



#### 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

H1977\_001\_RX22Formulary Approved

## 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 <a href="https://www.uphp.com/medicare">www.uphp.com/medicare</a>.

#### **Table of Contents**

Α.	Disclaimers 5
В.	Frequently Asked Questions (FAQ)6
	B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the "Drug List" for short.)
	B2. Does the Drug List ever change?7
	B3. What happens when there is a change to the Drug List?
	B4. Are there any restrictions or limits on drug coverage? Or are there any required actions to take to get certain drugs?
	B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?11
	B6. What happens if UPHP MI Health Link changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?
	B7. How can I find a drug on the Drug List? 11
	B8. What if the drug I want to take is not on the Drug List?12
	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?

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.

	B10. Can I ask for an exception to cover my drug?	14
	B11. How can I ask for an exception?	14
	B12. How long does it take to get an exception?	14
	B13. What are generic drugs?	15
	B14. What are OTC drugs?	15
	B15. What is my copay?	16
	B16. What are drug tiers?	16
C.	Overview of the List of Covered Drugs	16
	C1. Drugs Grouped by Medical Condition	17
D.	Index of Covered Drugs	<u> 2</u> 69

#### 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 <a href="https://www.uphp.com/medicare">www.uphp.com/medicare</a>.
- ❖ 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 <a href="www.uphp.com/medicare">www.uphp.com/medicare</a>, 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 <a href="https://www.uphp.com/medicare">www.uphp.com/medicare</a>. 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, qc 21 mg/24hr patch, ra 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
varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet, varenicline starting month box)	\$0 (Tier 1)	QL (504 PER 365 OVER TIME)
anti-addiction/substance	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)	*
--	--------------	---

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, hm 14 mg/24hr patch, hm 7 mg/24hr patch, kro 14 mg/24hr patch, kro 7 mg/24hr patch, qc 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, 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	<b>'S</b>	
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 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)	
PAXIL 10 MG/5 ML SUSPENSION	\$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
VIIBRYD 10-20 MG STARTER PACK	\$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
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)	
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 syrp)	\$0 (Tier 1)	
promethegan (12.5 mg suppos, 25 mg suppository)	\$0 (Tier 1)	
scopolamine (patch td 3)	\$0 (Tier 1)	

## **Antiemetics**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Emetogenic Therapy Ad	ljuncts	
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
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

## **Antiemetics**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
anti-fungal 1% powder	\$0 (Tier 1)	*	
anti-fungal cream (cream (g))	\$0 (Tier 1)	*	

# **Antifungals**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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, qc 1% cream, ra 1% cream, sm 1% cream)	\$0 (Tier 1)	*
athlete's foot (cream, eq cream, gnp cream, qc 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
<b>Antiangiogenic Agents</b>		
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	<b>3</b>	
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, 0.5 MG CAPSULE, 0.75 MG CAPSULE, 1 MG CAPSULE)	\$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
UKONIQ (TABLET)	\$0 (Tier 2)	PA
VENCLEXTA (TABLET)	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
ZYKADIA 150 MG TABLET	\$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
Retinoids		
bexarotene (1% gel, 75 mg capsule)	\$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
ivermectin 3 mg tablet	\$0 (Tier 1)	PA
praziquantel (tablet)	\$0 (Tier 1)	

## **Antiparasitics**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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)	
<b>Dopamine Agonists</b>		
bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)	\$0 (Tier 1)	
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

## **Antiparkinson Agents**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pramipexole dihydrochloride (tablet)	\$0 (Tier 1)	
ropinirole hcl (tablet)	\$0 (Tier 1)	
Dopamine Precursors a Inhibitors	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)	
carbidopa-levodopa er (tablet er)	\$0 (Tier 1)	
INBRIJA (CAP W/DEV)	\$0 (Tier 2)	PA
RYTARY (CAPSULE ER)	\$0 (Tier 2)	ST

#### **Antiparkinson Agents**

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

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

. ,	1 /		
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	
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)		
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)	

. ,		
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
LATUDA 80 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYBALVI (TABLET)	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
quetiapine fumarate (100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab)	\$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
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)
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
clozapine 200 mg tablet	\$0 (Tier 1)	QL (120 PER 30 DAYS)
clozapine 50 mg tablet	\$0 (Tier 1)	QL (180 PER 30 DAYS)

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

#### **Antispasticity Agents**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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, Integra	ase Inhibitors (INST	<b>T)</b>
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)
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 25 MG TABLET CHEW, 400 MG TABLET)	\$0 (Tier 2)	

#### **Antivirals**

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

#### **Antivirals**

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

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

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
ritonavir (tablet)	\$0 (Tier 1)	
SYMTUZA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIRACEPT (TABLET)	\$0 (Tier 2)	
Anti-cytomegalovirus (CMV) Agents		
cidofovir (vial)	\$0 (Tier 1)	
ganciclovir sodium (500 mg 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
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)
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)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-hepatitis C (HCV)	Agents	
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)	
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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
<b>Anxiolytics, Other</b>		
buspirone hcl (tablet)	\$0 (Tier 1)	
hydroxyzine pamoate (capsule)	\$0 (Tier 1)	
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)
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)

# **Anxiolytics**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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 cab, 600 mg cap)	\$0 (Tier 1)	
lithium carbonate er (tablet er)	\$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)	

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

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

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

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

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

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

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

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XARELTO DVT-PE TREAT START 30D	\$0 (Tier 2)	QL (102 PER 365 OVER TIME)
<b>Blood Products and Mo</b>	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
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
vitamin k1 (ampul)	\$0 (Tier 1)	*
Platelet Modifying Agents		
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 Agoni	sts	
clonidine (patch tdwk)	\$0 (Tier 1)	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	\$0 (Tier 1)	
droxidopa (capsule)	\$0 (Tier 1)	PA
guanfacine hcl (tablet)	\$0 (Tier 1)	
methyldopa (tablet)	\$0 (Tier 1)	
midodrine hcl (tablet)	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl (tablet)	\$0 (Tier 1)	
captopril (tablet)	\$0 (Tier 1)	

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

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

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

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
amlodipine besylate- benazepril (capsule)	\$0 (Tier 1)	
amlodipine-atorvastatin (tablet)	\$0 (Tier 1)	
amlodipine-valsartan (tablet)	\$0 (Tier 1)	

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

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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-sp	aring	
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 feverpain 160 mg/5ml, gs child pain-fever 160 mg/5ml, hm chld 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
<b>Dental and Oral Agents</b>		
chlorhexidine gluconate (15 ml cup, 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)	
<b>Topical Anti-infectives</b>		
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, vial)	\$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)	
<b>Potassium Binders</b>		
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)	
<b>Proton Pump Inhibitors</b>		
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
<b>Anabolic Steroids</b>		
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)	
zovia 1-35e (tablet)	\$0 (Tier 1)	
Progestins		
aftera (tablet)	\$0 (Tier 1)	*
camila (tablet)	\$0 (Tier 1)	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
medroxyprogesterone acetate (10 mg tab, 2.5 mg tab, 5 mg tab)	\$0 (Tier 1)	
megestrol acetate (20 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)	*

# 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
option 2 (tablet)	\$0 (Tier 1)	*
PLAN B ONE-STEP (TABLET)	\$0 (Tier 2)	*
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, Stimu (Thyroid)	ulant/Replacement/	Modifying
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)	
LEVOXYL (TABLET)	\$0 (Tier 2)	
liothyronine sodium (25 mcg tab, 5 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, Suppressant (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		
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, 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-Infectives		
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
<b>Cystic Fibrosis Agents</b>		
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**

_		
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)	

Alphabetical Listing		ACTIMMUNE	229
3		acyclovir 11	5.165
3 day vaginal 3-DAY VAGINAL CREAM	71	acyclovir sodium 11	115
3-DÁY VÄGINAL CREAM	.71	ADACEL IDAP	233
		adapalene	166
8	4.0	ADBRY adefovir dipivoxil	225
8 hour acetaminophen1	48	adefovir dipivoxil	113
8 hour pain relief 1 8hr arthritis pain 1 8hr arthritis pain relief 1	48	ADEMPAS adult aspirin regimen	263
8hr arthritis pain1	48	adult aspirin regimen	20
8hr arthritis pain relier1	48	advanced antacid-	70 400
8hr muscle aches-pain 1	48	antigas 17 ADVIL	9,189
^		ADVIL JUNIOR	∠∪
A shacavir 1	Λ0	ADVIL JUNIOR CTDENICTU	20
abacavir 1 abacavir-lamivudine 1	08	STRENGTH ADVIL MIGRAINE	20
abacavir-lamivudine-	00	AFINITOR	20
	08	AFINITOR DISPERZ	86
ABELCET		afirmelle	
ABILIFY MAINTENA 1	ဂ်ဂ်	aftera	
abiraterone acetate		AHIST	
acamprosate calcium	35	AHIST AIMOVIG AUTOINJECTO	OR 78
acarbose 1	18	ak-poly-bac	244
acebutolol hcl 1	34	AKYNŻEO	70
acetaminophen 1	49	ala-cort	161
acetaminophen 8 hour1	49	ala-hist ir	267
acetaminophen er1	50	ALAVERT	267
acetaminophen-codeine	31	ALAWAY	244
acetazolamide 1	37	albendazole	94
acetazolamide er 2	251	ALBUTEROL HFA 90 MC	CG
acetic acid 202,2 acetylcysteine 2	253	INHALER (GENERIC	050
acetylcysteine2	65	PROAIR HEA)	259
acid controller 1 acid gone antacid 1 acid reducer 1	85	albuterol hfa 90 mcg inha	ler 250
acid gone antacid	85 06	(generic proair hfa)	Z59
acid reducer complete	96 90	ALBUTEROL HFA 90 MC	
acid reducer complete 1 acitretin 1 ACNE MEDICATION 1	00 50	INHALER (GENERIC PROVENTIL HFA)	250
	66	albuterol hfa 90 mcg inha	ZJ9 alor
acne medication 1	66	(deneric proventil hfa)	250
ACTEMBA 2	25	(generic proventil hfa)	<u>2</u> 03
ACTEMRA 2 ACTEMRA ACTPEN 2	25	INHALER (GENERIC	<b>5</b> 0
ACTHIB 2	33	VENTOLIN HEAT	260
		,	55
You can find information of abbreviations on this table	MN III	at the symbols and n by going to page 10	277
annieviations on this table	, iiica	in by going to page 18.	277

