0 (Tier 1)	*
option 2 (tablet)	\$0 (Tier 1)	*
PLAN B ONE-STEP (TABLET)	\$0 (Tier 2)	*

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
progesterone (100 mg capsule, 200 mg capsule)	\$0 (Tier 1)	
sharobel (tablet)	\$0 (Tier 1)	
take action (tablet)	\$0 (Tier 1)	*
tulana (tablet)	\$0 (Tier 1)	
Selective Estrogen Receptor Modifying Agents		
OSPHENA (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
raloxifene hcl (tablet)	\$0 (Tier 1)	

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		

levothyroxine sodium (100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 200 mcg tablet, 25 mcg tablet, 300 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet)	\$0 (Tier 1)	
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Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEVOXYL (TABLET)	\$0 (Tier 2)	
liothyronine sodium (25 mcg tab, 5 mcg tab, 50 mcg tab)	\$0 (Tier 1)	
UNITHROID (TABLET)	\$0 (Tier 2)	

Hormonal Agents, Suppressant (Adrenal)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Supp	ressant (Adrenal)	
ISTURISA (TABLET)	\$0 (Tier 2)	PA

Hormonal Agents, Suppressant (Adrenal)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYSODREN (TABLET)	\$0 (Tier 2)	
RECORLEV (TABLET)	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)

Hormonal Agents, Suppressant (Pituitary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Supp	ressant (Pituitary)	
cabergoline (tablet)	\$0 (Tier 1)	
FIRMAGON 2 X 120 MG KIT	\$0 (Tier 2)	PA, QL (4 PER 365 OVER TIME)
FIRMAGON 80 MG KIT	\$0 (Tier 2)	PA, QL (1 PER 28 OVER TIME)
lanreotide acetate (syringe)	\$0 (Tier 2)	PA
leuprolide 2wk 14 mg/2.8 ml kt	\$0 (Tier 1)	PA
LUPRON DEPO 11.25MG (LUPANETA)	\$0 (Tier 2)	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (11.25 MG 3MO KIT, 22.5 MG 3MO KIT)	\$0 (Tier 2)	PA, QL (1 PER 84 OVER TIME)

Hormonal Agents, Suppressant (Pituitary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)	\$0 (Tier 2)	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 3.75MG (LUPANETA)	\$0 (Tier 2)	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 45 MG 6MO KIT	\$0 (Tier 2)	PA, QL (1 PER 168 OVER TIME)
LUPRON DEPOT-4 MONTH KIT	\$0 (Tier 2)	PA, QL (1 PER 112 OVER TIME)
LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT)	\$0 (Tier 2)	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT-PED (11.25 MG KIT, 15 MG KIT, 7.5 MG KIT)	\$0 (Tier 2)	PA, QL (1 PER 28 OVER TIME)
MYCAPSSA (CAPSULE DR)	\$0 (Tier 2)	PA
MYFEMBREE (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

Hormonal Agents, Suppressant (Pituitary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
octreotide acetate (1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial, acet 0.05 mg/ml vl, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml syr, acet 500 mcg/ml syr, acet 500 mcg/ml syr, acet 500 mcg/ml vl)	\$0 (Tier 1)	PA
ORGOVYX (TABLET)	\$0 (Tier 2)	PA
ORILISSA 150 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ORILISSA 200 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SIGNIFOR (AMPUL)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SIGNIFOR LAR (VIAL)	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)

Hormonal Agents, Suppressant (Pituitary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SOMATULINE DEPOT (SYRINGE)	\$0 (Tier 2)	PA
SOMAVERT (VIAL)	\$0 (Tier 2)	PA
SUPPRELIN LA (KIT)	\$0 (Tier 2)	PA, QL (1 PER 365 OVER TIME)
SYNAREL (SPRAY)	\$0 (Tier 2)	
TRELSTAR 11.25 MG VIAL	\$0 (Tier 2)	PA, QL (1 PER 84 OVER TIME)
TRELSTAR 22.5 MG VIAL	\$0 (Tier 2)	PA, QL (1 PER 168 OVER TIME)
TRIPTODUR (VIAL)	\$0 (Tier 2)	PA, QL (1 PER 168 OVER TIME)
ZOLADEX 3.6 MG IMPLANT SYRN	\$0 (Tier 2)	QL (1 PER 28 DAYS)

Hormonal Agents, Suppressant (Thyroid)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antithyroid Agents		
methimazole (tablet)	\$0 (Tier 1)	

