



Upper Peninsula Health Plan (UPHP) MI Health Link
(Medicare – Medicaid Plan)
2024 Formulary
(List of Covered Drugs)

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

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/uphp-mi-health-link.



Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) | 2024 List of Covered Drugs (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs 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 05/01/2024.

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

For more recent information or other questions, contact 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/uphp-mi-health-link.

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A. Disclaimers

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

- ❖ Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
 - ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.
 - ❖ You can make a standing request to get this document, now and in the future, in a language other than English or in an alternate format.
 - ❖ The *List of Covered Drugs* and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
 - ❖ Benefits may change on January 1 of each year. You can always check UPHP MI Health Link's up-to-date *List of Covered Drugs* online at www.uphp.com/medicare/uphp-mi-health-link.
 - ❖ 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*.
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B. Frequently Asked Questions (FAQ)

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

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

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

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/uphp-mi-health-link.



- you fill the prescription at a UPHP MI Health Link network pharmacy.
- UPHP MI Health Link may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website at www.uphp.com/medicare/uphp-mi-health-link. If you need help, ask your Care Coordinator 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 (PA) for a drug. (PA 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/uphp-mi-health-link.
- 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.

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/uphp-mi-health-link.

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.

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/uphp-mi-health-link.



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 authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA 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 13-196. You can also get more information by visiting our website at www.uphp.com/medicare/uphp-mi-health-link. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can also ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. 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 13 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, PA or approval, quantity limits, and/or step therapy restrictions)?

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

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/uphp-mi-health-link.

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find the index starting on page 197. 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 13. 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**

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/uphp-mi-health-link.

- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA 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 PA 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
P.O. Box 64806
St. Paul, MN 55164-0811

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/uphp-mi-health-link.



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 197. 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*).

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/uphp-mi-health-link.



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

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Legend

Symbol	Description
QL	Quantity limit, dispense limit for 30 days, unless otherwise noted
PA	Prior authorization required
ST	Step therapy exception required
QLC	Subject to Opioid Safety Edits
	Medicaid Benefit Drug
BD	Covered under Medicare Part B or D

If you have questions, please call UPHP MI HEALTH LINK at 1-877-349-9324 (TTY: 771) 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/uphp-mi-health-link.

UPHP MI HEALTH LINK (List of Covered Drugs)

Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics		
acetaminophen (120 mg supp.rect, 160 mg/5ml oral susp, 160 mg/5ml solution, 325 mg tablet, 325/10.15 oral susp, 325/10.15 solution, 500 mg capsule, 500 mg tablet, 650 mg supp.rect, 650 mg tablet er, 650mg/20.3 oral susp, 650mg/20.3 solution, 80 mg tab chew)	\$0 (Tier 1)	(Medicaid Benefit Drug)
acetaminophen 160 mg/5ml liquid	\$0 (Tier 2)	(Medicaid Benefit Drug)
acetaminophen/caffeine (tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
aspirin (300 mg supp.rect, 325 mg tablet, 325 mg tablet dr, 81 mg tab chew, 81 mg tablet dr)	\$0 (Tier 1)	(Medicaid Benefit Drug)
aspirin/calcium carbonate/magnesium (tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
butalbital/acetaminophen 50mg-325mg tablet	\$0 (Tier 1)	QL (180 PER 30 DAYS)
butalbital/acetaminophen/caffeine (butalb/acetaminophen/caffeine 50-300-40 capsule, butalb/acetaminophen/caffeine 50-325-40 capsule, butalb/acetaminophen/caffeine 50-325-40 tablet)	\$0 (Tier 1)	QL (180 PER 30 DAYS)
butalbital/aspirin/caffeine 50-325-40 capsule	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FEVERALL (SUPP.RECT)	\$0 (Tier 1)	(Medicaid Benefit Drug)
nicotine polacrilex 4 mg lozenge	\$0 (Tier 1)	(Medicaid Benefit Drug)
ZEBUTAL (CAPSULE)	\$0 (Tier 2)	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50 (TAB IR DR)	\$0 (Tier 2)	QL (120 PER 30 DAYS)
ARTHROTEC 75 (TAB IR DR)	\$0 (Tier 2)	QL (90 PER 30 DAYS)
CELEBREX (100 MG CAPSULE, 200 MG CAPSULE, 50 MG CAPSULE)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>celecoxib (100 mg capsule, 200 mg capsule, 50 mg capsule)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
DAYPRO (TABLET)	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>diclofenac potassium 50 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium (100 mg tab er 24h, 75 mg tablet dr)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>diclofenac sodium 1 % gel (gram)</i>	\$0 (Tier 1)	
<i>diclofenac sodium 25 mg tablet dr</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>diclofenac sodium 50 mg tablet dr</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium/misoprostol 50 mg-200 tab ir dr</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium/misoprostol 75 mg-200 tab ir dr</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>etodolac (400 mg tab er 24h, 400 mg tablet, 500 mg tab er 24h, 500 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>etodolac 200 mg capsule</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>etodolac 300 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>etodolac 600 mg tab er 24h</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
FELDENE 10 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
FELDENE 20 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ibuprofen (100 mg tab chew, 100 mg/5ml oral susp, 200 mg capsule, 200 mg tablet, 50 mg/1.25 drops susp)	\$0 (Tier 1)	(Medicaid Benefit Drug)
ibuprofen 400 mg tablet	\$0 (Tier 1)	QL (240 PER 30 DAYS)
ibuprofen 600 mg tablet	\$0 (Tier 1)	QL (150 PER 30 DAYS)
ibuprofen 800 mg tablet	\$0 (Tier 1)	QL (120 PER 30 DAYS)
indomethacin 25 mg capsule	\$0 (Tier 1)	QL (240 PER 30 DAYS)
indomethacin 50 mg capsule	\$0 (Tier 1)	QL (120 PER 30 DAYS)
meloxicam 15 mg tablet	\$0 (Tier 1)	QL (30 PER 30 DAYS)
meloxicam 7.5 mg tablet	\$0 (Tier 1)	QL (60 PER 30 DAYS)
nabumetone 500 mg tablet	\$0 (Tier 1)	QL (120 PER 30 DAYS)
nabumetone 750 mg tablet	\$0 (Tier 1)	QL (60 PER 30 DAYS)
naproxen (375 mg tablet, 375 mg tablet dr)	\$0 (Tier 1)	QL (120 PER 30 DAYS)
naproxen (500 mg tablet, 500 mg tablet dr)	\$0 (Tier 1)	QL (90 PER 30 DAYS)
naproxen 125 mg/5ml oral susp	\$0 (Tier 1)	QL (1800 PER 30 DAYS)
naproxen 250 mg tablet	\$0 (Tier 1)	QL (180 PER 30 DAYS)
naproxen sodium (220 mg capsule, 220 mg tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
naproxen sodium 275 mg tablet	\$0 (Tier 1)	QL (150 PER 30 DAYS)
naproxen sodium 550 mg tablet	\$0 (Tier 1)	QL (90 PER 30 DAYS)
oxaprozin 600 mg tablet	\$0 (Tier 1)	QL (90 PER 30 DAYS)
piroxicam 10 mg capsule	\$0 (Tier 1)	QL (60 PER 30 DAYS)
piroxicam 20 mg capsule	\$0 (Tier 1)	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
sulindac (tablet)	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Opioid Analgesics, Long-acting		
BELBUCA (FILM)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
buprenorphine (patch tdk)	\$0 (Tier 1)	PA, QL (4 PER 28 DAYS), QLC (Subject to Opioid Safety Edits)
BUTRANS (PATCH TDWK)	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS), QLC (Subject to Opioid Safety Edits)
fentanyl (patch td72)	\$0 (Tier 1)	PA, QL (15 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
hydrocodone bitartrate (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 30 mg cap er 12h, 40 mg cap er 12h, 50 mg cap er 12h)	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
levorphanol tartrate (tablet)	\$0 (Tier 1)	QL (120 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
methadone hcl 10 mg tablet	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
methadone hcl 5 mg tablet	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
morphine sulfate (100 mg tablet er, 15 mg tablet er, 200 mg tablet er, 30 mg tablet er, 60 mg tablet er)	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
tramadol hcl (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
Opioid Analgesics, Short-acting		
acetaminophen with codeine 300mg-60mg tablet	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetaminophen with codeine phosphate (120-12mg/5 solution, 300mg/12.5 solution)	\$0 (Tier 1)	QL (2700 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
acetaminophen with codeine phosphate (300mg-15mg tablet, 300mg-30mg tablet)	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
butorphanol tartrate (1 mg/ml vial, 2 mg/ml vial)	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)
butorphanol tartrate 10 mg/ml spray	\$0 (Tier 1)	QL (48 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
codeine sulfate (tablet)	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
DURAMORPH (AMPUL)	\$0 (Tier 2)	PA, QLC (Subject to Opioid Safety Edits)
fentanyl citrate (1200 mcg lozenge hd, 1600 mcg lozenge hd, 200 mcg lozenge hd, 400 mcg lozenge hd, 600 mcg lozenge hd, 800 mcg lozenge hd)	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 10mg-300mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet)	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 7.5-325/15 solution)	\$0 (Tier 1)	QL (2700 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 5 mg-325mg tablet)	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
hydrocodone/ibuprofen (tablet)	\$0 (Tier 1)	QL (150 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
hydromorphone hcl (2 mg/ml ampul, 2 mg/ml cartridge, 2 mg/ml syringe, 2 mg/ml vial)	\$0 (Tier 1)	PA, QLC (Subject to Opioid Safety Edits)
hydromorphone hcl 1 mg/ml liquid	\$0 (Tier 1)	QL (1440 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
hydromorphone hcl/pf (10 mg/ml ampul, 10 mg/ml vial, 2 mg/ml ampul, 2 mg/ml vial)	\$0 (Tier 1)	PA, QLC (Subject to Opioid Safety Edits)
morphine sulfate 10 mg/5 ml solution	\$0 (Tier 1)	QL (2700 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
morphine sulfate 100 mg/5ml solution	\$0 (Tier 1)	QL (270 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
morphine sulfate 15 mg tablet	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
morphine sulfate 20 mg/5 ml solution	\$0 (Tier 1)	QL (1350 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
morphine sulfate 30 mg tablet	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
morphine sulfate/pf (0.5 mg/ml vial, 1 mg/ml vial)	\$0 (Tier 1)	PA, QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oxycodone hcl (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
oxycodone hcl 5 mg tablet	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
oxycodone hcl/acetaminophen (2.5-325 mg tablet, 5 mg-325mg tablet)	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
oxycodone hcl/acetaminophen 10mg-325mg tablet	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
oxycodone hcl/acetaminophen 7.5-325 mg tablet	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
ROXICODONE (15 MG TABLET, 30 MG TABLET)	\$0 (Tier 2)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
tramadol hcl 50 mg tablet	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
tramadol hcl/acetaminophen (tablet)	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