<b>ALBUTEROL HFA 90</b>	MCG	AMINOSYN II	168
<b>INHALER 9GENERIC</b>		AMINOSYN-PF	.168
PROVENTIL HFA)	260	amiodarone hcl	132
albuterol sulfate	260	amitriptyline hcl	68
alclometasone		amlodipine besylate	135
dipropionate	161	amlodipine besýlate-	
ALDURAZYME		benazepril	137
ALECENSA	$\circ$	amlodipine-atorvastatin	137
alendronate sodium		amlodipine-valsartan	137
alfuzosin hcl er		amlodipine-valsartan-hctz	
aliskiren	407	ammonium lactate	161
		amnesteem	160
all day allergyall day pain relief	20	amoxapine	68
all day relief	20	amoxicillin	47
all day relief ALLER-CHLOR	267	amoxicillin-clavulanate pot	
aller-ease	267	er	48
aller-g-time	256	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	ANDRODERM	206
alum-mag hydroxide-		ANORO ELLIPTA	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		antacid ultra strength	190
AMBISOME	71	antacid with simethicone	191
ambrisentan		antacid-antigas	191
amethyst	207	antacid-antigas antacid-gas relief anti-diarrheal	192
amethyst amikacin sulfate	41	anti-diarrheal	181
amiloride hcl	141	anti-fungal	71
amiloride-		anti-fungal cream	71
hydrochlorothiazide	137	anti-fungal cream anti-itch	166
ing and of monothinazido		GIR ROIL	. 1 00

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

benztropine mesylate	96	BRUKINSA	87
bepotastine besilate	249	budesonide	254.271
bepotastine besilate BESIVANCE	248	budesonide dr	238
BESREMI	84	budesonide ec	
BETADINE		budesonide er	
betaine anhydrous	197	buffered aspirin	
betamethasone diprop		bumetanide	141
augmented	161	buprenorphine hcl	36
hatamathacana		buprenorphine-naloxor	ne 36
dipropionate	161	bupropion hcl	63
betamethasone valerate	161	bupropion hcl sr	37.63
BETASERON	156	bupropion hcl sr 150m	a
BETASERON 13	4 251	tablet	63
bethanechol chloride	202	bupropion xl	64
bexarotene	93	bupropion xl buspirone hcl	116
BEXSERO	234	butalbital-acetaminoph	en-
bicalutamide		caffe	150
BICILLIN L-A	49	caffe BYSTOLIC	134
BIKTARVY		2.0.01.01	
bisacodyl		C	
bismatrol	181	CABENUVA	106
bismuth	181	cabergoline	219
bisoprolol fumarate	134	CABLIVI	129
hisoprolol-		CABLÍVI CABOMETYX	87
hydrochlorothiazide BIVIGAM	138	cal-gest	181
BIVIGAM	223	calcipotriene	
blisovi 24 fe	207	calcitonin-salmon	239
blisovi fe	$\sim$	calcitriol	
BOOSTRIX TDAP		calcium	177
hosentan	264	calcium calcium 600-vit d3	177
BOSULIF	87	calcium acetate	171
BRAFTOVI	87	calcium antacid	181.192
BOSULIF BRAFTOVI BREO ELLIPTA BREZTRI AEROSPHERI	265	calcium antacid calcium carbonate	177
<b>BREZTRI AEROSPHERI</b>	E 254	CALQUENCE	87
briellyn	208	camila CAMZYOS candesartan cilexetil	214
briellynBRILINTA	129	CAMZYOS	138
brimonidine tartrate	251	candesartan cilexetil	131
hrimonidine tartrate-timol	ol 244	candesartan-	
brinzolamide BRIVIACT	252	hydrochlorothiazid	138
BRIVIACT	54	CAPLYTA	100
bromocriptine mesylate	96	CAPRELSA	87
•			
ahhreviations on this t	ahle mes	nat the symbols and an by going to page 19.	280
	abic ilic	an by going to page 13.	200

captopril	131	CHILDREN'S ADVIL	22
captopril-		CHILDREN'S ALAWAY	
hydrochlorothiazide	138	children's all day allergy	.256
CARBAGLU	168	children's allergy 256	,271
carbamazepine	60	children's alleray	
carbamazepine er	60	children's allergy relief254,256	,272
carbidopa		children's aspirin	23
carbidopa-levodopa	97	children's cetirizine hcl256	272
carbidopa-levodopa er	97	children's	,
carglumic acid	168	diphenhydramine	257
carteolol hcl	. 251	diphenhydramine CHILDREN'S FLONASE	
cartia xt	136	ALLERGY RLF	272
carvedilol	134	CHILDREN'S FLONASE	
carvedilol er	134	SENSIMIST	272
caspofungin acetate	_	children's ibuprofen	23
CAYSTON	262	children's loratadine	272
cefaclor	45	children's mapap	34
cefadroxil		children's pain relief	151
cefazolin sodium		children's pain-fever	151
cefdinir	4 -	chlordiazepoxide hcl chlorhexidine gluconate	116
cefepime hcl		chlorhexidine gluconate	159
cefixime		chloroquine phosphate	95
cefotaxime sodium	46	chlorpheniramine maleate	
cefotetan		chlorpromazine hcl	98
cefoxitin		chlorthalidone	142
cefpodoxime proxetil		chlorzoxazone	274
cefprozil	40	CHOLBAM	197
ceftazidime	16	cholestyramine	143
ceftriaxone		cholestyramine light	
cefuroxime		chromium	177
cefuroxime sodium	47	CIBINQO	
celecoxib	22	ciclodan	
CELONTIN	57	ciclopirox 165	166
cephalexin	47	cidofovir	112
CERDELGA	197	cilostazol	130
cetirizine hcl	271	CIMDUO	108
CHANTIX	37	cimetidine	186
chateal	208	CIMZIA	230
chateal eq	208	CIMZIA cinacalcet hcl	239
CHEMET	170	CINRYZE	223
children's acetaminophen		ciprofloxacin hcl51,248	253
• • • • • • • • • • • • • • • • • • •		•	,_00
You can find information abbreviations on this ta	n on wh ble mea	ial the symbols and an by going to page 19.	281
		ישי שפיים פי פיייים לי	

ciprofloxacin-d5w	51	colistimethate	43
ciprofloxacin-	252	COMBIGAN	244
dexamethasone	65	COMBIVENT RESPIMAT COMETRIQ	
citalopram hbr	65	COMETRIQ	87 .107
claravis	50	complete allergy	257
clarithromycin er	50	compro	69
clearlax	193	constulose	177
CLENPIQ	181	COPIKTRA	87
CLIMARA PRO	208	copper chloride	.177
clindacin etz		CORLANOR	.138
clindacin p,	42	cortisone acetate	.276
clindamycin (pediatric)	42	corvita	172
clindamycin hcl	43	COSENTYX (2	000
clindamycin phos-benzoy		SYRINGES)	226
perox	160	COSENTYX SENSOREAL	.226
clindamycin phosphate 43 clindamycin-benzoyl	5,100	(2 PENS) COSENTYX SENSOREAL	.220 7V
peroxide	160	PEN	.226
CLINISOL		COSENTYX SYRINGE	226
clobazam		COTELLIC	$\sim$ –
clobetasol emollient		CREON	197
		CRESEMBA	73
clobetasol propionate clomipramine hcl	68	CRIXIVAN	.111
clonazepam	57	cromolyn	
clonidine		sodium198,249,263	
clonidine hcl		cryselle	.208
clonidine hcl er	147	CÚTAQUIG	. 223
clopidogrel clorazepate dipotassium	116	CUVITRU	. ZZJ 170
clotrimazole	I I O 72 73	CUVPOSA cyanocobalamin injection	179
clotrimazole-3	73	cyclafem	208
clotrimazole-	1 0	cyclafem cyclobenzaprine hcl	275
betamethasone	164	CYCLOPHOSPHAMIDE	81
clozapine	104	cyclophosphamide	81
clozapine odt	105	cvcloserine	80
COARTEM	95	CYCLOSET	.118
codeine sulfate	31	cyclosporine modified	. 230
COLACE		cyclosporine modified	.230
colchicine	//	cýproheptadine hcl	25/
colestipol hcl		CÝSTAGON	. 198
You can find informatio abbreviations on this ta	n on wh	at the symbols and	000
appreviations on this ta	pie mea	an by going to page 19.	282