Hormonal Agents, Suppressant (Thyroid)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
propylthiouracil (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	
Angioedema Agents			
CINRYZE (VIAL)	\$0 (Tier 2)	PA	
icatibant (syringe)	\$0 (Tier 1)	PA	
sajazir (syringe)	\$0 (Tier 1)	PA	
Immunoglobulins	Immunoglobulins		
ASCENIV (VIAL)	\$0 (Tier 2)	PA	
BIVIGAM (VIAL)	\$0 (Tier 2)	PA	
CUTAQUIG (VIAL)	\$0 (Tier 2)	PA	
CUVITRU (VIAL)	\$0 (Tier 2)	PA	
FLEBOGAMMA DIF (VIAL)	\$0 (Tier 2)	PA	
GAMASTAN (VIAL)	\$0 (Tier 2)	PA	
GAMASTAN S-D (VIAL)	\$0 (Tier 2)	PA	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAMMAGARD LIQUID (VIAL)	\$0 (Tier 2)	PA
GAMMAGARD S-D (VIAL)	\$0 (Tier 2)	PA
GAMMAKED (1 GRAM/10 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 5 GRAM/50 ML VIAL)	\$0 (Tier 2)	PA
GAMMAPLEX (VIAL)	\$0 (Tier 2)	PA
GAMUNEX-C (VIAL)	\$0 (Tier 2)	PA
HEPAGAM B (VIAL)	\$0 (Tier 2)	PA
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 10 GRAM/50 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL)	\$0 (Tier 2)	PA
HYPERHEP B (NEONATAL SYRINGE, VIAL)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HYPERRAB (VIAL)	\$0 (Tier 2)	PA
HYQVIA (10 GM-800 UNIT PACK, 20 GM- 1,600 UNIT PACK, 30 GM-2,400 UNIT PACK, 5 GM-400 UNIT PACK)	\$0 (Tier 2)	PA
NABI-HB (VIAL)	\$0 (Tier 2)	PA
OCTAGAM (VIAL)	\$0 (Tier 2)	PA
PANZYGA (VIAL)	\$0 (Tier 2)	PA
PRIVIGEN (VIAL)	\$0 (Tier 2)	PA
SYNAGIS (VIAL)	\$0 (Tier 2)	PA
VARIZIG (VIAL)	\$0 (Tier 2)	PA
XEMBIFY (VIAL)	\$0 (Tier 2)	PA
Immunological Agents,	Other	
ACTEMRA 162 MG/0.9 ML SYRINGE	\$0 (Tier 2)	PA, QL (3.6 PER 28 DAYS)
ACTEMRA ACTPEN (PEN INJCTR)	\$0 (Tier 2)	PA
ADBRY (SYRINGE)	\$0 (Tier 2)	PA
ARCALYST (VIAL)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	\$0 (Tier 2)	PA
COSENTYX (2 SYRINGES) (SYRINGE)	\$0 (Tier 2)	PA
COSENTYX SENSOREADY (2 PENS) (PEN INJCTR)	\$0 (Tier 2)	PA
COSENTYX SENSOREADY PEN (PEN INJCTR)	\$0 (Tier 2)	PA
COSENTYX SYRINGE (SYRINGE)	\$0 (Tier 2)	PA
DUPIXENT 100 MG/0.67 ML SYRING	\$0 (Tier 2)	PA, QL (1.34 PER 28 DAYS)
DUPIXENT 200 MG/1.14 ML PEN	\$0 (Tier 2)	PA, QL (4.56 PER 28 DAYS)
DUPIXENT 200 MG/1.14 ML SYRING	\$0 (Tier 2)	PA, QL (4.56 PER 28 DAYS)
DUPIXENT 300 MG/2 ML PEN	\$0 (Tier 2)	PA, QL (8 PER 28 DAYS)
DUPIXENT 300 MG/2 ML SYRINGE	\$0 (Tier 2)	PA, QL (8 PER 28 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMPAVELI (VIAL)	\$0 (Tier 2)	PA
ENJAYMO (VIAL)	\$0 (Tier 2)	PA
ENSPRYNG (SYRINGE)	\$0 (Tier 2)	PA
ENTYVIO (VIAL)	\$0 (Tier 2)	PA
ILUMYA (SYRINGE)	\$0 (Tier 2)	PA
LEMTRADA (VIAL)	\$0 (Tier 2)	PA
ORENCIA (125 MG/ML SYRINGE, 50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE)	\$0 (Tier 2)	PA
ORENCIA CLICKJECT (AUTO INJCT)	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS)
RINVOQ (ER 30 MG TABLET, ER 45 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
RINVOQ ER 15 MG TABLET	\$0 (Tier 2)	PA
SAPHNELO (VIAL)	\$0 (Tier 2)	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SKYRIZI (2 SYRINGES) KIT (SYRINGEKIT)	\$0 (Tier 2)	PA
SKYRIZI 360 MG/2.4 ML ON-BODY	\$0 (Tier 2)	PA
SKYRIZI PEN (PEN INJCTR)	\$0 (Tier 2)	PA
STELARA (130 MG/26 ML VIAL, 45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	\$0 (Tier 2)	PA
TALTZ AUTOINJECTOR (2 PACK) (AUTO INJCT)	\$0 (Tier 2)	PA
TALTZ AUTOINJECTOR (3 PACK) (AUTO INJCT)	\$0 (Tier 2)	PA
TALTZ AUTOINJECTOR (AUTO INJCT)	\$0 (Tier 2)	PA
TALTZ SYRINGE (SYRINGE)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	\$0 (Tier 2)	PA
XELJANZ (1 MG/ML SOLUTION, 10 MG TABLET, 5 MG TABLET)	\$0 (Tier 2)	PA
XELJANZ XR (TAB ER 24H)	\$0 (Tier 2)	PA
XOLAIR (150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE, 75 MG/0.5 ML SYRINGE)	\$0 (Tier 2)	PA
Immunostimulants		
ACTIMMUNE (VIAL)	\$0 (Tier 2)	PA
INTRON A (VIAL)	\$0 (Tier 2)	PA
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	\$0 (Tier 2)	PA
Immunosuppressants		
azathioprine (tablet)	\$0 (Tier 1)	PA
BENLYSTA (120 MG VIAL, 400 MG VIAL)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CIMZIA (MG/ML SYRINGE KIT, MG/ML(X3)START KT)	\$0 (Tier 2)	PA
cyclosporine (100 mg capsule, 25 mg capsule)	\$0 (Tier 1)	PA
cyclosporine modified (100 mg, 100mg/ml, 25 mg, 50 mg)	\$0 (Tier 1)	PA
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	\$0 (Tier 2)	PA
ENBREL MINI (CARTRIDGE)	\$0 (Tier 2)	PA
ENBREL SURECLICK (PEN INJCTR)	\$0 (Tier 2)	PA
everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)	\$0 (Tier 1)	PA
gengraf (100 mg capsule, 100 mg/ml solution, 25 mg capsule)	\$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA (20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	\$0 (Tier 2)	PA
HUMIRA PEN (PEN IJ KIT)	\$0 (Tier 2)	PA
HUMIRA PEN CROHN'S-UC-HS (PEN IJ KIT)	\$0 (Tier 2)	PA
HUMIRA PEN PSOR- UVEITS-ADOL HS (PEN IJ KIT)	\$0 (Tier 2)	PA
HUMIRA(CF) (SYRINGEKIT)	\$0 (Tier 2)	PA
HUMIRA(CF) PEDIATRIC CROHN'S (SYRINGEKIT)	\$0 (Tier 2)	PA
HUMIRA(CF) PEN (PEN IJ KIT)	\$0 (Tier 2)	PA
HUMIRA(CF) PEN CROHN'S-UC-HS (PEN IJ KIT)	\$0 (Tier 2)	PA
HUMIRA(CF) PEN PEDIATRIC UC (PEN IJ KIT)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PEN IJ KIT)	\$0 (Tier 2)	PA
INFLECTRA (VIAL)	\$0 (Tier 2)	PA
INFLIXIMAB (VIAL)	\$0 (Tier 2)	PA
leflunomide (tablet)	\$0 (Tier 1)	
methotrexate (2.5 mg tablet, 250 mg/10 ml vial, 50 mg/2 ml vial)	\$0 (Tier 1)	
methotrexate sodium (vial)	\$0 (Tier 1)	
mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)	\$0 (Tier 1)	PA
mycophenolic acid (tablet dr)	\$0 (Tier 1)	PA
ORENCIA 250 MG VIAL	\$0 (Tier 2)	PA
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REMICADE (VIAL)	\$0 (Tier 2)	PA
RENFLEXIS (VIAL)	\$0 (Tier 2)	PA
REZUROCK (TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SANDIMMUNE 100 MG/ML SOLN	\$0 (Tier 2)	PA
SIMPONI ARIA (VIAL)	\$0 (Tier 2)	PA
sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)	\$0 (Tier 1)	PA
tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))	\$0 (Tier 1)	PA
XATMEP (SOLUTION)	\$0 (Tier 2)	
ZORTRESS 1 MG TABLET	\$0 (Tier 2)	PA
Vaccines		
ACTHIB (VIAL)	\$0 (Tier 2)	
ADACEL TDAP (SYRINGE, VIAL)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BCG VACCINE (TICE STRAIN) (VIAL)	\$0 (Tier 2)	
BEXSERO (SYRINGE)	\$0 (Tier 2)	
BOOSTRIX TDAP (SYRINGE, VIAL)	\$0 (Tier 2)	
DAPTACEL DTAP (VIAL)	\$0 (Tier 2)	
DENGVAXIA (VIAL)	\$0 (Tier 2)	
DIPHTHERIA- TETANUS TOXOIDS- PED (VIAL)	\$0 (Tier 2)	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	\$0 (Tier 2)	PA
ENGERIX-B PEDIATRIC- ADOLESCENT (SYRINGE)	\$0 (Tier 2)	PA
GARDASIL 9 (SYRINGE, VIAL)	\$0 (Tier 2)	
HAVRIX (1,440 UNIT/ML SYRINGE, 720 UNIT/0.5 ML SYRINGE)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HIBERIX (VIAL)	\$0 (Tier 2)	
IMOVAX RABIES VACCINE (VIAL)	\$0 (Tier 2)	PA
INFANRIX DTAP (SYRINGE)	\$0 (Tier 2)	
IPOL (VIAL)	\$0 (Tier 2)	
IXIARO (SYRINGE)	\$0 (Tier 2)	
KINRIX (SYRINGE)	\$0 (Tier 2)	
M-M-R II VACCINE (VIAL)	\$0 (Tier 2)	
MENACTRA (VIAL)	\$0 (Tier 2)	
MENQUADFI (VIAL)	\$0 (Tier 2)	
MENVEO A-C-Y-W KIT (2 VIALS)	\$0 (Tier 2)	
PEDIARIX (SYRINGE)	\$0 (Tier 2)	
PEDVAXHIB (VIAL)	\$0 (Tier 2)	
PENTACEL (KIT)	\$0 (Tier 2)	
PREHEVBRIO (VIAL)	\$0 (Tier 2)	PA
PRIORIX (VIAL)	\$0 (Tier 2)	
PROQUAD (VIAL)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
QUADRACEL DTAP- IPV (SYRINGE, VIAL)	\$0 (Tier 2)	
RABAVERT (VIAL)	\$0 (Tier 2)	PA
RECOMBIVAX HB (10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL, 5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL)	\$0 (Tier 2)	PA
ROTARIX VACCINE SUSPENSION	\$0 (Tier 2)	
ROTATEQ (SOLUTION)	\$0 (Tier 2)	
SHINGRIX (KIT)	\$0 (Tier 2)	
TDVAX (VIAL)	\$0 (Tier 2)	
TENIVAC (SYRINGE, VIAL)	\$0 (Tier 2)	
TICOVAC (SYRINGE)	\$0 (Tier 2)	
TRUMENBA (SYRINGE)	\$0 (Tier 2)	
TWINRIX (SYRINGE)	\$0 (Tier 2)	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	\$0 (Tier 2)	
VARIVAX VACCINE (VIAL)	\$0 (Tier 2)	
YF-VAX (VIAL)	\$0 (Tier 2)	