Anesthetics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Local Anesthetics		
lidocaine 5 % adh. patch	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
lidocaine 5 % oint. (g)	\$0 (Tier 1)	PA, QL (100 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Anesthetics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lidocaine hcl (10 mg/ml vial, 2 % solution)</i>	\$0 (Tier 1)	
<i>lidocaine hcl (2 % jel/pf app, 2 % jelly(ml), 40 mg/ml solution)</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl laryngotracheal 4% solution</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl/pf (10 mg/ml ampul, 10 mg/ml vial)</i>	\$0 (Tier 1)	
<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LIDOCAN II (ADH. PATCH)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LIDODERM (ADH. PATCH)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
XYLOCAINE 1% VIAL	\$0 (Tier 2)	
XYLOCAINE-MPF (AMPUL, VIAL)	\$0 (Tier 2)	
ZTLIDO (ADH. PATCH)	\$0 (Tier 2)	PA, QL (90 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		
<i>acamprosate calcium (tablet dr)</i>	\$0 (Tier 1)	
<i>disulfiram (tablet)</i>	\$0 (Tier 1)	
Opioid Dependence		
<i>buprenorphine hcl (2 mg tab subl, 8 mg tab subl)</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl (12 mg-3 mg film, 4mg-1mg film, 8 mg-2 mg film)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Anti-Addiction/ Substance Abuse Treatment Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
buprenorphine hcl/naloxone hcl (2 mg-0.5mg film, 2 mg-0.5mg tab subl)	\$0 (Tier 1)	QL (120 PER 30 DAYS)
buprenorphine hcl/naloxone hcl 8 mg-2 mg tab subl	\$0 (Tier 1)	QL (90 PER 30 DAYS)
naltrexone hcl (tablet)	\$0 (Tier 1)	
SUBLOCADE (SOLER SYR)	\$0 (Tier 2)	
SUBOXONE (12 MG-3 MG SL FILM, 4 MG-1 MG SL FILM, 8 MG-2 MG SL FILM)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	\$0 (Tier 2)	QL (120 PER 30 DAYS)
VIVITROL (SUS ER REC)	\$0 (Tier 2)	

Opioid Reversal Agents

KLOXXADO (SPRAY)	\$0 (Tier 2)	
naloxone hcl (0.4 mg/ml cartridge, 0.4 mg/ml vial, 1 mg/ml syringe, 4 mg spray)	\$0 (Tier 1)	
NARCAN (SPRAY)	\$0 (Tier 2)	

Smoking Cessation Agents

bupropion hcl 150 mg tab er 12h	\$0 (Tier 1)	
NICODERM CQ (PATCH TD24)	\$0 (Tier 1)	(Medicaid Benefit Drug)
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 1)	(Medicaid Benefit Drug)
nicotine (21 mg/24hr patch td24, 21-14-7mg patch dysq, 7mg/24hr patch td24)	\$0 (Tier 1)	(Medicaid Benefit Drug)
nicotine 14mg/24hr patch td24	\$0 (Tier 2)	(Medicaid Benefit Drug)
nicotine polacrilex (2 mg gum, 2 mg lozenge, 2 mg lozng mini, 4 mg gum, 4 mg lozng mini)	\$0 (Tier 1)	(Medicaid Benefit Drug)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Anti-Addiction/ Substance Abuse Treatment Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NICOTROL (CARTRIDGE)	\$0 (Tier 2)	
NICOTROL NS (SPRAY)	\$0 (Tier 2)	
varenicline tartrate (0.5 (11)-1 tab ds pk, 0.5 mg tablet, 1 mg tablet)	\$0 (Tier 1)	