CYSTARAN	244	dextroamphetamine-amphe	et 110
D		er	146
dolfomoridino or	156	dextroamphetamine-	116
dalfampridine er	156		146
DALIRESP	203	dextrose 5%-0.45% nacl	
danazol	206	dextrose 5%-0.9% nacl	
dantrolene sodium		dextrose in water	
DANYELZA	93	DIACOMIT	5/
dapsone DAPTACEL DTAP	80	DIALYVITE	1/2
DAPTACEL DTAP	234	DIALYVITE 3000	173
daptomycin	43	DIALYVITE 5000 DIALYVITE SUPREME D	173
darifenácin er	200	DIALYVITE SUPREME D.	173
DARZALEX FASPRO	93	DIALYVITE ZINC	
dasetta DAURISMO	208	diarrhea relief	181
DAURISMO	87	diazepam58,	117
deblitane	215	diazoxide	121
deferasirox	171	diclofenac potassium	24
deferiprone	171	diclofenac sodium 24,164,	250
deferiprone (3 times a		diclofenac sodium er	
day) DELSTRIGO	171	dicloxacillin sodium	49
DELSTRIGO	107	dicyclomine hcl	179
demeclocycline hcl DENGVAXIA	52	DIFFERIN	167
DENGVAXIA	234	DIFICID	50
DEPO-PROVERA	215	diflunisal	24
<b>DEPO-SUBQ PROVERA</b>		digitek	132
104	215	digox	132
DESCOVY	108	digoxin	132
desipramine hcl	68	dihydroergotamine	
desmopressin acetate	204	mesylate	77
desogestr-eth estrad eth		DILANTIN	60
estra	208	DILAUDID	32
desonide	162	dilt-xr	136
desoximetasone			136
desvenlafaxine succinate		diltiazem 24hr er	136
dexamethasone	203	diltiazem 24hr er (cd)	136
dexamethasone sodium		diltiazem 24hr er (cd) diltiazem 24hr er (la)	136
phosphate	250	diltiazem 24hr er (xr)	136
dextroamphetamine		diltiazem hol	136
dextroamphetamine sulfate	146	diltiazem hcldimethyl fumarate	156
dextroamphetamine sulfat	te	diphedryl	255
er			273
			_, 0
You can find information	n on wh	lat the symbols and	202
abbreviations on this ta	nie mea	an by going to page 19.	283

diphenhydramine hcl	dutasteride	202
hcl	E	
DIPHTHERIA-TETANUS	ec-naproxen	24
TOXOIDS-PED 234	econazole nitrate	
disopyramide phosphate 133	econtra ez	
disulfiram35	econtra one-step	215
DIURIL 142	ed chlorped jr	273
divalproex sodium or 58	ed-apap EDURANT	151
divalproex sodium er	efavirenz	107
docu liquid 193	efavirenz efavirenz-emtric-tenofov	1 O <i>1</i>
docusate calcium 193	disop	107
docusate sodium 193	efavirenz-lamivu-tenofov	
dofetilide 133	disop ELAPRASE	108
DOK 194	ELAPRASE	198
dolishale 208 donepezil hcl 62	eletriptan hbr elinest	78
donepezil hcl odt 62	ELIQUIS	125
dorzolamide 252	FLLA	240
dorzolamide hcl252	ELMIRON	202
dorzolamide-timolol 244	ELYXYB	
dotti 208		83
DOVATO 106 doxazosin mesylate 202	EMGALITY PEN EMGALITY SYRINGE	78
doxepin hcl 68		
doxercalciferol 239	EMSAM	<b>~</b> 4
doxy 100 52	emtricitabine	
doxycycline hyclate 52,159 doxycycline monohydrate 52 DRISDOL 173	emtricitabine-tenofovir	400
doxycycline monohydrate52	disop EMTRIVA	109
DRIZALMA SPRINKLE 65	enalapril maleate	132
dronabinol 70	enalapril-	132
DROXIA 83	hvdrochlorothiazide	139
droxidopa 130 dual action 186 dual action complete 186	ENBREL	230
dual action 186	ENBREL MINI	230
dual action complete186	ENBREL SURECLICK	230
DULERA 265,266 duloxetine hcl 65	endocetenema	3∠ 104
DUPIXENT PEN 226	ENEMA	194
DUPIXENT SYRINGE 226	enema disposable	194
You can find information on w	•	
You can find information on w abbreviations on this table me	an by going to page 19.	284

ENGERIX-B ADULT 234	ESBRIET 26	35
ENGERIX-B PEDIATRIC-		35
ADOLESCENT 234	esomeprazole magnesium 18	
ENJAYMO 227	estarylla 20	)9
ENLYTE 173	estradiol 20	)9
enoxaparin sodium (100	estradiol (once weekly) 20	)9
mg/ml'syr, 120 mg/0.8 ml syr,	estradiol (twice weekly) 20	
150 mg/ml svr. 30 mg/0.3 ml	estradiol-norethindrone	
syr, 40 mg/0.4 ml syr, 60	acetat 20	)9
mg/0.6 ml syr, 80 mg/0.8 ml	ESTRING 20	
syr)126	eszopiclone 27	
enóxaparin sodium 300 mg/3		3Ö
ml vial 126		57
enpresse 208	ethynodiol-ethinyl estradiol 20	
ENSPRYNG 227	etodolac 2	24
entacapone 96	etravirine 10	
entecavir 113	EUCRISA 16	
ENTRESTO 139	everolimus 88,23	
ENTYVIO 227	EVOTAZ 11	
enulose 178	EVRYSDI 19	
EPIDIOLEX 54	exemestane	
epinastine hcl 249	EXKIVITY	
epinephrine 260	EXSERVAN 15	<u>5</u> 1
epitol 60	EXTÁVIA 15	
EPIVIR HBV 113	eye itch relief 24	
eplerenone 141	ezetimibe 12	
epoprostenol sodium 264	ezetimibe-simvastatin 14	
EPRONTIA 54		• •
eprosartan mesylate 131	F	
ergoloid mesylates 62	fabb 17	73
ergotamine-caffeine 77	fabb 17 FABRAZYME 19	<u> ۱</u> ۶
ergotamine-caffeine 77 ERIVEDGE 87	falmina 20	)9
ERLEADA 82	famciclovir 11	ĺ5
erlotinib hcl 88	famotidine 18	₹ 36
errin 215	FANAPT 10	)1
ertapenem 50	FARXIGA 11	
ery 166	FARYDAK	₁0 {R
ery	FASENRA 26	, 36
erythromycin ethylsuccinate 51	FASENRA PEN 26	,0 36
arythromycin-hanzovl	fact relief lavative 10	,υ }/\
peroxide160	febuxostat	
		•
You can find information on washereviations on this table me	hat the symbols and	^ <b>-</b>
appreviations on this table me	ean by going to page 19. 28	85

felbamate	54	fluphenazine hcl	98
felodipine er	135	flurbiprofen	25
femynor	209	flurbiprofen sodium	250
fenofibrate	142	flutamide	82
fenofibric acid	142	fluticasone propionate 1	62,255
fentanvl	30	fluticasone-salmeterol	266
fentanyl citrate	32	fluvastatin er	
FETRÓJA	47	fluvastatin sodium	
FETZIMA		fluvoxamine maleate	
FEVERALL	151	FML FORTE	250
fexofenadine hcl	273	foaming antacid	181
fiber	192,195	folbic	173
fiber fiber smooth		folic acid	173
fiber therapy	194	FOLTRATE	173
FINACEA	160	fondaparinux sodium	
finasteride	202	formoterol fumarate	
fingolimod	156	FORTEO	
FINTEPLA	54	fosamprenavir calcium	
FIRMAGON	219	fosinopril sodium	
first aid antibiotic	43	fosinopril-	
flac otic oil		hydrochlorothiazide	139
FLAREX		FOTIVDA	82
flavoxate hcl	200	FRAGMIN1	26,127
FLEBOGAMMA DIF	223	FUNGOID TINCTURE	73
flecainide acetate	133	furosemide	
FLONASE ALLERGY		FUZEON	
RELIEF	273	fyavolv	
FLONASE SENSIMIS	T273	FYCOMPA	54
FLORIVA FLOVENT DISKUS	173		
FLOVENT DISKUS	255	G	
FLOVENT HFA	255	gabapentin	58
fluconazole	73	gabapentin GALAFOLD	198
fluconazole-nacl	73	galantamine er galantamine hbr	62
flucytosine	73	galantamine hbr	62
fludrocortisone acetat	e203	galantamine hydrobrom	ide 62
fluocinolone acetonide	e162	GAMASTAN GAMASTAN S-D	223
fluocinolone acetonide	e oil 253	GAMASTAN S-D	223
fluocinonide	162	GAMMAGARD LIQUID.	224
fluorouracil	164	GAMMAGARD S-D GAMMAKED	224
fluoxetine hcl	66	GAMMAKED	224
fluphenazine decanoa	ite98	GAMMAKED GAMMAPLEX	224
abbreviations on th	is table mea	nat the symbols and an by going to page 19.	286
		, , , , , , ,	

GAMUNEX-C 224 ganciclovir sodium 112 GARDASIL 9 234	guanfacine hcl guanfacine hcl er guanidine hcl	130 147 79
gatifloxacin 248 GATTEX 181 GAUZE PADS & DRESSINGS	GVOKE GVOKE HYPOPEN 1-	122
GAUZE PADS & DRESSINGS - PADS 2 X 2 241	PACK GVOKE HYPOPEN 2-	.122
gavilyte-c181	PACK GVOKE PFS 1-PACK	.122
gavilyte-g 181 gavilyte-n 181 GAVISCON 192	SYRINGE	.122
GAVRETO84	GVOKE PFS 2-PACK SYRINGE	.122
gemfibrozil 142 generlac 178	H	
ğengraf 230 GENOTROPIN 205	hailey hailey 24 fe	210
gentak 248 gentamicin sulfate 42.248	hailey fe halobetasol propionate	.210
genteal tears 245 GENTEAL TEARS	haloperidol haloperidol decanoate	99
SEVERE 245	haloperidol decanoate 100 haloperidol lactate	99
gentle laxative 195 GENVOYA 106 GILENYA 157	HAVRIX heartburn relief	234
GILOTRIF 88 glatiramer acetate 157	heather HEPAGAM B	215
alimepiride 119	heparin sodium	.127
glipizide 119 glipizide er 119	HIBERIX HISTEX HISTEX PD	235
glipizide xl 119 glipizide-metformin 119	HIZENTRA	224
GLUCAGEN 122 glucagon emergency kit 122	HUMALOG JUNIOR	.122
ğlucose in water	KWIKPEN HUMALOG KWIKPEN U-	.122
glycopyrrolate 179	100 HUMALOG KWIKPEN U-	.122
ğlydo 35 GLYXAMBI 119	200 HUMALOG MIX 50-50	122
griseofulvin 73 griseofulvin ultramicrosize 73	HUMALOG MIX 50-50	123
You can find information on wh abbreviations on this table mea	at the symbols and	287