Inflammatory Bowel Disease Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Aminosalicylates		
balsalazide disodium (capsule)	\$0 (Tier 1)	
mesalamine (1,000 mg supp, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, dr 1.2 gm tablet)	\$0 (Tier 1)	
mesalamine er 0.375 gram cap	\$0 (Tier 1)	

Inflammatory Bowel Disease Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sulfasalazine (tablet)	\$0 (Tier 1)	
sulfasalazine dr (tablet dr)	\$0 (Tier 1)	
Glucocorticoids		
budesonide dr (capdr - er)	\$0 (Tier 1)	
budesonide ec (capdr - er)	\$0 (Tier 1)	
budesonide er (tabdr - er)	\$0 (Tier 1)	
hydrocortisone 100 mg/60 ml	\$0 (Tier 1)	
procto-med hc (crm/pe app)	\$0 (Tier 1)	
proctosol-hc (crm/pe app)	\$0 (Tier 1)	
proctozone-hc (crm/pe app)	\$0 (Tier 1)	
TARPEYO (CAPSULE DR)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Metabolic Bone Disease Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Metabolic Bone Disease	Agents	
alendronate sodium (10 mg tab, 35 mg tab, 5 mg tablet, sod 70 mg/75 ml)	\$0 (Tier 1)	
alendronate sodium 70 mg tab	\$0 (Tier 1)	QL (4 PER 28 DAYS)
calcitonin-salmon 200 unit spr	\$0 (Tier 1)	QL (3.7 PER 30 DAYS)
calcitriol (0.25 mcg capsule, 0.5 mcg capsule)	\$0 (Tier 1)	
cinacalcet hcl (tablet)	\$0 (Tier 1)	
doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)	\$0 (Tier 1)	
FORTEO (PEN INJCTR)	\$0 (Tier 2)	PA
ibandronate sodium 150 mg tab	\$0 (Tier 1)	QL (1 PER 28 DAYS)
NATPARA (CARTRIDGE)	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)