Anti-Obesity Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-Obesity Agents, Other		
ADIPEX-P (TABLET)	\$0 (Tier 1)	PA, (Medicaid Benefit Drug)
benzphetamine hcl (tablet)	\$0 (Tier 1)	PA, (Medicaid Benefit Drug)
CONTRAVE (TABLET ER)	\$0 (Tier 1)	PA, (Medicaid Benefit Drug)
diethylpropion hcl (25 mg tablet, 75 mg tablet er)	\$0 (Tier 1)	PA, (Medicaid Benefit Drug)
orlistat (capsule)	\$0 (Tier 1)	PA, (Medicaid Benefit Drug)
phendimetrazine tartrate 35 mg tablet	\$0 (Tier 2)	PA, (Medicaid Benefit Drug)
phentermine hcl (15 mg capsule, 30 mg capsule)	\$0 (Tier 2)	PA, (Medicaid Benefit Drug)
phentermine hcl (37.5 mg capsule, 37.5 mg tablet)	\$0 (Tier 1)	PA, (Medicaid Benefit Drug)
QSYMIA (CPMP 24HR)	\$0 (Tier 1)	(Medicaid Benefit Drug)
SAXENDA (PEN INJCTR)	\$0 (Tier 1)	PA, (Medicaid Benefit Drug)
WEGOVY (PEN INJCTR)	\$0 (Tier 1)	PA, (Medicaid Benefit Drug)
XENICAL (CAPSULE)	\$0 (Tier 1)	PA, (Medicaid Benefit Drug)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Aminoglycosides		
<i>amikacin sulfate (vial)</i>	\$0 (Tier 1)	
<i>gentamicin sulfate 40 mg/ml vial</i>	\$0 (Tier 1)	
<i>gentamicin sulfate in sodium chloride, iso-osmotic (in nacl, iso-osm 100mg/0.1l piggyback, in nacl, iso-osm 120mg/0.1l piggyback, in nacl, iso-osm 60 mg/50ml piggyback, in nacl, iso-osm 80 mg/50ml piggyback, in nacl, iso-osm 80mg/100ml piggyback)</i>	\$0 (Tier 1)	
<i>gentamicin sulfate/pf 20 mg/2 ml vial</i>	\$0 (Tier 1)	
<i>HUMATIN (CAPSULE)</i>	\$0 (Tier 2)	
<i>neomycin sulfate (tablet)</i>	\$0 (Tier 1)	
<i>paromomycin sulfate (capsule)</i>	\$0 (Tier 1)	
<i>streptomycin sulfate (vial)</i>	\$0 (Tier 1)	
<i>tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)</i>	\$0 (Tier 1)	
Antibacterials, Other		
<i>AZACTAM (VIAL)</i>	\$0 (Tier 2)	
<i>aztreonam (vial)</i>	\$0 (Tier 1)	
<i>chloramphenicol sod succinate (vial)</i>	\$0 (Tier 1)	
<i>CLEOCIN 2% VAGINAL CREAM</i>	\$0 (Tier 2)	
<i>CLEOCIN HCL (CAPSULE)</i>	\$0 (Tier 2)	
<i>CLEOCIN PHOSPHATE (150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 9 G/60 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN)</i>	\$0 (Tier 2)	
<i>CLEOCIN T 1% LOTION</i>	\$0 (Tier 2)	
<i>clindamycin hcl (capsule)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin palmitate hcl (soln recon)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate (1 % gel (gram), 1 % gel daily, 1 % lotion, 1 % med. swab, 1 % solution, 150 mg/ml vial, 2 % cream/appl)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in 0.9 % sodium chloride (piggyback)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate/dextrose 5 % in water (phosphate/d5w 300mg/50ml pggybk btl, phosphate/d5w 300mg/50ml pggyback, phosphate/d5w 600mg/50ml pggybk btl, phosphate/d5w 600mg/50ml pggyback, phosphate/d5w 900mg/50ml pggybk btl, phosphate/d5w 900mg/50ml pggyback)</i>	\$0 (Tier 1)	
<i>colistin (as colistimethate sodium) (vial)</i>	\$0 (Tier 1)	
<i>CUBICIN (VIAL)</i>	\$0 (Tier 2)	
<i>CUBICIN RF (VIAL)</i>	\$0 (Tier 2)	
<i>DALVANCE (VIAL)</i>	\$0 (Tier 2)	
<i>daptomycin 500 mg vial</i>	\$0 (Tier 1)	
<i>FLAGYL 375 CAPSULE</i>	\$0 (Tier 2)	
<i>IMPAVIDO (CAPSULE)</i>	\$0 (Tier 2)	
<i>linezolid (100 mg/5ml susp recon, 600 mg tablet)</i>	\$0 (Tier 1)	PA
<i>linezolid in 0.9 % sodium chloride (piggyback)</i>	\$0 (Tier 1)	
<i>linezolid in dextrose 5 % in water (piggyback)</i>	\$0 (Tier 1)	
<i>methenamine hippurate (tablet)</i>	\$0 (Tier 1)	
<i>METRO IV (PIGGYBACK)</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metronidazole (0.75 % gel w/applicator, 250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>metronidazole in sodium chloride (piggyback)</i>	\$0 (Tier 1)	
<i>neomycin sulfate/polymyxin b sulfate (sulf/polymyxin b sulf 40-200k/ml ampul, sulf/polymyxin b sulf 40-200k/ml vial)</i>	\$0 (Tier 1)	
<i>nitrofurantoin macrocrystal (100 mg capsule, 50 mg capsule)</i>	\$0 (Tier 1)	
<i>nitrofurantoin monohydrate/macrocrys (capsule)</i>	\$0 (Tier 1)	
SIVEXTRO 200 MG TABLET	\$0 (Tier 2)	PA
SIVEXTRO 200 MG VIAL	\$0 (Tier 2)	
SYNERCID (VIAL)	\$0 (Tier 2)	
<i>tigecycline (vial)</i>	\$0 (Tier 1)	
<i>trimethoprim (tablet)</i>	\$0 (Tier 1)	
TYGACIL (VIAL)	\$0 (Tier 2)	
<i>vancomycin hcl (1 g vial, 1 g vial port, 1.25 g vial, 1.5 g vial, 10 g vial, 100 g bulkbaginj, 5 g vial, 500 mg vial, 500 mg vial port, 750 mg vial, 750 mg vial port)</i>	\$0 (Tier 1)	
<i>vancomycin hcl 125 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>vancomycin hcl in water for injection (peg-400, nada) (piggyback)</i>	\$0 (Tier 1)	
<i>vancomycin in 0.9 % sodium chloride (vancomycin/0.9 % 1g/200ml froz.piggy, vancomycin/0.9 % 500mg/0.1l froz.piggy, vancomycin/0.9 % 750mg/.15l froz.piggy)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vancomycin in 5 % dextrose in water (froz.piggy)	\$0 (Tier 1)	
VANDAZOLE (GEL W/APPL)	\$0 (Tier 2)	
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	\$0 (Tier 2)	PA
ZYVOX (200 MG/100 ML-D5W, 600 MG/300 ML-D5W)	\$0 (Tier 2)	