HUMALOG MIX 75-25123	hydroxocobalamin	173
HUMALOG MIX 75-25 KWIKPEN123	hýdroxychloroquine sulfat hydroxyurea	.e95
HUMIRA 231	hydroxyzine hcl	03 257
HUMIRA PEN 231	hydroxyzine namoate	116
HUMIRA PEN CROHN'S-UC-	hýdroxýzine pamoate HYPERHEP B	224
HS 231	HYPERRAB	225
HUMIRA PEN PSOR-	HYQVIA	
UVEITS-ADOL HS231	111 Q V 1/1	220
HIMIRA(CF) 231	1	
HUMIRA(CF) 231 HUMIRA(CF) PEDIATRIC	ibandronate sodium	239
CROHN'S 231	IBRANCE	
CROHN'S 231 HUMIRA(CF) PEN 231	ibu	
HUMIRA(CF) PEN CROHN'S-	ibu-200	25
LIC-HS 231	ibuprofen	27
HUMIRA(CF) PFN	ibuprofen ib	27
UC-HS 231 HUMIRA(CF) PEN PEDIATRIC UC 231	icatibant	
HUMIRA(CF) PEN PSOR-UV-	ICLUSIG	88
ADOL HS 232	icosapent ethyl 139	9 144
HUMULIN 70-30 123	IDHIFA	84
HUMULIN 70/30	ifosfamide	81
HUMULIN 70/30 KWIKPEN 123	ILUMYA	227
HUMULIN N 123	imatinib mesylate	88
HUMULIN N KWIKPEN 123	IMBRUVICA	89
HUMULIN R 123	imipenem-cilastatin sodiu	
HUMULIN R U-500 123	imipramine hcl	68
HUMULIN R U-500	imiquimod	164
KWIKPEN123	imiquimod IMOVAX RABIES	
hydralazine hcl145	VACCINE	235
hydralazine hcl	VACCINE IMPAVIDO	43
hýdrocodone-	INBRIJA	97
acetaminophen 32	incassia	215
hydrocortisone 163,167,203,23 8	INCRELEX	205
8	incassia INCRELEX INCRUSE ELLIPTA	258
hydrocortisone	indapamide	142
acetate 167,203 hydrocortisone plus 167	indomethacin	27
hydrocortisone plus 167	INFANRIX DTAP	235
hydrocortisone valerate 163	infant pain relief	151
hydrocortisone-acetic acid 253	intant pain-tever	152
hýdrocortisone-aloe 167	infant's ibuprofen	27
hydromorphone hcl33	•	27
You can find information on what abbreviations on this table meaning	nat the symbols and	200
	an by going to page 18.	288

infants' acetaminophen 152 INFANTS' ADVIL 27	irbesartan	
infants' ibuprofen 27 infants' pain relief 152	hvdrochlorothiazide	139
infants' pain reliever 152 infants' pain-fever 152	ISENTRESS	106
INFLECTRA 232 INFLIXIMAB 232 INFUVITE ADULT 173	isoniazid	80
INFUVITE ADULT 173 INFUVITE PEDIATRIC 174	ISOPROPYL ALCOHOL MEDICATED PAD	
INGREZZA152	ISOPTO TEARS	245
INLYTA 89 INQOVI 89	isosorbide mononitrate	
INREBIC 84 INSULIN LISPRO 124	isosorbide mononitrate e isotretinoin	
INSULIN LISPRO JUNIOR	ISTURISA	218
KWIKPEN 124 INSULIN LISPRO KWIKPEN	itraconazole ivermectin	
U-100 124	IXIARO	235
INSULIN LISPRO PROTAMINE MIX 124	J	00
INSULIN PEN NEEDLE 241 INSULIN SYRING (DISP) u-	iantoven	89 127
100 0.3 ML 241 INSULIN SYRINGE (DISP) U- 100 0.3 ML 241	jantoven JANUMET JANUMET XR	119
100 0.3 ML 241	JANUVIA	119
INSULIN SYRINGE (DISP) U- 100 1 ML 241	JEMPERLI	93
INSULIN SYRINGE (DISP) U- 100 1/2 ML 241 INSULIN SYRINGE (DISP) U-	jencycla JENTADUETO	215
INSULIN SYRINGE (DISP) U-	JENTADUETO XR	119
100 1ML	jinteli JUBLIA	74
INTRON A 229 INVEGA HAFYERA 101	JULUCA	107
INVEGA SUSTENNA101	iunel fe	210
INVEGA TRINZA 101 INVIRASE 111	junel fe 24 JUXTAPID	210 144
INVIRASE 111 inzo antifungal 74 IPOL 235	K	
IPOL 235 ipratropium bromide 258	k-pec	181
You can find information on value abbreviations on this table m	what the symbols and ean by going to page 19.	289

K-PHOS ORIGINAL 202 KALETRA 111 KALYDECO 262 KANJINTI 93 KANUMA 198 kariva 210 kelnor 1-35 210 kelnor 1-50 210 KESIMPTA PEN 157 ketoconazole 74 ketorolac tromethamine 27,28,250 ketotifen fumarate 245 KIMMTRAK 84 KIMYRSA 43 KINRIX 235 kionex 172 KISQALI 89 KISQALI FEMARA CO-PACK 84 klor-con 168 KLOR-CON 10 168 KLOR-CON 10 169 KLOR-CON 10 169 klor-con m10 169 KLOR-CON M15 169 klor-con m20 169 konsyl 195 KORLYM 206 KOSELUGO 89 kurvelo 210 KYNMOBI 96	LEVEMIR FLEXTOUCH	555 519 171 124 129 100 101 102 110 102 103 103 104 105 105 105 105 105 105 105 105 105 105
labetalol hcl 134 lacosamide 60 lactulose 178 LAGEVRIO (EUA) 241 lamivudine 109,113 lamivudine hbv 113 lamivudine-zidovudine 109 lamotrigine 55	levonest levonorgestrel	. 55 .251 .257 ,248 .51
You can find information on what abbreviations on this table mea	in by going to page 19.	290

levonorgestrel-eth		losartan-	
estradio	210	hydrochlorothiazide	139
levora-28	211	LOTEMAX SM	250
levothyroxine sodium	218	loteprednol etabonate	250
LEVOXYL	218	lovastatin	143
LEXIVA	111	low-ogestrel	211
lice killing		loxapine	99
lice treatment		lubiprostone	178
lidocaine		lubricant eye	245
lidocaine hcl		lubricant eye drops	
lidocaine hcl viscous		lubricant pm	245
lidocaine-prilocaine		lubricating plus	245
lillow	211	LUMAKRAS	84
linezolid	43	LUMIGAN	252
linezolid-d5w	43	LUMIZYME	198
LINZESS	178	LUMIZYME LUPRON DEPOT 2	219 220
liothyronine sodium	218	LUPRON DEPOT	-10,220
lisinopril		(LUPANETA) 2	219 220
lisinopril-		LUPRON DEPOT-PED	220 220
hydrochlorothiazide	139	lutera	
lithium carbonate		LYBALVI	101
lithium carbonate er		lyleq	215
LIVALO		lyllana	211
LIVMARLI	241	lýllana LYNPARZA	<b>_</b>
LIVTENCITY	113	LYSODREN	219
	28	LYUMJEV	124
LONHALA MAGNAIR	20	LYUMJEV KWIKPEN L	
RFFILI	258	100	, 124
I ONHALA MAGNAIR	200	LYUMJEV KWIKPEN L	
LONHALA MAGNAIR STARTER	259	200	
LONSURF	84	lyza	
Ioneramide	179 182	1y 2G	210
loperamide lopinavir-ritonavir	111	M	
lopreeza	211	m-dryl	257
loratadine	274	m-dryl M-M-R II VACCINE	235
loratadine alleray	27 <del>4</del>	m-nan	152
loratadine allergylorazepam	117	m-pap M.V.I. PEDIATRIC	15 <u>2</u>
lorazepam intensol	117	$M\Delta G_{-}\Delta I$	17 <del>T</del> 189
LORBRENA	90	MAG-AL PLUS	182
losartan potassium	121	mag-al plus xs	102 12つ
iosaitan potassium		magnesium oxide	102 12つ
			102
You can find inform	ation on wh	at the symbols and	
abbreviations on th	is table mea	an by going to page 19.	291