Metabolic Bone Disease Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)	\$0 (Tier 1)	
PROLIA (SYRINGE)	\$0 (Tier 2)	QL (2 PER 365 OVER TIME)
RAYALDEE (CAP SA 24H)	\$0 (Tier 2)	
TERIPARATIDE 620 MCG/2.48 ML	\$0 (Tier 2)	PA
TYMLOS (PEN INJCTR)	\$0 (Tier 2)	PA
vitamin d3 (10,000 unit capsule, 10,000 unit softgel, cvs 250 mcg softgel)	\$0 (Tier 1)	*
XGEVA (VIAL)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Miscellaneous Therapeutic Agents		
ELLA (TABLET)	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAUZE PADS & DRESSINGS - PADS 2 X 2	\$0 (Tier 2)	
INSULIN PEN NEEDLE	\$0 (Tier 2)	QL (200 PER 30 DAYS)
INSULIN SYRING (DISP) u-100 0.3 ML	\$0 (Tier 2)	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 0.3 ML	\$0 (Tier 2)	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1 ML	\$0 (Tier 2)	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1/2 ML	\$0 (Tier 2)	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1ML	\$0 (Tier 2)	QL (200 PER 30 DAYS)
ISOPROPYL ALCOHOL 70% MEDICATED PAD	\$0 (Tier 2)	
LAGEVRIO (EUA) (CAPSULE)	\$0 (Tier 2)	QL (80 PER 365 OVER TIME)
LIVMARLI (SOLUTION)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEEDLES, INSULIN DISP., SAFETY	\$0 (Tier 2)	QL (200 PER 30 DAYS)
NUTRILIPID (EMULSION)	\$0 (Tier 2)	PA
omnipod 5 g6 intro kit (gen 5) (each)	\$0 (Tier 2)	QL (1 PER 365 OVER TIME)
omnipod 5 g6 pods (gen 5) (cartridge)	\$0 (Tier 2)	QL (30 PER 30 OVER TIME)
omnipod classic pdm kit(gen 3) (each)	\$0 (Tier 2)	QL (1 PER 365 OVER TIME)
omnipod classic pods (gen 3) (cartridge)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
omnipod dash intro kit (gen 4) (each)	\$0 (Tier 2)	QL (1 PER 365 OVER TIME)
omnipod dash pdm kit (gen 4) (each)	\$0 (Tier 2)	QL (1 PER 365 OVER TIME)
omnipod dash pods (gen 4) (cartridge)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
OXLUMO (VIAL)	\$0 (Tier 2)	PA
PAXLOVID 300-100 MG DOSE PACK	\$0 (Tier 2)	QL (60 PER 365 OVER TIME)
PAXLOVID 300-100 MG PACK (EUA)	\$0 (Tier 2)	QL (60 PER 365 OVER TIME)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sodium chloride (irrig, irrig., prcss sol)	\$0 (Tier 1)	
TAVNEOS (CAPSULE)	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
v-go 20 (each)	\$0 (Tier 2)	
v-go 30 (each)	\$0 (Tier 2)	
v-go 40 (each)	\$0 (Tier 2)	
vgo 20 (each)	\$0 (Tier 2)	
vgo 30 (each)	\$0 (Tier 2)	
vgo 40 (each)	\$0 (Tier 2)	
VIJOICE (125 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	PA, QL (28 PER 28 DAYS)
VIJOICE 250 MG DAILY DOSE PACK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
VISTOGARD (GRAN PACK)	\$0 (Tier 2)	
VOXZOGO (VIAL)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VYVGART (VIAL)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Ophthalmic Agents, Oth	ner	
ak-poly-bac (oint. (g))	\$0 (Tier 1)	
ALAWAY (DROPS)	\$0 (Tier 2)	*
ARTIFICIAL TEARS (1.4% DROPS, EYE OINTMENT)	\$0 (Tier 2)	*
artificial tears (drops, gnp drops, gs eye drops, pub, qc drops)	\$0 (Tier 1)	*
atropine 1% eye drops	\$0 (Tier 1)	
bacitracin-polymyxin (oint. (g))	\$0 (Tier 1)	
brimonidine tartrate- timolol (drops)	\$0 (Tier 1)	
CHILDREN'S ALAWAY (DROPS)	\$0 (Tier 2)	*
COMBIGAN (DROPS)	\$0 (Tier 2)	
CYSTARAN (DROPS)	\$0 (Tier 2)	PA, QL (60 PER 28 OVER TIME)
dorzolamide-timolol (2%-0.5%, eye drops)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
eye itch relief (drops)	\$0 (Tier 1)	*
genteal tears 0.1%- 0.3% drop	\$0 (Tier 1)	*
GENTEAL TEARS SEVERE (0.3% GEL, 3- 94% OIN)	\$0 (Tier 2)	*
ISOPTO TEARS (DROPS)	\$0 (Tier 2)	*
ketotifen fum 0.025% eye drops	\$0 (Tier 1)	*
lubricant eye drops (droperette)	\$0 (Tier 1)	*
lubricant eye ointment	\$0 (Tier 1)	*
lubricant pm (oint.)	\$0 (Tier 1)	*
lubricating plus (droperette)	\$0 (Tier 1)	*
neo-polycin (oint. (g))	\$0 (Tier 1)	
neo-polycin hc (oint. (g))	\$0 (Tier 1)	
neomycin-bacitracin- poly-hc (oint. (g))	\$0 (Tier 1)	
neomycin-bacitracin- polymyxin (oint. (g))	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
neomycin-polymyxin- dexameth (neomyc- polym-dexamet ointm, neomyc-polym- dexameth drop)	\$0 (Tier 1)	
neomycin-polymyxin- gramicidin (drops)	\$0 (Tier 1)	
polycin (oint. (g))	\$0 (Tier 1)	
polymyxin b sul- trimethoprim (drops)	\$0 (Tier 1)	
PRED-G S.O.P. EYE OINTMENT	\$0 (Tier 2)	
REFRESH CELLUVISC (DROPER GEL)	\$0 (Tier 2)	*
REFRESH LACRI- LUBE (OINT. (G))	\$0 (Tier 2)	*
REFRESH LIQUIGEL (DRP LQ GEL)	\$0 (Tier 2)	*
REFRESH P.M. (OINT. (G))	\$0 (Tier 2)	*
REFRESH PLUS (DROPERETTE)	\$0 (Tier 2)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REFRESH TEARS (DROPS)	\$0 (Tier 2)	*
RESTASIS (DROPERETTE)	\$0 (Tier 2)	
RESTASIS MULTIDOSE (DROPS)	\$0 (Tier 2)	
ROCKLATAN (DROPS)	\$0 (Tier 2)	QL (2.5 PER 25 DAYS)
SIMBRINZA (DROPS SUSP)	\$0 (Tier 2)	
sulfacetamide- prednisolone (drops)	\$0 (Tier 1)	
SYSTANE 0.3% EYE GEL	\$0 (Tier 2)	*
SYSTANE NIGHTTIME EYE OINTMENT	\$0 (Tier 2)	*
TOBRADEX EYE OINTMENT	\$0 (Tier 2)	
TOBRADEX ST (DROPS SUSP)	\$0 (Tier 2)	
tobramycin- dexamethasone (drops susp)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VABYSMO (VIAL)	\$0 (Tier 2)	PA
XIIDRA (DROPERETTE)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
zaditor (drops)	\$0 (Tier 1)	*
ZYLET (DROPS SUSP)	\$0 (Tier 2)	
Ophthalmic Anti-Infective	ves	
bacitracin 500 unit/gm ophth	\$0 (Tier 1)	
BESIVANCE (DROPS SUSP)	\$0 (Tier 2)	
ciprofloxacin 0.3% eye drop	\$0 (Tier 1)	
erythromycin 0.5% eye ointment	\$0 (Tier 1)	
gatifloxacin (drops)	\$0 (Tier 1)	
gentak (oint. (g))	\$0 (Tier 1)	
gentamicin 0.3% eye drop	\$0 (Tier 1)	
levofloxacin 0.5% eye drops	\$0 (Tier 1)	
moxifloxacin (drops, drp-visc)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NATACYN (DROPS SUSP)	\$0 (Tier 2)	
ofloxacin 0.3% eye drops	\$0 (Tier 1)	
sulfacetamide sodium (drops, ointment)	\$0 (Tier 1)	
tobramycin 0.3% eye drop	\$0 (Tier 1)	
trifluridine (drops)	\$0 (Tier 1)	
ZIRGAN (GEL (GRAM))	\$0 (Tier 2)	
Ophthalmic Anti-allergy	Agents	
azelastine hcl 0.05% drops	\$0 (Tier 1)	
bepotastine besilate (drops)	\$0 (Tier 1)	
cromolyn 4% eye drops	\$0 (Tier 1)	
epinastine hcl (drops)	\$0 (Tier 1)	
olopatadine hcl (0.1% eye drops, 0.2% eye drop)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Ophthalmic Anti-inflami	matories	
dexamethasone 0.1% eye drop	\$0 (Tier 1)	
diclofenac 0.1% eye drops	\$0 (Tier 1)	
FLAREX (DROPS SUSP)	\$0 (Tier 2)	
flurbiprofen sodium (drops)	\$0 (Tier 1)	
FML FORTE (DROPS SUSP)	\$0 (Tier 2)	
ketorolac tromethamine (0.4% ophth solution, 0.5% ophth solution)	\$0 (Tier 1)	
LOTEMAX SM (DROPS GEL)	\$0 (Tier 2)	QL (20 PER 365 OVER TIME)
loteprednol 0.5% ophthalmc gel	\$0 (Tier 1)	QL (20 PER 365 OVER TIME)
Ioteprednol etabonate 0.5% drp	\$0 (Tier 1)	
prednisolone acetate (drops susp)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROLENSA (DROPS)	\$0 (Tier 2)	QL (12 PER 365 OVER TIME)
Ophthalmic Beta-Adren	ergic Blocking Age	nts
betaxolol hcl 0.5% eye drop	\$0 (Tier 1)	
carteolol hcl (drops)	\$0 (Tier 1)	
levobunolol hcl (drops)	\$0 (Tier 1)	
timolol maleate (0.25% eye drop, 0.25% gelsolution, 0.5% eye drop, 0.5% eye drops, 0.5% gelsolution, 0.5% gfs gelsolution)	\$0 (Tier 1)	
Ophthalmic Intraocular	Pressure Lowering	Agents, Other
acetazolamide er (capsule er)	\$0 (Tier 1)	
ALPHAGAN P 0.1% DROPS	\$0 (Tier 2)	
apraclonidine hcl (drops)	\$0 (Tier 1)	
brimonidine tartrate (0.15% drp, 0.2% eye drop)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
brinzolamide (drops susp)	\$0 (Tier 1)	
dorzolamide (drops)	\$0 (Tier 1)	
dorzolamide hcl (drops)	\$0 (Tier 1)	
methazolamide (tablet)	\$0 (Tier 1)	
pilocarpine hcl (1% eye drops, 2% eye drops, 4% eye drops)	\$0 (Tier 1)	
RHOPRESSA (DROPS)	\$0 (Tier 2)	QL (2.5 PER 25 DAYS)
Ophthalmic Prostagland	lin and Prostamide	Analogs
latanoprost 0.005% eye drops	\$0 (Tier 1)	
LUMIGAN (DROPS)	\$0 (Tier 2)	QL (2.5 PER 25 DAYS)
VYZULTA (DROPS)	\$0 (Tier 2)	QL (5 PER 25 DAYS)