Beta-lactam, Cephalosporins

cefaclor (250 mg capsule, 500 mg capsule)	\$0 (Tier 1)	
cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)	\$0 (Tier 1)	
cefazolin sodium (1 g vial, 1 g vial port, 10 g vial, 100 g bulkbaginj, 2 g vial, 20 g vial, 300g bulkbaginj, 500 mg vial)	\$0 (Tier 1)	
cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose,iso 1 g/50 ml froz.piggy, sodium/dextrose,iso 1 g/50 ml piggyback, sodium/dextrose,iso 2 g/50 ml piggyback)	\$0 (Tier 1)	
cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)	\$0 (Tier 1)	
cefepime hcl (1 g vial, 2 g vial)	\$0 (Tier 1)	
cefepime hcl in dextrose 5 % in water (piggyback)	\$0 (Tier 1)	
cefepime hcl in iso-osmotic dextrose (froz.piggy)	\$0 (Tier 1)	
cefixime 400 mg capsule	\$0 (Tier 1)	
cefoxitin sodium (vial)	\$0 (Tier 1)	
cefoxitin sodium/dextrose, iso-osmotic (piggyback)	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefpodoxime proxetil (100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet, 50 mg/5 ml susp recon)</i>	\$0 (Tier 1)	
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>ceftazidime (1 g vial, 1 g vial port, 2 g vial, 2 g vial port, 6 g vial)</i>	\$0 (Tier 1)	
<i>ceftazidime in dextrose 5 % and water (piggyback)</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium (1 g vial, 1 g vial port, 10 g vial, 100 g bulkbaginj, 2 g vial, 2 g vial port, 250 mg vial, 500 mg vial)</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium in iso-osmotic dextrose (in is-osm dextrose 1 g/50 ml froz.piggy, in is-osm dextrose 1 g/50 ml piggyback, in is-osm dextrose 2 g/50 ml froz.piggy, in is-osm dextrose 2 g/50 ml piggyback)</i>	\$0 (Tier 1)	
<i>cefuroxime axetil (tablet)</i>	\$0 (Tier 1)	
<i>cefuroxime sodium (1.5 g vial, 750 mg vial)</i>	\$0 (Tier 1)	
<i>cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule, 750 mg capsule)</i>	\$0 (Tier 1)	
<i>SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE)</i>	\$0 (Tier 2)	
<i>TEFLARO (VIAL)</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Beta-lactam, Penicillins		
<i>amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	\$0 (Tier 1)	
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 1000-62.5 tab er 12h, amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet)</i>	\$0 (Tier 1)	
<i>ampicillin sodium (1 g vial, 1 g vial port, 10 g vial, 2 g vial, 2 g vial port, 250 mg vial, 500 mg vial)</i>	\$0 (Tier 1)	
<i>ampicillin sodium/sulbactam sodium (sod/sulbactam sod 3 g vial, sodium/sulbactam na 3 g vial, sodium/sulbactam na 3 g vial port)</i>	\$0 (Tier 1)	
<i>ampicillin trihydrate 500 mg capsule</i>	\$0 (Tier 1)	
AUGMENTIN 500-125 TABLET	\$0 (Tier 2)	
BICILLIN L-A (SYRINGE)	\$0 (Tier 2)	
<i>dicloxacillin sodium (capsule)</i>	\$0 (Tier 1)	
EXTENCILLINE (VIAL)	\$0 (Tier 2)	
<i>nafcillin in dextrose, iso-osmotic (froz.piggy)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nafcillin sodium (1 g vial, 1 g vial port, 10 g vial, 2 g vial, 2 g vial port)</i>	\$0 (Tier 1)	
<i>penicillin g potassium (vial)</i>	\$0 (Tier 1)	
<i>penicillin g potassium/dextrose-water (froz.piggy)</i>	\$0 (Tier 1)	
<i>penicillin g sodium (vial)</i>	\$0 (Tier 1)	
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>piperacillin sodium/tazobactam sodium (sodium/tazobactam 2.25 g vial, sodium/tazobactam 2.25 g vial port, sodium/tazobactam 3.375 g vial, sodium/tazobactam 3.375 g vial port, sodium/tazobactam 4.5 g vial, sodium/tazobactam 4.5 g vial port)</i>	\$0 (Tier 1)	
ZOSYN (2.25 GM/50 ML GALAXY BAG, 3.375 GM/50 ML GALAXY, 4.5 GM/100 ML GALAXY BAG)	\$0 (Tier 2)	

Carbapenems

<i>ertapenem sodium (vial)</i>	\$0 (Tier 1)	
<i>imipenem/cilastatin sodium (vial)</i>	\$0 (Tier 1)	
INVANZ (VIAL)	\$0 (Tier 2)	
<i>meropenem (1 g vial, 500 mg vial)</i>	\$0 (Tier 1)	
<i>meropenem in 0.9 % sodium chloride (piggyback)</i>	\$0 (Tier 1)	

Macrolides

<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 500 mg vial, 500 mg vial port, 600 mg tablet)</i>	\$0 (Tier 1)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clarithromycin (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet)	\$0 (Tier 1)	
DIFICID 200 MG TABLET	\$0 (Tier 2)	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	\$0 (Tier 2)	QL (136 PER 10 OVER TIME)
E.E.S. 200 (SUSP RECON)	\$0 (Tier 2)	
ERY-TAB (TABLET DR)	\$0 (Tier 2)	
ERYPED 200 (SUSP RECON)	\$0 (Tier 2)	
ERYPED 400 (SUSP RECON)	\$0 (Tier 2)	
ERYTHROCIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL)	\$0 (Tier 2)	
ERYTHROCIN STEARATE (TABLET)	\$0 (Tier 2)	
erythromycin base (250 mg capsule dr, 250 mg tablet, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)	\$0 (Tier 1)	
erythromycin base in ethanol (2 % med. swab, 2 % solution)	\$0 (Tier 1)	
erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg/5ml susp recon)	\$0 (Tier 1)	
erythromycin lactobionate (vial)	\$0 (Tier 1)	
ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL)	\$0 (Tier 2)	
ZITHROMAX TRI-PAK (TABLET)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Quinolones		
CIPRO (10% SUSPENSION, 250 MG TABLET, 5% SUSPENSION, 500 MG TABLET)	\$0 (Tier 2)	
ciprofloxacin (sus mc rec)	\$0 (Tier 1)	
ciprofloxacin hcl (100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)	\$0 (Tier 1)	
ciprofloxacin lactate/dextrose 5 % in water (piggyback)	\$0 (Tier 1)	
levofloxacin (25 mg/ml vial, 250 mg tablet, 250mg/10ml solution, 500 mg tablet, 750 mg tablet)	\$0 (Tier 1)	
levofloxacin/dextrose 5 % in water (piggyback)	\$0 (Tier 1)	
moxifloxacin hcl 400 mg tablet	\$0 (Tier 1)	
moxifloxacin hcl in sodium acetate and sulfate,water,iso-osm (piggyback)	\$0 (Tier 1)	
moxifloxacin hcl in sodium chloride, iso-osmotic (piggyback)	\$0 (Tier 1)	
ofloxacin 400 mg tablet	\$0 (Tier 1)	
Sulfonamides		
BACTRIM (TABLET)	\$0 (Tier 2)	
BACTRIM DS (TABLET)	\$0 (Tier 2)	
sulfadiazine (tablet)	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 80-16mg/ml vial, sulfamethoxazole/trimethoprim 800-160 mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp)	\$0 (Tier 1)	
Tetracyclines		
demeclocycline hcl (tablet)	\$0 (Tier 1)	
doxycycline hyclate (100 mg capsule, 100 mg tablet, 100 mg vial, 20 mg tablet, 50 mg capsule)	\$0 (Tier 1)	
doxycycline monohydrate (100 mg capsule, 100 mg tablet, 150 mg capsule, 150 mg tablet, 50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet)	\$0 (Tier 1)	
minocycline hcl (100 mg capsule, 100 mg tablet, 50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet)	\$0 (Tier 1)	
NUZYRA (100 MG VIAL, 150 MG TABLET)	\$0 (Tier 2)	
tetracycline hcl (250 mg capsule, 500 mg capsule)	\$0 (Tier 1)	
VIBRAMYCIN 100 MG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Anticonvulsants