MAKENA	215	methimazole	222
malathion	165	methocarbamol	275
manganese chloride		methotrexate	232
mapăp	153	methotrexate sodium	232
mapap arthritis pain	153	methyldopa	130
maraviroci		methýlphenidate er	147
marlissa	211	methylphenidate hcl	147
MARPLAN		methýľ prednisolone	
MATULANE	81	metoclopramide hcl	
matzim la	136	metolazone	142
MAVYRET	4 4 4	metoprolol succinate	134
MAYZENT	157	metoprolol tartrate	
meclizine hcl	69	METRO IV	44
medroxyprogesterone acetate		metronidazole	
acetate	215,216	metyrosine	139
mefloquine hcl	95	mexiletine hcl	133
megestrol acetate MEKINIST	216	mi acid	
MEKINIST	90	mi-acid	
MEKTOVI	90	miconazole 1	
meloxicam	28	miconazole 3	
memantine hcl	63	miconazole 7	
memantine hcl er		miconazole nitrate	
MENACTRA		miconazole-7	
MENEST	211	microgestin	211
MENQUADFI	<u></u> 235	microgestin 24 fe	211
MENVEO A-C-Y-W-13		microgestin fe	
DIP	235	midodrine hcl	
MEPHYTON	174	miglustat	
mercaptopurine	<u>83</u>	mịlí	211
meropenėm	50	mimvey	211
mesalamine	23 <u>7</u>	minitran minocycline hcl	145
mesalamine er	237	minocycline hol	53
MESNEX metamucil metformin hcl	94	minoxidil mintox maximum streng	145
metamuçıl	195	minitox maximum streng	tn183
metformin ncl	119	mirtazapine	64
metformin hçl er	120	misoprostol	187
methadone hcl	30	modafinil	2/6
methadone intensol	31	moexipril hcl	132
METHADOSE methazolamide	142	molindone hol	99
metnazolamide	252	mometasone furoate1	03,256
methenamine hippurat	te43	mondoxyne nl	53

MONJUVI	93	NARCAN	36
mono-linyah		NASCOBAL	174
mononessa	211	NATACYN	249
montelukast sodium		nateglinide	120
morgidox	53	NATPARA	239
morphine sulfate		natural fiber	192
morphine sulfate er		natural vegetable powder.	195
MOTEGRITY	470	NAYZILAM'	55
MOUNJARO	120	nebivolol hcl	134
moxifloxacin	52,248	necon	.212
moxifloxacin hcl		NEEDLES, INSULIN DISF	<b>)</b> .,
multi-vitamin w-fluoride	<b>9-</b>	SAFETY	242
iron	174	nefazodone hcl	66
multivitamin with fluori		nelarabine	83
multivitamin-iron-fluori		neo-polycin	. 245
mupirocin		neo-polycin hc	245
MVASI	<u>9</u> 3	neomycin sulfate	42
MVC-FLUORIDE		neomýcin-bacitracin-poly-	
my choice		hc	. 245
my way MYALEPT	216	neomycin-bacitracin-	o 4 =
MYALEPI		polymyxin	. 245
MYCAPSSA	220	neomycin-polymyxin-	0.40
mycophenolate mofeti	I232	dexameth	246
mycophenolic acid	232	neomycin-polymyxin-	0.40
MYFEMBREE		gramicidin	.246
myorisan		neomycin-polymyxin-hc	.253
MYRBETRIQ	201	neomycin-polymyxin-	252
NI		hydrocort	253
NADI LID	225	NEPHPLEX RX	
NABI-HB nabumetone		NERLYNX	90
	∠0	NEULASTA NEULASTA ONPRO	120
nadolol nafcillin sodium	13 <del>4</del>	NEUPRO	120
naftifine hcl	75	nevirapine	108
NAGLAZYME	198	nevirapine er	100 108
naloxone hcl	36	new day	216
naltrexone hcl	35	new day NEXAVAR	90
NAMZARIC		njacjn	175
naproxen	28	niacin er	144
naproxen sodium	29.30	niacin er nicardipine hcl	135
naratriptan hcl	78	nicoderm cq	37
abbreviations on thi	is table mea	nat the symbols and an by going to page 19.	293
			_00