Otic Agents

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

acetic acid 2% ear	\$0 (Tier 1)	
solution		

Otic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ciprofloxacin 0.2% otic soln	\$0 (Tier 1)	
ciprofloxacin- dexamethasone (drops susp)	\$0 (Tier 1)	
flac otic oil (drops)	\$0 (Tier 1)	
fluocinolone acetonide oil (drops)	\$0 (Tier 1)	
hydrocortisone-acetic acid (drops)	\$0 (Tier 1)	
neomycin-polymyxin-hc ear susp	\$0 (Tier 1)	
neomycin-polymyxin- hydrocort (solution)	\$0 (Tier 1)	
ofloxacin 0.3% ear drops	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-inflammatories, Inh	aled Corticosteroic	ds
allergy relief (12.5 mg/5 ml, 50 mcg spray, cvs 50 mg/20 ml liq, eq 50 mcg spray, gnp 50 mg/20 ml, hm 50 mcg spray, qc 50 mcg spray, sm 12.5 mg/5 ml, sm 50 mcg spray)	\$0 (Tier 1)	*
ARNUITY ELLIPTA (BLST W/DEV)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ASMANEX (AER POW BA)	\$0 (Tier 2)	QL (1 PER 30 DAYS)
ASMANEX HFA (HFA AER AD)	\$0 (Tier 2)	QL (13 PER 30 DAYS)
BREZTRI AEROSPHERE (HFA AER AD)	\$0 (Tier 2)	QL (23.6 PER 28 DAYS)
budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
children's allergy relief (ra 12.5 mg/5 ml, rel 12.5 mg/5 ml)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diphedryl (12.5 mg/5 ml elixir, gnp 12.5 mg/5 ml elx, ra 12.5 mg/5 ml elix)	\$0 (Tier 1)	*
diphenhydramine hcl (12.5 mg/5 ml, 12.5mg/5ml cup, 25 mg/10 ml, 25 mg/10ml cup)	\$0 (Tier 1)	*
FLOVENT 250 MCG DISKUS	\$0 (Tier 2)	QL (240 PER 30 DAYS)
FLOVENT DISKUS (100 MCG DISKUS, 50 MCG DISKUS)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
FLOVENT HFA (110 MCG INHALER, 220 MCG INHALER)	\$0 (Tier 2)	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	\$0 (Tier 2)	QL (21.2 PER 30 DAYS)
fluticasone propionate (50 mcg spray, cvs 50 mcg sp, eql 50 mcg sp, gnp 50 mcg sp, qc 50 mcg spr)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mometasone furoate 50 mcg spry	\$0 (Tier 1)	QL (34 PER 30 DAYS)
Antihistamines		
aller-g-time (tablet)	\$0 (Tier 1)	*
allergy (25 mg tablet, cvs 25 mg tablet, eql 25 mg tablet, gnp 25 mg tablet, hm 25 mg tablet, kro 25 mg tablet, pub 25 mg tablet, ra 25 mg tablet)	\$0 (Tier 1)	*
azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
children's all day allergy (solution)	\$0 (Tier 1)	*
children's allergy (pub 1 mg/ml, qc 1 mg/ml)	\$0 (Tier 1)	*
children's allergy relief (cvs relf 1 mg/ml, eq relf 1 mg/ml, ra relf 1 mg/ml, relief 1 mg/ml)	\$0 (Tier 1)	*
children's cetirizine hcl (hcl 1 mg/ml, hm 1 mg/ml)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
children's diphenhydramine (liquid)	\$0 (Tier 1)	*
complete allergy (25 mg caplet, complt med 25 mg cp, qc 25 mg cap, qc 25 mg cplt, ra 25 mg cplt)	\$0 (Tier 1)	*
cyproheptadine 4 mg tablet	\$0 (Tier 1)	
diphenhydramine hcl (25 mg caplet, 25 mg capsule, 25 mg tablet)	\$0 (Tier 1)	*
diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)	\$0 (Tier 1)	
hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)	\$0 (Tier 1)	
levocetirizine 5 mg tablet	\$0 (Tier 1)	
m-dryl (liquid)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEDIACLEAR PD (DROPS)	\$0 (Tier 2)	*
sm all day allergy 1 mg/ml syr	\$0 (Tier 1)	*
Antileukotrienes		
montelukast sodium (10 mg tablet, 4 mg granules, 4 mg tab chew, 5 mg tab chew)	\$0 (Tier 1)	
zafirlukast (tablet)	\$0 (Tier 1)	
Bronchodilators, Anticholinergic		
ATROVENT HFA (HFA AER AD)	\$0 (Tier 2)	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA (BLST W/DEV)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ipratropium br 0.02% soln	\$0 (Tier 1)	PA, QL (312.5 PER 30 DAYS)
ipratropium bromide (0.03% spray, 0.06% spray)	\$0 (Tier 1)	
LONHALA MAGNAIR REFILL (VIAL-NEB)	\$0 (Tier 2)	QL (60 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LONHALA MAGNAIR STARTER (VIAL-NEB)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SPIRIVA HANDIHALER (CAP W/DEV)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG INH	\$0 (Tier 2)	QL (8 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG INH	\$0 (Tier 2)	
YUPELRI (VIAL-NEB)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
Bronchodilators, Sympa	athomimetic	
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROAIR HFA)	\$0 (Tier 1)	QL (17 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic proair hfa)	\$0 (Tier 1)	QL (17 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROVENTIL HFA)	\$0 (Tier 1)	QL (17 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic proventil hfa)	\$0 (Tier 1)	QL (13.4 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALBUTEROL HFA 90 MCG INHALER (GENERIC VENTOLIN HFA)	\$0 (Tier 1)	QL (48 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER 9GENERIC PROVENTIL HFA)	\$0 (Tier 1)	QL (17 PER 30 DAYS)
albuterol sul 2.5 mg/3 ml soln	\$0 (Tier 1)	PA, QL (525 PER 30 DAYS)
albuterol sulf 2 mg/5 ml syrup	\$0 (Tier 1)	
albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)	\$0 (Tier 1)	PA, QL (375 PER 30 DAYS)
albuterol sulfate (100 mg/20 ml soln, 15 mg/3 ml solution, 2.5 mg/0.5 ml sol, 20 mg/4 ml solution, 25 mg/5 ml solution, 5 mg/ml solution, 75 mg/15 ml soln)	\$0 (Tier 1)	PA, QL (100 PER 30 DAYS)