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, 50 MG/5 ML VIAL, 75 MG TABLET)	\$0 (Tier 2)	
DEPAKOTE (TABLET DR)	\$0 (Tier 2)	
DEPAKOTE ER (TAB ER 24H)	\$0 (Tier 2)	
DEPAKOTE SPRINKLE (CAP DR SPR)	\$0 (Tier 2)	
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	\$0 (Tier 2)	
<i>divalproex sodium (125 mg cap dr spr, 125 mg tablet dr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tab er 24h, 500 mg tablet dr)</i>	\$0 (Tier 1)	
EPIDIOLEX (SOLUTION)	\$0 (Tier 2)	PA
EPRONTIA (SOLUTION)	\$0 (Tier 2)	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>	\$0 (Tier 1)	
FINTEPLA (SOLUTION)	\$0 (Tier 2)	PA, QL (360 PER 30 DAYS)
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)	
KEPPRA (1,000 MG TABLET, 100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET)	\$0 (Tier 2)	
LAMICTAL (100 MG TABLET, 150 MG TABLET, 200 MG TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 5 MG DISPER TABLET)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LAMICTAL (BLUE) (TAB DS PK)	\$0 (Tier 2)	
<i>lamotrigine (100 mg tab er 24, 100 mg tablet, 150 mg tablet, 200 mg tab er 24, 200 mg tablet, 25 mg tab er 24, 25 mg tablet, 25 mg tb chw dsp, 25mg (35) tab ds pk, 300 mg tab er 24, 5 mg tb chw dsp, 50 mg tab er 24)</i>	\$0 (Tier 1)	
<i>levetiracetam (100 mg/ml solution, 1000 mg tablet, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 500 mg/5ml vial, 750 mg tab er 24h, 750 mg tablet)</i>	\$0 (Tier 1)	
<i>levetiracetam in sodium chloride, iso-osmotic (in nacl (iso-os) 1000mg/100 piggyback, in nacl (iso-os) 1500mg/100 piggyback, in nacl (iso-os) 500mg/0.1l piggyback)</i>	\$0 (Tier 1)	
SPRITAM (TAB SUSP)	\$0 (Tier 2)	
<i>topiramate (100 mg tablet, 15 mg cap sprink, 200 mg tablet, 25 mg cap sprink, 25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	
<i>valproic acid (as sodium salt) (valproate sodium) ((as sodium salt) 250 mg/5ml solution, (as sodium salt) 500 mg/5ml vial, (as sodium salt) 500mg/10ml solution)</i>	\$0 (Tier 1)	
<i>valproic acid (capsule)</i>	\$0 (Tier 1)	
<i>XCOPRI (100 MG TABLET, 12.5-25 MG TITRATION PK, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 25 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK, 50 MG TABLET, 50-100 MG TITRATION PAK)</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Calcium Channel Modifying Agents		
CELONTIN (CAPSULE)	\$0 (Tier 2)	
<i>ethosuximide (250 mg capsule, 250 mg/5ml solution)</i>	\$0 (Tier 1)	
LYRICA (100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE)	\$0 (Tier 2)	QL (90 PER 30 DAYS)
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	\$0 (Tier 2)	QL (900 PER 30 DAYS)
<i>methylsuximide (capsule)</i>	\$0 (Tier 1)	
<i>pregabalin (100 mg capsule, 150 mg capsule, 200 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	\$0 (Tier 1)	QL (900 PER 30 DAYS)
ZARONTIN 250 MG CAPSULE	\$0 (Tier 2)	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml oral susp</i>	\$0 (Tier 1)	PA, QL (480 PER 30 DAYS)
<i>diazepam (12.5-15-20 kit, 2.5 mg kit, 5-7.5-10mg kit)</i>	\$0 (Tier 1)	QL (5 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	\$0 (Tier 1)	QL (2160 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	\$0 (Tier 1)	QL (1080 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gabapentin 400 mg capsule</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
GABITRIL (TABLET)	\$0 (Tier 2)	
LIBERVANT (FILM)	\$0 (Tier 2)	QL (10 PER 30 DAYS)
MYSOLINE (TABLET)	\$0 (Tier 2)	
NAYZILAM (SPRAY)	\$0 (Tier 2)	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	\$0 (Tier 2)	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	\$0 (Tier 2)	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	\$0 (Tier 2)	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	\$0 (Tier 2)	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	\$0 (Tier 2)	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (480 PER 30 DAYS)
<i>phenobarbital (100 mg tablet, 15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet)</i>	\$0 (Tier 1)	
<i>phenobarbital sodium (vial)</i>	\$0 (Tier 1)	
<i>primidone (tablet)</i>	\$0 (Tier 1)	
SABRIL (500 MG POWDER PACKET, 500 MG TABLET)	\$0 (Tier 2)	QL (180 PER 30 DAYS)
SYMPAZAN (10 MG FILM, 20 MG FILM)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tiagabine hcl (tablet)</i>	\$0 (Tier 1)	
VALTOCO (SPRAY)	\$0 (Tier 2)	QL (10 PER 30 DAYS)
<i>vigabatrin (500 mg powd pack, 500 mg tablet)</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ZTALMY (ORAL SUSP)	\$0 (Tier 2)	

Sodium Channel Agents

APTIOM (TABLET)	\$0 (Tier 2)	
BANZEL (200 MG TABLET, 40 MG/ML SUSPENSION, 400 MG TABLET)	\$0 (Tier 2)	
<i>carbamazepine (100 mg cpmp 12hr, 100 mg tab chew, 100 mg tab er 12h, 100 mg/5ml oral susp, 200 mg cpmp 12hr, 200 mg tab er 12h, 200 mg tablet, 200mg/10ml oral susp, 300 mg cpmp 12hr, 400 mg tab er 12h)</i>	\$0 (Tier 1)	
CARBATROL (CPMP 12HR)	\$0 (Tier 2)	
DILANTIN (100 MG CAPSULE, 30 MG CAPSULE, 50 MG INFATAB)	\$0 (Tier 2)	
DILANTIN-125 (ORAL SUSP)	\$0 (Tier 2)	
<i>fosphenytoin sodium (vial)</i>	\$0 (Tier 1)	
<i>lacosamide (10 mg/ml solution, 100 mg tablet, 150 mg tablet, 200 mg tablet, 200mg/20ml vial, 50 mg tablet)</i>	\$0 (Tier 1)	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	\$0 (Tier 1)	
PHENYTEK (CAPSULE)	\$0 (Tier 2)	
<i>phenytoin (100 mg/4ml oral susp, 125 mg/5ml oral susp, 50 mg tab chew)</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended (capsule)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rufinamide (200 mg tablet, 40 mg/ml oral susp, 400 mg tablet)	\$0 (Tier 1)	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	\$0 (Tier 2)	
TEGRETOL XR (TAB ER 12H)	\$0 (Tier 2)	
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET)	\$0 (Tier 2)	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, 200 MG/20 ML VIAL, 50 MG TABLET)	\$0 (Tier 2)	
ZONEGRAN (CAPSULE)	\$0 (Tier 2)	
ZONISADE (ORAL SUSP)	\$0 (Tier 2)	
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
Cholinesterase Inhibitors		
ADLARITY (PATCH TDWK)	\$0 (Tier 2)	
ARICEPT (10 MG TABLET, 5 MG TABLET)	\$0 (Tier 2)	
donepezil hcl (10 mg tab rapdis, 10 mg tablet, 23 mg tablet, 5 mg tab rapdis, 5 mg tablet)	\$0 (Tier 1)	
EXELON (PATCH TD24)	\$0 (Tier 2)	
galantamine hbr (12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel, 4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet)	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antidementia Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rivastigmine (patch td24)	\$0 (Tier 1)	
rivastigmine tartrate (capsule)	\$0 (Tier 1)	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl (10 mg tablet, 14 mg cap spr 24, 2 mg/ml solution, 21 mg cap spr 24, 28 mg cap spr 24, 5 mg tablet, 5 mg-10 mg tab ds pk, 7 mg cap spr 24)	\$0 (Tier 1)	PA
NAMENDA (10 MG TABLET, 5 MG TABLET, 5-10 MG TITRATION PK)	\$0 (Tier 2)	PA