NICORETTE nicotine gum         38 nýlia         212 nicotine gum         38 nyMALIZE         135 nyMALIZE         135 nymALIZE         135 nymALIZE         135 nystatin         76 nymyo         212 nystatin         76 nystatin         76 nystatin-triamcinolone         164 nystop         76 nystatin         76 nystatin-triamcinolone         164 nystop         76 nystatin         76 nystati	NICODERM CQ 38	nyamyc
nicotine lozenge nicotine patch         37,41 nystatin         76           NICOTROL NS         37         nystatin-triamcinolone         164           nifedipine er         135 nilutamide         82 nimodipine         135 nystatin-triamcinolone         164 nystatin         76           NINLARO         84 NITRO-BID         0CREVUS         157           NITRO-BID         145 OCFEV         0CTAGAM         225           nitrofurantoin         44 ODEFSEY         109           nitrofurantoin mono-macro         44 ODEFSEY         109           nitroglycerin patch nitroglycerin patch norethindron-ethindre         145 olanzapine odt         102 olanzapine odt         102 olanzapine odt           norethindron-ethinyl estradiol norethindrone ace (lupaneta)         216 omega-3 acid ethyl esters         144 omegrazole         148 omnipod 5 g6 intro kit (gen           norlyda         216 norethindrone-e.estradioliron         212 omnipod 5 g6 pods (gen         5)         242 omnipod 5 g6 pods (gen           NORVIR         112 nortriptyline hcl         68 omnipod dash intro kit (gen         3)         242 omnipod dash pdm kit (gen           NORVIR         112 nortriptyline hcl         68 omnipod dash pods (gen         4)         242 omnipod dash pods (gen           NUEDEXTA         153 nora-be         100 nordansetron hcl         70 <td>NICORETTE 38</td> <td>nylia212</td>	NICORETTE 38	nylia212
nicotine patch NICOTROL NS 37,41 nystatin. 76 NICOTROL NS 37 nystatin-triamcinolone 164 nifedipine er 135 nilutamide 82 nimodipine 135 NINLARO 84 OCREVUS 157 nitazoxanide 95 OCTAGAM 225 nitisinone 198 octreotide acetate 221 NITRO-BID 145 ODEFSEY 109 nitrofurantoin 44 ODOMZO 90 nitrofurantoin mono-macro 44 OFEV 265 nitroglycerin patch 145 ofloxacin 52,249,253 nitroglycerin patch 145 olanzapine odt 102 nora-aspirin pain relief 153 olmesartan medoxomil 131 nora-be 216 norethindrone 216 norethindrone ac (lupaneta) 216 norethindrone acetate 216 norethindrone 318 odinazapine odt 32 odinazapine 32 odin	nicotine gum38	NYMALIZE135
nifedipine er nilutamide nilutamide nimodipine         82           NINLARO         84           NINLARO         84           NINLARO         84           NITRO-BID         198           NITRO-BID         145           ODEFSEY         109           nitroglycerin         145           norrea-toe         216	nicotine lozenge 40	nymyo2 <u>12</u>
nifedipine er nilutamide nilutamide nimodipine         82           NINLARO         84           NINLARO         84           NINLARO         84           NITRO-BID         198           NITRO-BID         145           ODEFSEY         109           nitroglycerin         145           norrea-toe         216	nicotine patch	nystatin/6
nilutamide	NICOTROL NS37	nystatin-triamcinolone 164
nimodipine         135         OCREVUS         157           nitazoxanide         95         OCTAGAM         225           nitisinone         198         octreotide acetate         221           NITRO-BID         145         ODEFSEY         109           nitrofurantoin         44         ODOMZO         90           nitroglycerin         145         ofloxacin         52,249,253           nitroglycerin patch         145         ofloxacin         52,249,253           nitroglycerin patch         145         ofloxacin         52,249,253           nora-beinitorin pain relief         153         olanzapine         102           norethindron-ethinylestradiol         216         olmesartan medoxomil         131           norethindrone ace         216         omega-3 acid ethyl esters         144           norethindrone ace         216         ompripade         188           norethindrone acetate         216         omnipod 5 g6 intro kit (gen           norethindrone-e.estradioliron         212         omnipod classic pdm kit(gen           nortriptyline hcl         68         omnipod classic pdm kit (gen           NORVIR         112         4)         242           NOXAFIL         75<		nystop/6
NINLARO         84         OCREVUS         157           nitazoxanide         95         OCTAGAM         225           nitisinone         198         octreotide acetate         221           NITRO-BID         145         ODEFSEY         109           nitrofurantoin         44         ODOMZO         90           nitroflycerin         145         ofloxacin         52,249,253           nitroglycerin patch         187         olanzapine odt         102           non-aspirin pain relief         153         olmesartan-hydrochlorothiazide         139           estradiol         212         omega-3 acid ethyl esters         144           norethindrone ac         216         omnipod 5 g6 intro kit (gen           nortrethindrone ac         216         omnipod 5 g6 pods (gen           nortrethindro	nilutamide 82	
nitazoxanide         95         OCTAGAM         225           nitisinone         198         octreotide acetate         221           NITRO-BID         145         ODEFSEY         109           nitrofurantoin         44         ODOMZO         90           nitroglycerin         145         ofloxacin         52,249,253           nitroglycerin patch         187         olanzapine odt         102           non-aspirin pain relief         153         olmesartan         102           norethindrone-ethinyle         212         omega-3 acid ethyl esters         144           norethindrone acetate         216         omnipod 5 g6 intro kit (gen           norethindrone-e.estradioliron         212         omnipod classic pods (gen		
nitisinone 198 octreotide acetate 221 NITRO-BID 145 ODEFSEY 109 nitrofurantoin 44 ODOMZO 90 nitroglycerin 145 ofloxacin 52,249,253 nitroglycerin patch 145 noraspirin pain relief 153 nora-be 216 norethindron-ethinyl estradiol norethindrone ac (lupaneta) 216 norethindrone acetate norethindrone-e.estradiol-iron 212 norgestimate-ethinyl estradiol 212 norlyda 216 nortrel 212 nortriptyline hcl NORVIR 112 NOXAFIL 75 NUBEQA 82 NUCALA NUEDEXTA 102 NUTRILIPID 242 ondansetron hcl 70 NUTRILIPID 242 ondansetron odt 70 NUTRILIPID 242 ondansetron odt 70 NUTRILIPID 242	NINLARO 84	OCKEVUS157
NITRO-BID         145         ODEFSEY         109           nitrofurantoin         44         ODOMZO         90           nitroglycerin         145         ofloxacin         52,249,253           nitroglycerin patch         145         ofloxacin         52,249,253           nitroglycerin patch         145         olanzapine         102           nizatidine         187         olanzapine         odinesartan           nora-be         216         olmesartan         olmesartan           norethindron-ethinyl estradiol         212         olopatadine hcl         249           norethindrone ac         216         omega-3 acid ethyl esters         144           norethindrone ac         216         omeprazole         188           (lupaneta)         216         omnipod 5 g6 intro kit (gen           norethindrone-e.estradioliron         212         omnipod 5 g6 pods (gen           sorrigestimate-ethinyl         212         omnipod 5 g6 pods (gen           estradiol         212         3)         242           nortyda         216         omnipod classic pods (gen           NORVIR         11         4)         242           NOXAFIL         75         omnipod dash pdm kit (gen </td <td>nitazoxanide95</td> <td>OCTAGAM 225</td>	nitazoxanide95	OCTAGAM 225
nitrofurantoin mono-macro 44 OFEV 265 nitroglycerin 145 ofloxacin 52,249,253 nitroglycerin patch 145 olanzapine 102 nizatidine 187 olanzapine odt 102 non-aspirin pain relief 153 olmesartan medoxomil 131 nora-be 216 olmesartan- hydrochlorothiazide 139 estradiol 212 olopatadine hcl 249 norethindrone ac (lupaneta) 216 omega-3 acid ethyl esters 144 norethindrone acetate 216 omega-3 acid ethyl esters 144 omeprazole 188 omnipod 5 g6 intro kit (gen omnipod 5 g6 pods (gen intro kit (gen omnipod classic pdm kit(gen 3) 242 nortyda 216 omnipod classic pdm kit(gen 3) 242 nortyda 216 omnipod classic pods (gen intro kit (gen omnipod dash intro kit (gen 3) 242 nortriptyline hcl 68 omnipod dash pdm kit (gen 4) 242 NOXAFIL 75 omnipod dash pdm kit (gen VOXAFIL 75 omnipod dash pdm kit (gen VOXAFIL 75 omnipod dash pods (gen VIVEALA 266 omnipod dash pods (gen VIVEA		Octreotide acetate
nitrofurantoin mono-macro 44 nitroglycerin 145 nitroglycerin patch 145 norable 153 nora-be 166 norethindron-ethinyl estradiol 170 norethindrone ac 170 norethindrone ac 170 norethindrone acetate 170 nomipod 5 g6 intro kit (gen 170 nomipod classic pods (gen 170 nomipod dash intro kit (gen 170 nomipod dash pdm kit (gen 170 nomipod		
nitroglycerin patch 145 ofloxacin 52,249,253 olarzopine odt 102 olanzapine odt 102 olanzapine odt 102 olanzapine odt 103 olanzapine odt 104 olanzapine odt 105 olanza		ODOMZO90
nitroglycerin patch 145 olanzapine 102 nizatidine 187 olanzapine odt 102 non-aspirin pain relief 153 olmesartan medoxomil 131 nora-be 216 olmesartan-hydrochlorothiazide 139 olopatadine hcl 249 norethindrone ac (lupaneta) 216 omega-3 acid ethyl esters 144 omeprazole 188 (lupaneta) 216 omnipod 5 g6 intro kit (gen norethindrone acetate 216 norethindrone-e.estradioliron 212 omnipod 5 g6 pods (gen 212 omnipod 5 g6 pods (gen 212 omnipod classic pdm kit(gen 213 omnipod classic pdm kit(gen 2142 omnipod classic pods (gen 215 omnipod classic pods (gen 216 omnipod dash intro kit (gen 217 omnipod dash pdm kit (gen 218 omnipod dash pdm kit (gen 219 omnipod dash pods (gen 219 omdansetron hcl 219 ondansetron hcl 219 ondansetron odt 219 ondansetron odt 219 ondansetron odt 219 ondansetron odt 219 olopatadine hcl 249 omnipod 5 g6 intro kit (gen 219 omnipod classic pdm kit(gen 219 omnipod dash pdm kit (gen 219 omnipod dash pdm kit (gen 219 omnipod dash pdm kit (gen 219 omnipod dash pods (gen 219 omnipod dash pdm kit (gen 219 omnipod dash pods (gen 219 omnipod dash pdm kit (gen 219 omnipod dash pods (gen 219 omnipod dash pdm kit (gen 219 omnipod dash pdm		OFEV
non-aspirin pain relief nora-be 216 olmesartan medoxomil 131 olmesartan-hydrochlorothiazide 139 olopatadine hcl 249 omega-3 acid ethyl esters 144 omega-3 acid ethyl esters 154 omega-3 acid ethyl esters 154 omega-3 ac	nitroglycerin 145	0110XaCi11
non-aspirin pain relief nora-be 216 olmesartan medoxomil 131 olmesartan-hydrochlorothiazide 139 olopatadine hcl 249 omega-3 acid ethyl esters 144 omega-3 acid ethyl esters 154 omega-3 acid ethyl esters 154 omega-3 ac	nitrogrycerin patch145	olanzapine 102
nora-bė 216 olmesartan- hydrochlorothiazide 139 estradiol 212 olopatadine hcl 249 norethindrone ac 216 omega-3 acid ethyl esters 144 norethindrone ac 216 omega-3 acid ethyl esters 144 omegrazole 188 (lupaneta) 216 omnipod 5 g6 intro kit (gen norethindrone-e.estradiol- iron 212 omnipod 5 g6 pods (gen iron 212 omnipod classic pdm kit(gen estradiol 212 omnipod classic pdm kit(gen omnipod classic pods (gen 3) 242 omnipod dash intro kit (gen omnipod dash pdm kit (gen NORVIR 112 4) 242 NOXAFIL 75 omnipod dash pdm kit (gen NUBEQA 82 NUCALA 266 omnipod dash pods (gen NUEDEXTA 153 4) 242 NUPLAZID 102 ondansetron hcl 70 NUTRILIPID 242	non conirin poin relief 152	olanzapine odi 102
norethindron-ethinyl estradiol 212 olopatadine hcl 249 omega-3 acid ethyl esters 144 omnipod 5 g6 intro kit (gen 3) acid subject 144 omnipod 5 g6 intro kit (gen 4) acid subject 144 omnipod classic pods (gen 3) acid subject 144 omnipod 6 acid subj	non-aspinin pain reliei 153	•
estradiol 212 olopatadine hcl 249 norethindrone 216 omega-3 acid ethyl esters 144 norethindrone ac 0meprazole 188 (lupaneta) 216 omnipod 5 g6 intro kit (gen 5) 242 norethindrone-e.estradioliron 212 omnipod 5 g6 pods (gen 212 omnipod classic pdm kit(gen 212 omnipod classic pdm kit(gen 212 omnipod classic pods (gen 3) 242 nortrel 212 omnipod classic pods (gen 3) 242 nortriptyline hcl 68 omnipod dash intro kit (gen 242 nortriptyline hcl 68 omnipod dash pdm kit (gen 3) 242 NOXAFIL 75 omnipod dash pdm kit (gen 4) 242 NUCALA 266 omnipod dash pods (gen 242 NUCALA 266 omnipod dash pods (gen 3) 242	norothindron othinyl	
norethindrone ac (lupaneta) 216 omega-3 acid ethyl esters 144 omeprazole 188 (lupaneta) 216 omnipod 5 g6 intro kit (gen 5) 242 omnipod 5 g6 pods (gen 212 omnipod 5 g6 pods (gen 212 omnipod 5 g6 pods (gen 212 omnipod classic pdm kit(gen 212 omnipod classic pods (gen 212 omnipod dash intro kit (gen 212 omnipod dash pdm kit (gen 212 omnipod dash pdm kit (gen 212 omnipod dash pdm kit (gen 212 omnipod dash pods (gen 21	octradial 212	
norethindrone ac (lupaneta) 216 omnipod 5 g6 intro kit (gen omnipod 5 g6 pods (gen omnipod classic pdm kit(gen omnipod classic pods (gen omnipod dash intro kit (gen omnipod dash intro kit (gen omnipod dash pdm kit (gen omnipod dash pdm kit (gen omnipod dash pdm kit (gen omnipod dash pods (gen omnipod dash po	porothindrono 216	
norethindrone acetate 216 5) 242 norethindrone-e.estradioliron 212 5) 242 norgestimate-ethinyl 212 3) 242 norlyda 216 omnipod classic pdm kit(gen 3) 242 nortrel 212 3) 242 nortriptyline hcl 68 omnipod dash intro kit (gen 242 NOXAFIL 75 omnipod dash pdm kit (gen 34) 242 NUBEQA 82 4) 242 NUCALA 266 omnipod dash pods (gen 242 NUCALA 266	norethindrone ac	
norethindrone acetate 216 5) 242 norethindrone-e.estradioliron 212 5) 242 norgestimate-ethinyl 212 3) 242 norlyda 216 omnipod classic pdm kit(gen 3) 242 nortrel 212 3) 242 nortriptyline hcl 68 omnipod dash intro kit (gen 242 NOXAFIL 75 omnipod dash pdm kit (gen 34) 242 NUBEQA 82 4) 242 NUCALA 266 omnipod dash pods (gen 242 NUCALA 266	(lunaneta) 216	omningd 5 g6 intro kit (gen
norethindrone-e.estradioliron 212 5) 242 norgestimate-ethinyl estradiol 212 3) 242 norlyda 216 omnipod classic pods (gen 3) 242 nortrel 212 3) 242 nortriptyline hcl 68 omnipod dash intro kit (gen NORVIR 112 4) 242 NOXAFIL 75 omnipod dash pdm kit (gen NUBEQA 82 4) 242 NUCALA 266 omnipod dash pods (gen 242 NUCALA 266 omnipod dash pods (	norethindrone acetate 216	5) 242
iron 212 5) 242 norgestimate-ethinyl omnipod classic pdm kit(gen 212 3) 242 norlyda 216 omnipod classic pods (gen 212 3) 242 nortriptyline hcl 68 omnipod dash intro kit (gen 242 4) 242 NOXAFIL 75 omnipod dash pdm kit (gen 242 4) 242 NUCALA 266 omnipod dash pods (gen 242 NUCALA 266 omnipod dash pods (gen 242 NUCALA 153 4) 242 NUPLAZID 102 ondansetron hcl 70 NUTRILIPID 242 ondansetron odt 70		
norgestimate-ethinyl estradiol 212 3) 242 norlyda 216 omnipod classic pods (gen omnipod dash pods (gen omn		5) 242
estradiol 212 3) 242 norlyda 216 omnipod classic pods (gen 212 3) 242 nortriptyline hcl 68 omnipod dash intro kit (gen 242 4) 242 NOXAFIL 75 omnipod dash pdm kit (gen 242 4) 242 NUCALA 82 4) 242 NUCALA 266 omnipod dash pods (gen 242 4) 242 NUEDEXTA 153 4) 242 NUPLAZID 102 ondansetron hcl 70 NUTRILIPID 242 ondansetron odt 70		
norlyda 216 omnipod classic pods (gen nortrel 212 3) 242 nortriptyline hcl 68 omnipod dash intro kit (gen NORVIR 112 4) 242 NOXAFIL 75 omnipod dash pdm kit (gen NUBEQA 82 4) 242 NUCALA 266 omnipod dash pods (gen NUEDEXTA 153 4) 242 NUPLAZID 102 ondansetron hcl 70 NUTRILIPID 242 ondansetron odt 70	estradiol 212	2\
nortrel 212 3) 242 nortriptyline hcl 68 omnipod dash intro kit (gen NORVIR 112 4) 242 NOXAFIL 75 omnipod dash pdm kit (gen NUBEQA 82 4) 242 NUCALA 266 omnipod dash pods (gen NUEDEXTA 153 4) 242 NUPLAZID 102 ondansetron hcl 70 NUTRILIPID 242 ondansetron odt 70	norlyda 216	omnipod classic pods (gen
nortriptyline hcl 68 omnipod dash intro kit (gen NORVIR 112 4) 242 NOXAFIL 75 omnipod dash pdm kit (gen NUBEQA 82 4) 242 NUCALA 266 omnipod dash pods (gen NUEDEXTA 153 4) 242 NUPLAZID 102 ondansetron hcl 70 NUTRILIPID 242 ondansetron odt 70	nortrel 212	3) 242
NORVIR 112 4) 242  NOXAFIL 75 omnipod dash pdm kit (gen NUBEQA 82 4) 242  NUCALA 266 omnipod dash pods (gen NUEDEXTA 153 4) 242  NUPLAZID 102 ondansetron hcl 70  NUTRILIPID 242 ondansetron odt 70	nortriptyline hol 68	
NOXAFIL 75 omnipod dash pdm kit (gen NUBEQA 82 4) 242 NUCALA 266 omnipod dash pods (gen NUEDEXTA 153 4) 242 NUPLAZID 102 ondansetron hcl 70 NUTRILIPID 242 ondansetron odt 70		
NUBEQA824)242NUCALA266omnipod dash pods (genNUEDEXTA1534)242NUPLAZID102ondansetron hcl70NUTRILIPID242ondansetron odt70		
NUCALA266omnipod dash pods (genNUEDEXTA1534)242NUPLAZID102ondansetron hcl70NUTRILIPID242ondansetron odt70		
NUEDEXTA1534)242NUPLAZID102ondansetron hcl70NUTRILIPID242ondansetron odt70		
NUPLAZID 102 ondansetron nci 70 NUTRILIPID 242 ondansetron odt 70	= = = =	4) 242
NUTRILIPID 242 ondansetron odt 70		ondansetron hcl 70