epinephrine (0.15 mg auto-injct, 0.3 mg auto- inject)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
formoterol fumarate (vial-neb)	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
levalbuterol 1.25 mg/3 ml sol	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
levalbuterol concentrate (vial-neb)	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol)	\$0 (Tier 1)	PA, QL (540 PER 30 DAYS)
levalbuterol tartrate hfa (hfa aer ad)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
PERFOROMIST (VIAL- NEB)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
PROAIR HFA (HFA AER AD)	\$0 (Tier 2)	QL (17 PER 30 DAYS)
PROAIR RESPICLICK (AER POW BA)	\$0 (Tier 2)	QL (2 PER 30 DAYS)
SEREVENT DISKUS (BLST W/DEV)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Cystic Fibrosis Agents		
CAYSTON (VIAL-NEB)	\$0 (Tier 2)	PA
KALYDECO (150 MG TABLET, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET)	\$0 (Tier 2)	PA
ORKAMBI (100 MG-125 MG TABLET, 200 MG- 125 MG TABLET)	\$0 (Tier 2)	PA, QL (112 PER 28 DAYS)
ORKAMBI (100-125 MG GRANULE PKT, 150- 188 MG GRANULE PKT, 75-94 MG GRANULE PKT)	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
PULMOZYME (SOLUTION)	\$0 (Tier 2)	PA
SYMDEKO 100/150 MG-150 MG TABS	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
SYMDEKO 50/75 MG- 75 MG TABLETS	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TOBI PODHALER (CAP W/DEV)	\$0 (Tier 2)	QL (224 PER 56 OVER TIME)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tobramycin (300 mg/4 ml ampule, 300 mg/5 ml ampule, pak 300 mg/5 ml)	\$0 (Tier 1)	PA
TRIKAFTA (100-50-75 MG/150 MG, 50-25- 37.5 MG/75 MG)	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
Mast Cell Stabilizers		
cromolyn 20 mg/2 ml neb soln	\$0 (Tier 1)	PA
Phosphodiesterase Inhi	bitors, Airways Dis	ease
DALIRESP (TABLET)	\$0 (Tier 2)	PA
theophylline anhydrous (er 300 mg tab, er 450 mg tab)	\$0 (Tier 1)	
theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)	\$0 (Tier 1)	
Pulmonary Antihypertensives		
ADEMPAS (TABLET)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alyq (tablet)	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
ambrisentan (tablet)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
bosentan (tablet)	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
epoprostenol sodium (vial)	\$0 (Tier 1)	PA
OPSUMIT (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ORENITRAM ER (0.25 MG TABLET, 1 MG TABLET, 2.5 MG TABLET, 5 MG TABLET)	\$0 (Tier 2)	PA
sildenafil 20 mg tablet	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
tadalafil 20 mg tablet	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
UPTRAVI 1,800 MCG VIAL	\$0 (Tier 2)	PA
VENTAVIS (AMPUL- NEB)	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	
Pulmonary Fibrosis Age	ents		
ESBRIET (267 MG CAPSULE, 267 MG TABLET, 801 MG TABLET)	\$0 (Tier 2)	PA	
OFEV (CAPSULE)	\$0 (Tier 2)	PA	
pirfenidone (267 mg tablet, 534 mg tablet, 801 mg tablet)	\$0 (Tier 1)	PA	
Respiratory Tract Agent	Respiratory Tract Agents, Other		
acetylcysteine (10% vial, 20% vial)	\$0 (Tier 1)	PA	
ANORO ELLIPTA (BLST W/DEV)	\$0 (Tier 2)	QL (60 PER 30 DAYS)	
BREO ELLIPTA (100- 25 MCG INHALR, 200- 25 MCG INHALR)	\$0 (Tier 2)	QL (60 PER 30 DAYS)	
COMBIVENT RESPIMAT (MIST INHAL)	\$0 (Tier 2)	QL (8 PER 30 DAYS)	
DULERA (100 MCG-5 MCG INHALER, 200 MCG-5 MCG INHALER)	\$0 (Tier 2)	QL (17.6 PER 30 DAYS)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DULERA 50 MCG-5 MCG INHALER	\$0 (Tier 2)	QL (13 PER 30 DAYS)
FASENRA (SYRINGE)	\$0 (Tier 2)	PA
FASENRA PEN (AUTO INJCT)	\$0 (Tier 2)	PA
fluticasone-salmeterol (100-50, 250-50, 500- 50)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ipratropium-albuterol (ampul-neb)	\$0 (Tier 1)	PA, QL (540 PER 30 DAYS)
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)
NUCALA 40 MG/0.4 ML SYRINGE	\$0 (Tier 2)	PA, QL (0.4 PER 28 DAYS)
STIOLTO RESPIMAT (MIST INHAL)	\$0 (Tier 2)	QL (24 PER 30 DAYS)
SYMBICORT 160-4.5 MCG INHALER	\$0 (Tier 2)	QL (12 PER 30 DAYS)
SYMBICORT 80-4.5 MCG INHALER	\$0 (Tier 2)	QL (13.8 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TEZSPIRE 210 MG/1.91 ML SYRING	\$0 (Tier 2)	PA, QL (1.91 PER 28 DAYS)
TRELEGY ELLIPTA (BLST W/DEV)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
wixela inhub (blst w/dev)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
respiratory tract/pulmonary agents		
AHIST (TABLET)	\$0 (Tier 2)	*
ala-hist ir (tablet)	\$0 (Tier 1)	*
ALAVERT 10 MG ODT	\$0 (Tier 2)	*
all day allergy (10 mg tablet, eql 10 mg tab, gnp 10 mg tab, gs 10 mg tab, hm 10 mg tab, kro 10 mg tab, qc 10 mg tab, sm 10 mg tab)	\$0 (Tier 1)	*
ALLER-CHLOR (TABLET)	\$0 (Tier 2)	*
aller-ease (tablet)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
allergy ((loratadine) 10 mg tab, 10 mg tablet, 25 mg capsule, 25 mg softgel, 4 mg tablet, 50 mg/20 ml solution, cvs (diphen) 25 mg cap, cvs 25 mg capsule, cvs 25 mg softgel, eql 4 mg tablet, gnp 25 mg capsule, gnp 25 mg softgel, gnp 4 mg tablet, hm 25 mg capsule, kro 25 mg capsule, kro 4 mg tablet, pub 25 mg capsule, sm 4 mg tablet)	\$0 (Tier 1)	*