Antidepressants

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 (100 mg tab sr 12h, 150 mg tab er 24h)	\$0 (Tier 1)	QL (90 PER 30 DAYS)
bupropion hcl (200 mg tab sr 12h, 75 mg tablet)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
bupropion hcl 100 mg tablet	\$0 (Tier 1)	QL (120 PER 30 DAYS)
bupropion hcl 300 mg tab er 24h	\$0 (Tier 1)	QL (30 PER 30 DAYS)
bupropion hcl sr 150mg tablet	\$0 (Tier 1)	QL (60 PER 30 DAYS)
mirtazapine (15 mg tab rapdis, 30 mg tab rapdis, 30 mg tablet, 45 mg tab rapdis, 45 mg tablet, 7.5 mg tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
mirtazapine 15 mg tablet	\$0 (Tier 1)	QL (45 PER 30 DAYS)
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	\$0 (Tier 2)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antidepressants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REMERON 15 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)
SPRAVATO 56 MG DOSE PACK	\$0 (Tier 2)	PA, QL (16 PER 28 DAYS)
SPRAVATO 84 MG DOSE PACK	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	\$0 (Tier 2)	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	\$0 (Tier 2)	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

EMSAM (PATCH TD24)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
MARPLAN (TABLET)	\$0 (Tier 2)	
NARDIL (TABLET)	\$0 (Tier 2)	
PARNATE (TABLET)	\$0 (Tier 2)	
<i>phenelzine sulfate (tablet)</i>	\$0 (Tier 1)	
<i>tranylcypromine sulfate (tablet)</i>	\$0 (Tier 1)	

SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito

CELEXA (10 MG TABLET, 20 MG TABLET)	\$0 (Tier 2)	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>citalopram hydrobromide (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antidepressants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
citalopram hydrobromide 40 mg tablet	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
desvenlafaxine succinate (tablet er 24h)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
duloxetine hcl (20 mg capsule dr, 60 mg capsule dr)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
duloxetine hcl 30 mg capsule dr	\$0 (Tier 1)	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
escitalopram oxalate (10 mg tablet, 5 mg tablet)	\$0 (Tier 1)	QL (45 PER 30 DAYS)
escitalopram oxalate 20 mg tablet	\$0 (Tier 1)	QL (30 PER 30 DAYS)
escitalopram oxalate 5 mg/5 ml solution	\$0 (Tier 1)	QL (600 PER 30 DAYS)
FETZIMA (ER 120 MG CAPSULE, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	\$0 (Tier 2)	QL (28 PER 28 DAYS)
fluoxetine hcl (10 mg capsule, 10 mg tablet)	\$0 (Tier 1)	QL (90 PER 30 DAYS)
fluoxetine hcl (20 mg capsule, 20 mg tablet)	\$0 (Tier 1)	QL (120 PER 30 DAYS)
fluoxetine hcl 20 mg/5 ml solution	\$0 (Tier 1)	QL (600 PER 30 DAYS)
fluoxetine hcl 40 mg capsule	\$0 (Tier 1)	QL (60 PER 30 DAYS)
fluoxetine hcl 90 mg capsule dr	\$0 (Tier 1)	QL (4 PER 28 DAYS)
fluvoxamine maleate (25 mg tablet, 50 mg tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antidepressants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluvoxamine maleate 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
LEXAPRO (10 MG TABLET, 5 MG TABLET)	\$0 (Tier 2)	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>nefazodone hcl (tablet)</i>	\$0 (Tier 1)	
<i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>paroxetine hcl (12.5 mg tab er 24h, 20 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>paroxetine hcl (25 mg tab er 24h, 30 mg tablet, 37.5 mg tab er 24h)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml oral susp</i>	\$0 (Tier 1)	QL (900 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	\$0 (Tier 2)	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	\$0 (Tier 2)	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PRISTIQ (TAB ER 24H)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml oral conc</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>trazodone hcl (tablet)</i>	\$0 (Tier 1)	
TRINTELLIX (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>venlafaxine besylate (tab er 24)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antidepressants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
venlafaxine hcl (100 mg tablet, 25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet)	\$0 (Tier 1)	QL (90 PER 30 DAYS)
venlafaxine hcl 150 mg cap er 24h	\$0 (Tier 1)	QL (30 PER 30 DAYS)
venlafaxine hcl 37.5 mg cap er 24h	\$0 (Tier 1)	QL (60 PER 30 DAYS)
VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
vilazodone hcl (tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	\$0 (Tier 2)	QL (300 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)	
NORPRAMIN (TABLET)	\$0 (Tier 2)	
nortriptyline hcl (10 mg capsule, 10 mg/5 ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule)	\$0 (Tier 1)	
protriptyline hcl (tablet)	\$0 (Tier 1)	
trimipramine maleate (capsule)	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antiemetics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antiemetics, Other		
chlorpromazine hcl (10 mg tablet, 100 mg tablet, 100 mg/ml oral conc, 200 mg tablet, 25 mg tablet, 25 mg/ml ampul, 25 mg/ml vial, 30 mg/ml oral conc, 50 mg tablet)	\$0 (Tier 1)	PA
meclizine hcl (12.5 mg tablet, 25 mg tablet)	\$0 (Tier 1)	
perphenazine (tablet)	\$0 (Tier 1)	PA
prochlorperazine (supp.rect)	\$0 (Tier 1)	
prochlorperazine edisylate 10 mg/2 ml vial	\$0 (Tier 1)	
prochlorperazine maleate (tablet)	\$0 (Tier 1)	
promethazine hcl (12.5 mg supp.rect, 12.5 mg tablet, 25 mg supp.rect, 25 mg tablet, 50 mg tablet, 6.25mg/5ml syrup)	\$0 (Tier 1)	PA
scopolamine (patch td 3)	\$0 (Tier 1)	PA
Emetogenic Therapy Adjuncts		
aprepitant (125 mg capsule, 125mg-80mg cap ds pk, 40 mg capsule, 80 mg capsule)	\$0 (Tier 1)	PA
dronabinol (capsule)	\$0 (Tier 1)	PA
EMEND (80 MG CAPSULE, TRIPACK)	\$0 (Tier 2)	PA
fosaprepitant dimeglumine (vial)	\$0 (Tier 1)	
granisetron hcl (1 mg/ml vial, 1 mg/ml(1) vial)	\$0 (Tier 1)	
granisetron hcl 1 mg tablet	\$0 (Tier 1)	PA
granisetron hcl/pf 1 mg/ml(1) vial	\$0 (Tier 1)	
ondansetron (tab rapdis)	\$0 (Tier 1)	
ondansetron hcl (2 mg/ml vial, 24 mg tablet, 4 mg tablet, 4 mg/5 ml solution, 8 mg tablet)	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antiemetics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ondansetron hcl/pf (4 mg/2 ml ampul, 4 mg/2 ml syringe, 4 mg/2 ml vial)	\$0 (Tier 1)	
palonosetron hcl (0.25mg/2ml vial, 0.25mg/5ml syringe, 0.25mg/5ml vial)	\$0 (Tier 1)	