opcicon one-step	216	paroxetine er	66
OPDUALAG	84	paroxetine hcl	66
OPSUMIT	264	PASER	80
option 2	217	PAXII	66
OPZELURA	163	PAXLOVID PAXLOVID (EUA)	. 242
oralone	159	PAXLOVID (EUA)	.242
ORENCIA	227,232	PEDIA-LAX ENEMA	.196
ORENCIA CLICKJEC	Г227	PEDIACLEAR PD	
ORENITRAM ER	264	PEDIARIX	
ORFADIN	198	PEDIAVENT	.274
ORGOVYX	221	PEDVAXHIB	
ORILISSA	221	peg 3350-electrolyte	.183
ORKAMBI	262	peg-3350 and electrolytes.	.183
orsythia	212	PEGASYS	.229
oseltamivir phosphate	114	PEMAZYRE	
OSPHENA		penicillamine	.202
oxandrolone	206	penicillin g sodium	49
oxaprozin	30	penicillin v potassium	49
OXBRYTA	120	PENTACEL next per la contracta de la contracta	
oxcarbazepine	242	pentamidine isethionate	95
OXLUMO	2 <del>4</del> 2 201	pentoxifylline	140
oxybutynin chloride oxybutynin chloride er		peptic relief pepto-bismol	. 100 122
oxycodone hcl	201 3/1	PEPTO-BISMOL	183
oxycodone-acetamino	nhen 34	PERFOROMIST	261
oxycodone-acetamino	120	perindopril erbumine	
OZEIVII IO	120	permethrin	165
P		perphenazine	99
PACERONE	133	PERSERIS	102
pacerone	133	pharbedryl	274
pain relief	154	pharbetol	154
pain relief extra streng	th154	phenadoz	69
pain reliever	154	phenelzine sulfate	64
paliperidone er PANRETIN pantoprazole sodium	102	phenobarbital	59
PANRETIN	94	phenytoin	61
pantoprazole sodium	188	phenytoin sodium extende	d.61
PANZYGA	225	PHESGO	85
paricalcitol	240	philith	212
paroex paromomycin sulfate	159	phytonadione 129	,1/5
paromomycin sulfate	42	PIĆATO	164
paroxetine cr	66	PIFELTRO	.108

pilocarpine hcl	159.252	prednisone	.204
pimozide	99	pregabalin	155
pimtrea		PREHEVBRIO	235
pindolol		PREMARIN	213
pink bismuth	183	PREMPHASE	213
pioglitazone hcl	120	PREMPRO	213
pioglitazone-metformir	120	PRENATAL VITAMINS	
piperacillin-tazobactan	n 49		
PIQRAY	90	prevalite	144
pirfenidone	265	previfem	~ 4 ^
pirmella	212	PREVYMIS	113
piroxicam	30	PREZCOBIX	112
PLAN B ONE-STEP	217	PREZISTA	
PLEGRIDY		PRIFTIN	$\sim$
PLEGRIDY PEN	157,158	primaquine	
PLENAMINE	169	primidone	59
podofilox		PRIORIX	235
POLIVY	93	PRIVIGEN	225
POLIVY POLY-VI-FLOR	175	PROAIR HFA	261
POLY-VI-FLOR WITH	1 7 0	PROAIR RESPICLICK	261
IRON	475	probenecid	
nolygin	246	probenecid-colchicine	···./77
polymyxin b sul-	270	prochlorperazine	69
trimethoprim	246	prochlorperazine edisylate	69
POMALYST	83	prochlorperazine maleate.	
	212	PROCRIT	128
posaconazole		procto-med hc	238
potassium chloride	169	proctosol-hc	238
potassium citrate er		proctozone-hc	
povidone-iodine	53	PROCYSBI	199
pramipexole		progesterone	217
dihydrochloride	97	PROGRAF	232
prasugrel hcl	130	PROGRAF PROLASTIN C	199
pravastatin sodium	143	PROLENSA	251
nraziguantel	94	PROLIA	240
praziquantel prazosin hcl PRED-G	5 <del>1</del>	PROMACTA	128
PRED-G	246	promethazine hcl	69
prednisolone	203	nromethedan	69 60
prednisolone acetate	250	promethegan propafenone hcl	133
nrednisolone sodium	200	proparenone hcl er	 122
prednisolone sodium phosphate	204	propranolol hcl	
		• •	. 100
You can find inform	ation on wh	at the symbols and in by going to page 19.	000
appreviations on th	is table mea	n by going to page 19.	296

propranolol hcl er 135 propylthiouracil 223 PROQUAD 235 protriptyline hcl 68 psyllium fiber powder 196 PULMOZYME 262 PURIXAN 83 pyrazinamide 81 pyridostigmine bromide 80 pyridoxine hcl 175 pyrimethamine 95 PYRUKYND 128,129 PYRUKYND 128,129 PYRUKYND (5 MG PACK, 20-5 MG PACK, 50-20 MG PACK) 129  QINLOCK 83 QUADRACEL DTAP-IPV 236 quetiapine fumarate er 102,103 quetiapine fumarate er 102,103 QUFLORA 75 quinapril hcl 132 quinapril-hydrochlorothiazide 140 quinidine gluconate 133 quinidine sulfate 133 quinine sulfate 95  RABAVERT 236 rabeprazole sodium 188 RADICAVA ORS 154 raloxifene hcl 217 ramelteon 275 ramipril 132 ranolazine er 140 rasagiline mesylate 98 You can find information on whether stable metals and subtraviations on this table metals and subtraviatio	renal caps RENFLEXIS reno caps RENOVA RENOVA PUMP repaglinide REPATHA PUSHTRONEX REPATHA SURECLICK REPATHA SYRINGE RESTASIS RESTASIS MULTIDOSE RETEVMO RETROVIR REVCOVI REVLIMID REXULTI REYATAZ REZUROCK RHOPRESSA ribavirin rifabutin rifampin riluzole rimantadine hcl RINVOQ	158 158 239 184 246 246 246 247 123 167 167 167 167 167 167 167 167 167 167
abbreviations on this table me	an by going to page 19.	297