Name of drug

Vill cost you
(tier level)

Necessary
actions,
restrictions, or
limits on use

allergy relief (10 mg tablet, 180 mg tablet, 25 mg capsule, 25 mg softgel, 25 mg tablet, 4 mg tablet, 5 mg/5 ml soln, cvs (cetrzn) 10 mg tab, cvs (lorat) 10 mg tab, cvs 180 mg tab, cvs 25 mg tab, cvs 4 mg tablet, cvs 5 mg/5 ml, eq (lorat) 10 mg tab, eq 10 mg tablet, eg 180 mg tab, eq 25 mg cap, eq 25 mg tablet, eql 10 mg tab, eql 25 mg cap, gnp 180 mg tab, gnp 25 mg cap, gnp 25 mg lg cp, gnp 25 mg tab, gnp 4 mg tablet, gnp relf 5 mg/5 ml sln, gs 10 mg tablet, gs 25 mg cap, gs 25 mg tablet, gs 4 mg tablet, hm 10 mg tablet, hm 180 mg tab, hm 25 mg cap, hm 25 mg tablet, hm 4 mg tablet, kro 10 mg tab, kro 180 mg tab, pub 10 mg tab, pub 180 mg tab, ra 10 mg tablet, ra 180 mg tab, ra 25 mg cap, ra 4 mg tablet, rlf (cetrzn) 10 mg tab, sm 25 mg cap. sm 25 mg tablet, sw 10 mg tab)

\$0 (Tier 1)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
allergy-time (tablet)	\$0 (Tier 1)	*
banophen (25 mg capsule, 25 mg tablet, 50 mg capsule)	\$0 (Tier 1)	*
budesonide (32 mcg nasal spray, cvs 32 mcg spray, gnp 32 mcg spray, ra 32 mcg spray)	\$0 (Tier 1)	*
cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup, 10 mg chew tab, 10 mg tablet, 5 mg chew tab, 5 mg tablet, 5 mg/5 ml cup, ra 10 mg tablet)	\$0 (Tier 1)	*
children's allergy (child 5 mg/5 ml soln, child's 12.5 mg/5 ml, eq child 5 mg/5 ml sol, eql child 12.5 mg/5 ml, gnp child 12.5 mg/5 ml, gs child 12.5 mg/5 ml, hm child 12.5 mg/5 ml, qc child 12.5 mg/5 ml, ra child 5 mg/5 ml sol, sm child 5 mg/5 ml sol)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
children's allergy relief (cvs 12.5 mg/5 ml, eq 12.5 mg/5 ml, eq relief soln, kro 12.5 mg/5 ml, kro relief soln, relief 5 mg/5 ml, rlf 12.5 mg/5 ml)	\$0 (Tier 1)	*
children's cetirizine hcl (10 mg chew tb, 5 mg chew tab)	\$0 (Tier 1)	*
CHILDREN'S FLONASE ALLERGY RLF (SPRAY SUSP)	\$0 (Tier 2)	*
CHILDREN'S FLONASE SENSIMIST (SPRAY SUSP)	\$0 (Tier 2)	*
children's loratadine (child 5 mg/5 ml sol, child 5 mg/5 ml syr, gnp chld 5 mg/5 ml, hm child 5 mg/5 ml, sm child 5 mg/5 ml)	\$0 (Tier 1)	*
chlorpheniramine maleate (4 mg tablet, qc 4 mg tab, ra 4 mg tab)	\$0 (Tier 1)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cromolyn sodium nasal spray	\$0 (Tier 1)	*
DIPHENHIST 25 MG CAPSULE	\$0 (Tier 2)	*
diphenhydramine 50 mg capsule	\$0 (Tier 1)	*
ed chlorped jr (syrup)	\$0 (Tier 1)	*
fexofenadine hcl (180 mg tablet, 60 mg tablet, hm 180 mg tab, hm 60 mg tab, qc 180 mg tab, sm 180 mg tab, sm 60 mg tab)	\$0 (Tier 1)	*
FLONASE ALLERGY RELIEF (SPRAY SUSP)	\$0 (Tier 2)	*
FLONASE SENSIMIST (SPRAY SUSP)	\$0 (Tier 2)	*
HISTEX 2.5 MG/5 ML SYRUP	\$0 (Tier 2)	*
HISTEX PD 0.938 MG/ML DROP	\$0 (Tier 2)	*

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
loratadine (10 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup, gnp 10 mg tablet, gnp 5 mg/5 ml syrup, hm 10 mg tablet, qc 10 mg tablet, ra 10 mg tablet, sm 10 mg tablet, sm 5 mg/5 ml syrup)	\$0 (Tier 1)	*
loratadine allergy (solution)	\$0 (Tier 1)	*
PEDIAVENT 2 MG/5 ML SYRUP	\$0 (Tier 2)	*
pharbedryl (capsule)	\$0 (Tier 1)	*
siladryl (liquid)	\$0 (Tier 1)	*
triprolidine 0.938 mg/ml drops	\$0 (Tier 1)	*

Skeletal Muscle Relaxants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Skeletal Muscle Relaxants		
chlorzoxazone 500 mg tablet	\$0 (Tier 1)	

Skeletal Muscle Relaxants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cyclobenzaprine hcl (10 mg tablet, 5 mg tablet)	\$0 (Tier 1)	
methocarbamol (500 mg tablet, 750 mg tablet)	\$0 (Tier 1)	

Sleep Disorder Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Sleep Promoting Agents	5	
BELSOMRA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
eszopiclone (tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ramelteon (tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
temazepam (15 mg capsule, 30 mg capsule)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
zaleplon 10 mg capsule	\$0 (Tier 1)	QL (60 PER 30 DAYS)