Antifungals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antifungals		
3-DAY VAGINAL CREAM (CREAM/APPL)	\$0 (Tier 1)	(Medicaid Benefit Drug)
AMBISOME (VIAL)	\$0 (Tier 2)	PA
amphotericin b (vial)	\$0 (Tier 1)	PA
amphotericin b liposome (vial)	\$0 (Tier 1)	PA
ATHLETE'S FOOT (CREAM (G))	\$0 (Tier 1)	(Medicaid Benefit Drug)
CANCIDAS (VIAL)	\$0 (Tier 2)	
caspofungin acetate (vial)	\$0 (Tier 1)	
ciclopirox (0.77 % gel (gram), 1 % shampoo)	\$0 (Tier 1)	
ciclopirox 8 % solution	\$0 (Tier 1)	QL (6.6 PER 30 DAYS)
ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)	\$0 (Tier 1)	
clotrimazole (1 % cream/appl, 2 % cream/appl)	\$0 (Tier 1)	(Medicaid Benefit Drug)
clotrimazole (1 % solution, 10 mg troche)	\$0 (Tier 1)	
clotrimazole 1 % cream (g)	\$0 (Tier 2)	(Medicaid Benefit Drug)
CRESEMBA (186 MG CAPSULE, 372 MG VIAL, 74.5 MG CAPSULE)	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antifungals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIFLUCAN (10 MG/ML SUSPENSION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, 40 MG/ML SUSPENSION, 50 MG TABLET)	\$0 (Tier 2)	
econazole nitrate (cream (g))	\$0 (Tier 1)	
fluconazole (10 mg/ml susp recon, 100 mg tablet, 150 mg tablet, 200 mg tablet, 40 mg/ml susp recon, 50 mg tablet)	\$0 (Tier 1)	
fluconazole in sodium chloride, iso-osmotic (in nacl,iso-osm 200mg/0.1l pggybk btl, in nacl,iso-osm 200mg/0.1l pggybk btl, in nacl,iso-osm 400mg/0.2l pggybk btl, in nacl,iso-osm 400mg/0.2l pggybk btl)	\$0 (Tier 1)	
flucytosine (capsule)	\$0 (Tier 1)	
FUNGOID 2% TINCTURE	\$0 (Tier 2)	(Medicaid Benefit Drug)
griseofulvin ultramicrosize (tablet)	\$0 (Tier 1)	
griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)	\$0 (Tier 1)	
itraconazole 100 mg capsule	\$0 (Tier 1)	QL (120 PER 30 DAYS)
ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)	\$0 (Tier 1)	
LAMISIL AT (CREAM (G))	\$0 (Tier 2)	(Medicaid Benefit Drug)
LOPROX 1% SHAMPOO	\$0 (Tier 2)	
micafungin sodium (vial)	\$0 (Tier 1)	
miconazole nitrate (100 mg supp.vag, 4 % cream/appl)	\$0 (Tier 2)	(Medicaid Benefit Drug)
miconazole nitrate (1200mg-2% kit, 2 % cream (g), 2 % cream/appl, 200 mg-2 % kit)	\$0 (Tier 1)	(Medicaid Benefit Drug)
NOXAFIL (300 MG POWDERMIX SUSP, 300 MG/16.7 ML VIAL, 40 MG/ML SUSPENSION, DR 100 MG TABLET)	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antifungals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nystatin (100000/g cream (g), 100000/g oint. (g), 100000/g powder, 100000/ml oral susp, 500k unit tablet)</i>	\$0 (Tier 1)	
<i>posaconazole (100 mg tablet dr, 200 mg/5ml oral susp, 300mg/16.7 vial)</i>	\$0 (Tier 1)	PA
SPORANOX 100 MG CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>terbinafine hcl 1 % cream (g)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>terbinafine hcl 250 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	\$0 (Tier 1)	
<i>tioconazole (oin/pf app)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>tolnaftate (1 % cream (g), 1 % powder)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
VFEND IV (VIAL)	\$0 (Tier 2)	PA
<i>voriconazole (200 mg tablet, 200 mg vial, 200 mg/5ml susp recon, 50 mg tablet)</i>	\$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		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	
<i>allopurinol sodium (vial)</i>	\$0 (Tier 1)	
ALOPRIM (VIAL)	\$0 (Tier 2)	
<i>colchicine 0.6 mg tablet</i>	\$0 (Tier 1)	
COLCRYS (TABLET)	\$0 (Tier 2)	
<i>probenecid (tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antigout Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
probenecid/ <i>colchicine</i> (tablet)	\$0 (Tier 1)	
ZYLOPRIM (TABLET)	\$0 (Tier 2)	

Antimigraine Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antimigraine Agents		
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)
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	\$0 (Tier 1)	PA, QL (8 PER 28 DAYS)
EMGALITY 120 MG/ML SYRINGE	\$0 (Tier 2)	PA, QL (2 PER 30 DAYS)
EMGALITY PEN (PEN INJCTR)	\$0 (Tier 2)	PA, QL (2 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)
<i>ergotamine tartrate/caffeine 1 mg-100mg tablet</i>	\$0 (Tier 1)	
MIGRALAN (SPRAY/PUMP)	\$0 (Tier 2)	PA, QL (8 PER 28 DAYS)
NURTEC ODT (TAB RAPDIS)	\$0 (Tier 2)	PA, QL (16 PER 30 DAYS)
UBRELVY (TABLET)	\$0 (Tier 2)	PA, QL (16 PER 30 DAYS)

Serotonin (5-HT) Receptor Agonist

IMITREX (100 MG TABLET, 25 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)
IMITREX (20 MG NASAL SPRAY, 5 MG NASAL SPRAY)	\$0 (Tier 2)	ST, QL (12 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antimigraine Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	\$0 (Tier 2)	ST, QL (6 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	\$0 (Tier 2)	QL (6 PER 30 DAYS)
MAXALT (TABLET)	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)
<i>naratriptan hcl (tablet)</i>	\$0 (Tier 1)	QL (18 PER 30 DAYS)
<i>rizatriptan benzoate (10 mg tab rapdis, 10 mg tablet, 5 mg tab rapdis, 5 mg tablet)</i>	\$0 (Tier 1)	QL (18 PER 30 DAYS)
<i>sumatriptan (spray)</i>	\$0 (Tier 1)	QL (12 PER 30 DAYS)
<i>sumatriptan succinate (100 mg tablet, 25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr)</i>	\$0 (Tier 1)	QL (6 PER 30 DAYS)
<i>sumatriptan succinate 6 mg/0.5ml vial</i>	\$0 (Tier 1)	QL (5 PER 30 DAYS)
<i>zolmitriptan (2.5 mg tab rapdis, 5 mg tab rapdis)</i>	\$0 (Tier 1)	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Parasympathomimetics		
MESTINON (180 MG TIMESPAN, 60 MG TABLET, 60 MG/5 ML SOLUTION)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antimyasthenic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pyridostigmine bromide (180 mg tablet er, 60 mg tablet, 60 mg/5 ml solution)</i>	\$0 (Tier 1)	

Antimycobacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antimycobacterials, Other		
<i>dapsone (100 mg tablet, 25 mg tablet)</i>	\$0 (Tier 1)	
MYCOBUTIN (CAPSULE)	\$0 (Tier 2)	
<i>rifabutin (capsule)</i>	\$0 (Tier 1)	