RISPERDAL CONSTA risperidone risperidone odt ritonavir rivastigmine rizatriptan ROCKLATAN ROMIDEPSIN ropinirole hcl rosadan rosuvastatin calcium ROTARIX ROTATEQ roweepra ROZLYTREK RUBRACA rufinamide RUKOBIA RUXIENCE RYBELSUS RYBREVANT RYDAPT RYLAZE RYTARY	103 103 112 63 79 247 85 97 161 143 236 56 90 61 110 93 120 93 90 85	SELZENTRY SEREVENT DISKUS sertraline hcl SERTRALINE HCL sevelamer carbonate SEYSARA sharobel SHINGRIX SIGNIFOR SIGNIFOR SIGNIFOR LAR SILACE siladryl silapap sildenafil citrate silodosin silver sulfadiazine SIMBRINZA simliya SIMPONI ARIA simvastatin sirolimus SIRTURO SKYRIZI SKYRIZI SKYRIZI (2 SYRINGES) KIT	261 67 67 172 53 217 236 221 196 274 154 264 247 213 233 143 233 81 227
sajazir saline enema SANDIMMUNE SANTYL SAPHNELO sapropterin dihydrochloride SARCLISA SAVELLA 155 scalpicin SCEMBLIX scopolamine SECUADO selegiline hcl selenium sulfide	196 233 164 227 199 93 ,156 204 85 69	SKYRIZI ON-BODY	205 170 184 184 1,243 170 199 ,172 114 201 120

sucralfate 187	sulindac 30 sumatriptan 75 sumatriptan succinate 75 sunitinib malate 90 SUPPRELIN LA 222 SUPREP 185 SUTENT 97 SYMBICORT 266 SYMLINPEN 120 121 SYMLINPEN 60 122 SYMLINPEN 60 123 SYMRINPEN 60 125 SYNAREL 222 SYNAREL 222 SYNAREL 222 SYNJARDY 125 SYNJARDY 125 SYNJARDY 125 SYNJARDY 126 SYSTANE GEL 247 TABLOID 84 TABRECTA 83 tacrolimus 163,233 tadalafil 202,264 TAFINLAR 96 TAFINLAR 97 TAGRISSO 97 take action 217 TALTZ AUTOINJECTOR 228 TALTZ AUTOINJECTOR (2 PACK) 228 TALTZ AUTOINJECTOR (3 PACK) 228 TALTZ SYRINGE 228	0990210162119252111577 48841178 8 881824
	zair by going to page 19.	J

tarina 24 fe	213	thioridazine hcl	99
tarina fe	213	thiotepa	82
tarina fe 1-20 eq	213	thiothixene	99
TARPEYO	238	tiadylt er	137
TASIGNA	91	tiagabine hcl	59
TAVALISSE	130	TIBSOVO	91
TAVNEOS	243	TICOVAC	236
tazarotene		timolol maleate	78.251
tazicef	47	tinidazole	44
taztia xt	136	tioconazole-1	76
TAZVERIK	85	TIVDAK	93
TDVAX		TIVICAY	107
TEFLARO		TIVICAY PD	107
TEGSEDI		tizanidine hcl	106
telmisartan		TOBI PODHALER	262
telmisartan-		TOBRADEX	247
hydrochlorothiazid	140	TOBRADEX ST	247
témazepam	275	tobramycin2	249,263
TEMIXÝS	109	tobramýcin sulfate	
TENIVAC		tobramýcin-	
tenofovir disoproxil		dexaméthasone	247
fumarate	109	tolcapone	96
tension headache	155	tolnaftate	76
tension headache relief	155	tolterodine tartrate	
TEPMETKO	91	tolterodine tartrate er	201
terazosin hcl	131	topiramate	56
terbinafine hcl	76	toremifene citrate	83
terbutaline sulfate	261	torsemide	141
terconazole TERIPARATIDE	76	TOUJEO MAX	
TERIPARATIDE	240	SOLOSTAR TOUJEO SOLOSTAR	125
testosterone	206	TOUJEO SOLOSTAR	125
testosterone cypionate	206	TRADJENTA	121
testosterone enanthate	206	tramadol hcl	34
tetrabenazine	155	tramadol hcl-	
tetracycline hcl	53	acetaminophen	34
TEZSPIRE	267	trandolapril trandolapril-verapamil e	132
THALOMID	83	trandolapril-verapamil e	r140
theophylline anhydrous	263	tranexamic acid	129
theophylline er	263	tranvicvoromine sulfate	64
thiamine hcl	176	TRAZIMERA	93
THIOLA EC	202	trazodone hcl	67
You can find information	on on wh	nat the symbols and	
abbreviations on this ta	able mea	an by going to page 19.	300

triprolidine hcl274	v-go 20 v-go 30 v-go 40 VABYSMO valacyclovir	109 109 109 110 110 110 110 110 110 110
You can find information on what the symbols and abbreviations on this table mean by going to page 19.		

VALCHLOR	82	VIMPAT	61
valganciclovir hcl	113	viorele	214
valproic acid		VIRACEPT	112
valsartan	131	VIREAD	110
valsartan-		virt-caps	176
hydrochlorothiazide		virt-gard	176
VALTOCO	59	VISTOGARD	
vancomycin hcl	44,45	vit 3	176
VAQTA	237	VITAL-D RX	176
varenicline tartrate		vitamin d2	
VARIVAX VACCINE		vitamin d3	
VARIZIG	225		129
VELPHORO		vitamins a,c,d and fluoride	e.1//
VELTASSA		VITRAKVI	
VENLIDY		VIVITROL	
VENCLEXTA	91	VIZIMPRO	
VENCLEXTA STARTIN		VOCABRIA	
PACK	92	volnea	214
venlafaxine besylate er	67	VONJO	85
venlafaxine hcl		VOQUEZNA DUAL PAK	
venlafaxine hcl er		VOQUEZNA TRIPLE PA	
VENTAVIS		voriconazole	
verapamil er	137	VOSEVI	114
verapamil hcl	137	VOTRIENT	92
verapamil sr	137	VOXZOGO	
VERSACLOZ		VRAYLAR	IU4
VERZENIO		VUMERITY	
vgo 20	<u>243</u>	vyfemla	214
vgo 30	<u>243</u>	výlibra VYNDAMAX	∠ 14 140
vgo 40 VICTOZA 2-PAK	∠ <del>4</del> 3 191	V TINDAWIAA	140
VICTOZA 2-PAK	I∠I 121	VYNDAQEL	I33
VICTOZA 3-PAR	IZI 110	VYVGART VYZULTA	243 252
VIDEX VIDEX EC	110	V1ZULIA	252
VIDEA EC	214	W	
vienva vigabatrin	∠14 50	warfarin sodium	127
vigadrone	59 50		
VIIDDVD	59 67	wee care WELIREG	I7U
VIJBRYD VIJOICE vilazodone hcl	2/2	WORD	9Z 21 <i>1</i>
vilazodono bel	243	wera wixela inhub	21 <del>4</del>
VIIAZUUUITE ITUI	100	woman's gantla lavativa	…∠07 107
		women's gentle laxative.	197
You can find informat	tion on wh	nat the symbols and	
abbreviations on this	table mea	an by going to page 19.	302

women's laxative	197	ZEPZELCA	
XALKORI XARELTO XATMEP XCOPRI XELJANZ XELJANZ XELJANZ XEMBIFY XENICAL XENLETA XENLETA XERMELO XGEVA XIFAXAN XIGDUO XR XIIDRA XOFLUZA XOLAIR XOSPATA XPOVIO XTAMPZA ER XTANDI XYREM	127,128 233 56 229 229 225 185 45 179 240 185 121 248 115 229 92 85 31 82	zidovudine ziprasidone hcl ziprasidone mesylate ZIRABEV ZIRGAN ZOKINVY ZOLADEX ZOLINZA zolmitriptan zolpidem tartrate zolpidem tartrate er ZONISADE zonisamide ZORBTIVE ZORTRESS zovia 1-35 zovia 1-35e ZYDELIG ZYKADIA ZYLET ZYNLONTA ZYPREXA RELPREVV	104 104 93 249 200 222 85 79 276 61 61 185 233 214 214 92 248 93
Y YF-VAX YUPELRI yuvafem	259		
zaditor zafirlukast zaleplon ZARXIO ZEJULA ZELBORAF ZEMAIRA zenatane ZENPEP ZEPOSIA	258 275,276 129 92 92 199 161 200		

## Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

Upper Peninsula Health Plan (UPHP), LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UPHP, LLC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## UPHP, LLC:

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

If you need these services, contact UPHP Customer Service.

If you believe that UPHP, LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: UPHP Customer Service, 853 W. Washington Street, Marquette, MI 49855, by phone at 1-877-349-9324 (TTY: 711), or by fax 1-906-225-7690. You can file a grievance in person, by mail or fax. If you need help filing a grievance, UPHP Customer Service is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights

Complaint Portal, available at

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a>.

## Multi-Language Insert Multi-language Assistance Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-349-9324 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-349-9324 (TTY: 711).

-877 بالرقم اتصل لك مجانية اللغوية المساعدة خدمات فإن ، العربية تتحدث كنت إذا :تنبيه 349-9324 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-877-349-9324(TTY:711)。

ہ بودا باہ نے کہ جو بہت کے جو بہت کہ کے کہ باہ کے جاتے کے بھت 1-877-349-9324 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-349-9324 (TTY: 711).

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 <a href="https://www.uphp.com/medicare">www.uphp.com/medicare</a>.