Sleep Disorder Agents

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zaleplon 5 mg capsule	\$0 (Tier 1)	QL (30 PER 30 DAYS)
zolpidem tartrate (10 mg tablet, 5 mg tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
zolpidem tartrate er (tab mphase)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
Wakefulness Promoting	Agents	
armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
armodafinil 50 mg tablet	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
modafinil (tablet)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
XYREM (SOLUTION)	\$0 (Tier 2)	PA, QL (540 PER 30 DAYS)

Uncategorized

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Unclassified		
cortisone acetate (tablet)	\$0 (Tier 1)	

Uncategorized

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
droplet micron 34g 3.5mm	\$0 (Tier 2)	QL (200 PER 30 DAYS)

Alphabetical Listing		ACTIMMUNE	229
3		acyclovir 1	15,165
3 day vaginal 3-DAY VAGINAL CREAM	.71	acyclovir 1 acyclovir sodium	115
3-DAY VAGINAL CREAM	.71	ADACEL TDAP	233
		adapalene	166
9 hour gootominanhan	1 1 0	ADBRY adefovir dipivoxil	112
	148 148	ADEMPAS	263
8 hour pain relief	140 148	adult aspirin regimen	203
8hr arthritis pain relief1	148	advanced antacid-	20
8hr muscle aches-pain1	148	advanced antacid- antigas 1 ADVIL	79.189
режими		ADVIL	20
A		ADVIL JUNIOR	
	108	STRENGTH ADVIL MIGRAINE	20
	108	ADVIL MIGRAINE	20
abacavir-lamivudine-	100	AFINITOR DISPERZ	86
	109	AFINITUR DISPERZ	207
ABELCET ABILIFY MAINTENA	100	afirmelle aftera	
abiraterone acetate		AHIST	
acamprosate calcium	35	AHIST AIMOVIG AUTOINJECT	TOR 78
acarbose	119	ak-poly-bac	244
	134	AKYNŹEO	70
acetaminophen	149	ala-cort	161
acetaminophen 8 hour	149	ala-hist ir	267
	150	ALAVERT	267
acetaminophen-codeine	31	ALAWAY	244
acetazolamide 2	137 251	albendazole	94 100
	25 I	INHALER (GENERIC	ICG
acetylcysteine	265	PROAIR HEA)	259
acetic acid 202,2 acetylcysteine 2 acid controller	185	albuterol hfa 90 mcg inh	naler
acid controller acid gone antacid acid reducer acid reducer complete acitretin ACNE MEDICATION	185	(generic proair nfa)	259
acid reducer1	186	ALBUTEROL HFA 90 M	1CG
acid reducer complete1	186	INHALER (GENERIC PROVENTIL HFA)	
acitretin	159	PROVENTIL HEA)	259
ACNE MEDICATION	100	albuterol hfa 90 mcg inh	aler
acne medication 1	100 225	(generic proventil hfa)	259 100
ACTEMRA ACTPEN 2	225	INHALER (GENERIC	ICG
ACTHIB 2	233	VENTOLIN HEA)	260
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ALBUTEROL HFA 90	MCG	AMINOSYN II	168
INHALER 9GENERIC		AMINOSYN-PF	168
PROVENTIL HFA)		amiodarone hcl	132
albuterol sulfate		amitriptyline hcl	68
alclometasone			135
dipropionate	161	amlodipine besylate-	
ALDÜRAZYME	197		138
	86		138
alendronate sodium	239		138
alfuzosin hcl er		amlodipine-valsartan-hctz	
aliskiren	107		161
all day allergy		amnesteem	160
all day pain relief	20	amoxapine	.68
all day relief	20	amoxicillin	47
ALLER-CHLOR	267	amoxicillin-clavulanate pot	
aller-ease		er	48
aller-g-time		amoxicillin-clavulanate	
allergy		potass	48
allergy relief	254,270	amphotericin b	71
allergy-time	271	amphotericin b liposome	71
allopurinol	77	ampicillin sodium	48
almacone-2	179	ampicillin trihydrate	.48
alosetron hcl		ampicillin-sulbactam	48
ALPHAGAN P		anagrelide hcl	128
alprazolam		anastrozole	86
altavera	207		206
alum-mag hydroxide-			265
simethicone	179	antacid 180,	
aluminum hydroxide	180	antacid calcium	180
aluminum hydroxide ALUNBRIG	86	antacid extra strength	190
alyacen	207	antacid maximum strength	180
alyq	264	antacid plus anti-gas	190
amabelz	207	antacid plus gas relief	192
amantadine	114	antacid ultra strength	190
AMBISOME	71	antacid with simethicone	191
ambrisentan	264	antacid-antigas	191
amethyst	207	antacid-das relief	192
amethyst amikacin sulfate	Δ1	antacid-gas relief anti-diarrheal	181
amiloride hcl	1/1	anti-fungal	72
amiloride-	I T I	anti-fungal cream	72
hydrochlorothiazide	127	anti-itch	166
			100
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dalfampridine er DALIRESP danazol dantrolene sodium DANYELZA dapsone DAPTACEL DTAP daptomycin darifenacin er DARZALEX FASPRO dasetta DAURISMO deblitane deferiprone deferiprone (3 times a day) DELSTRIGO demeclocycline hcl DENGVAXIA DEPO-PROVERA DEPO-SUBQ PROVERA 104 DESCOVY desipramine hcl desmopressin acetate desogestr-eth estrad eth estra desonide desoximetasone	156 263 206 106 93 234 43 200 93 208 87 214 171 171 171 171 171 171 234 215 215 204 215 204 2162 162	er dextroamphetamine-amphetamine dextrose 5%-0.45% nacl dextrose 5%-0.9% nacl dextrose in water DIACOMIT DIALYVITE 3000 DIALYVITE 5000 DIALYVITE SUPREME D DIALYVITE ZINC diarrhea relief diazepam 58 diazoxide diclofenac potassium diclofenac sodium 24,164 diclofenac sodium er dicloxacillin sodium dicyclomine hcl DIFFERIN DIFICID diflunisal digitek digox digoxin dihydroergotamine mesylate DILANTIN DILAUDID dilt-xr diltiazem 12hr er	146 148 168 168 173 173 173 173 173 173 173 173 173 173
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KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-349-9324 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-349-9324 (TTY: 711) 번으로 전화해 주십시오. মনোযোগ: আপনি যদি বাংলা কথা বলেন, ভাষা সহায়তা পরিষেবাগুলি, নিখরচায় আপনার জন্য উপলব্ধ। 1-877-349-9324 (টিটিওয়াই: 711) কল করুন।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-349-9324 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-349-9324 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-349-9324 (TTY: 711).

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-877-349-9324 (TTY:711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-349-9324 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-349-9324 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-349-9324 (TTY: 711).





Upper Peninsula Health Plan MI Health Link (Medicare – Medicaid Plan) 2022 Formulary (List of Covered Drugs)

No changes made since 12/01/2022

For more recent information or other questions, contact UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. For more information visit www.uphp.com/medicare.

If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. **For more information**, visit www.uphp.com/medicare.