Antituberculars

<i>cycloserine (capsule)</i>	\$0 (Tier 1)	
<i>ethambutol hcl (tablet)</i>	\$0 (Tier 1)	
<i>isoniazid (100 mg tablet, 100 mg/ml vial, 300 mg tablet, 50 mg/5 ml solution)</i>	\$0 (Tier 1)	
PRIFTIN (TABLET)	\$0 (Tier 2)	
<i>pyrazinamide (tablet)</i>	\$0 (Tier 1)	
RIFADIN IV 600 MG VIAL	\$0 (Tier 2)	
<i>rifampin (150 mg capsule, 300 mg capsule, 600 mg vial)</i>	\$0 (Tier 1)	
SIRTURO (TABLET)	\$0 (Tier 2)	
TRECATOR (TABLET)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Alkylating Agents		
<i>busulfan (vial)</i>	\$0 (Tier 1)	
<i>cyclophosphamide (1 g vial, 2 g vial, 500 mg vial, 500 mg/ml vial)</i>	\$0 (Tier 1)	
<i>CYCLOPHOSPHAMIDE (1 GM/5 ML VL, 200 MG/ML VIAL, 500 MG/2.5 ML)</i>	\$0 (Tier 2)	
<i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i>	\$0 (Tier 1)	PA
<i>EVOMELA (VIAL)</i>	\$0 (Tier 2)	
<i>GLEOSTINE (CAPSULE)</i>	\$0 (Tier 2)	
<i>LEUKERAN (TABLET)</i>	\$0 (Tier 2)	
<i>MATULANE (CAPSULE)</i>	\$0 (Tier 2)	PA
<i>melphalan hcl (vial)</i>	\$0 (Tier 1)	
<i>TEMODAR 100 MG VIAL</i>	\$0 (Tier 2)	
<i>VALCHLOR (GEL (GRAM))</i>	\$0 (Tier 2)	
<i>YONDELIS (VIAL)</i>	\$0 (Tier 2)	PA
<i>ZEPZELCA (VIAL)</i>	\$0 (Tier 2)	PA
Antiandrogens		
<i>abiraterone acetate 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>bicalutamide (tablet)</i>	\$0 (Tier 1)	
<i>CASODEX (TABLET)</i>	\$0 (Tier 2)	
<i>ERLEADA 240 MG TABLET</i>	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>ERLEADA 60 MG TABLET</i>	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
<i>EULEXIN (CAPSULE)</i>	\$0 (Tier 2)	
<i>NILANDRON (TABLET)</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nilutamide</i> (tablet)	\$0 (Tier 1)	
NUBEQA (TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
YONSA (TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Antiangiogenic Agents

<i>lenalidomide</i> (10 mg capsule, 2.5 mg capsule, 5 mg capsule)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>lenalidomide</i> (15 mg capsule, 20 mg capsule, 25 mg capsule)	\$0 (Tier 1)	PA, QL (21 PER 28 DAYS)
POMALYST (CAPSULE)	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
REVLIMID (10 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
REVLIMID (15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
THALOMID (100 MG CAPSULE, 50 MG CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ZALTRAP (VIAL)	\$0 (Tier 2)	PA

Antiestrogens/Modifiers

EMCYT (CAPSULE)	\$0 (Tier 2)	
FARESTON (TABLET)	\$0 (Tier 2)	
FASLODEX (SYRINGE)	\$0 (Tier 2)	PA
<i>fulvestrant</i> (syringe)	\$0 (Tier 1)	PA
ORSERDU 345 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORSERDU 86 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SOLTAMOX (SOLUTION)	\$0 (Tier 2)	
<i>tamoxifen citrate (tablet)</i>	\$0 (Tier 1)	
<i>toremifene citrate (tablet)</i>	\$0 (Tier 1)	

Antimetabolites

fluorouracil (1 g/20 ml vial, 2.5 g/50ml vial, 5 g/100 ml vial, 500mg/10ml vial)	\$0 (Tier 1)	PA
FOLOTYN (VIAL)	\$0 (Tier 2)	PA
HYDREA (CAPSULE)	\$0 (Tier 2)	
<i>hydroxyurea (capsule)</i>	\$0 (Tier 1)	
<i>mercaptopurine (tablet)</i>	\$0 (Tier 1)	
PURIXAN (ORAL SUSP)	\$0 (Tier 2)	
TABLOID (TABLET)	\$0 (Tier 2)	

Antineoplastics, Other

ABRAXANE (VIAL)	\$0 (Tier 2)	PA
ADRIAMYCIN (VIAL)	\$0 (Tier 2)	PA
ALIMTA (VIAL)	\$0 (Tier 2)	PA
ARRANON (VIAL)	\$0 (Tier 2)	PA
<i>arsenic trioxide (vial)</i>	\$0 (Tier 1)	
ASPARLAS (VIAL)	\$0 (Tier 2)	
<i>azacitidine (vial)</i>	\$0 (Tier 1)	
<i>bendamustine hcl (100 mg vial, 25 mg vial)</i>	\$0 (Tier 1)	
BENDEKA (VIAL)	\$0 (Tier 2)	
BICNU (VIAL)	\$0 (Tier 2)	
<i>bleomycin sulfate (vial)</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLINCYTO 35MCG VL W-STABILIZER	\$0 (Tier 2)	PA
<i>carboplatin 10 mg/ml vial</i>	\$0 (Tier 1)	
<i>carmustine 100 mg vial</i>	\$0 (Tier 1)	
<i>cisplatin 1 mg/ml vial</i>	\$0 (Tier 1)	
<i>cladribine (vial)</i>	\$0 (Tier 1)	PA
<i>clofarabine (vial)</i>	\$0 (Tier 1)	
CLOLAR (VIAL)	\$0 (Tier 2)	
COSMEGEN (VIAL)	\$0 (Tier 2)	
<i>cytarabine (vial)</i>	\$0 (Tier 1)	PA
<i>cytarabine/pf (vial)</i>	\$0 (Tier 1)	PA
<i>dacarbazine (vial)</i>	\$0 (Tier 1)	
<i>dactinomycin (vial)</i>	\$0 (Tier 1)	
<i>daunorubicin hcl 5 mg/ml vial</i>	\$0 (Tier 1)	
<i>decitabine (vial)</i>	\$0 (Tier 1)	
<i>docetaxel (160 mg/8ml vial, 160mg/16ml vial, 20 mg/2 ml vial, 20mg/ml(1) vial, 80 mg/4 ml vial, 80 mg/8 ml vial)</i>	\$0 (Tier 1)	
<i>doxorubicin hcl (10 mg vial, 10 mg/5 ml vial, 2 mg/ml vial, 20 mg/10ml vial, 50 mg vial, 50 mg/25ml vial)</i>	\$0 (Tier 1)	PA
<i>doxorubicin hcl pegylated liposomal (vial)</i>	\$0 (Tier 1)	PA
<i>eribulin mesylate (vial)</i>	\$0 (Tier 1)	PA
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	\$0 (Tier 1)	
<i>gemcitabine hcl (1 g vial, 1 g/26.3ml vial, 2 g vial, 2 g/52.6ml vial, 200 mg vial, 200mg/5.26 vial)</i>	\$0 (Tier 1)	
HALAVEN (VIAL)	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>idarubicin hcl (vial)</i>	\$0 (Tier 1)	
IFEX 3 GM VIAL	\$0 (Tier 2)	
<i>ifosfamide (1 g vial, 1 g/20 ml vial, 3 g vial, 3 g/60 ml vial)</i>	\$0 (Tier 1)	
IMLYGIC (VIAL)	\$0 (Tier 2)	
INQOVI (TABLET)	\$0 (Tier 2)	PA, QL (5 PER 28 DAYS)
ISTODAX (VIAL)	\$0 (Tier 2)	PA
IXEMPRA (VIAL)	\$0 (Tier 2)	
KISQALI FEMARA 200 MG CO-PACK	\$0 (Tier 2)	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	\$0 (Tier 2)	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	\$0 (Tier 2)	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium (10 mg tablet, 10 mg/ml vial, 100 mg vial, 15 mg tablet, 200 mg vial, 25 mg tablet, 350 mg vial, 5 mg tablet, 50 mg vial, 500 mg vial)</i>	\$0 (Tier 1)	
LONSURF 15 MG-6.14 MG TABLET	\$0 (Tier 2)	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	\$0 (Tier 2)	PA, QL (80 PER 28 DAYS)
<i>mitomycin (20 mg vial, 40 mg vial, 5 mg vial)</i>	\$0 (Tier 1)	
<i>mitoxantrone hcl (vial)</i>	\$0 (Tier 1)	
MUTAMYCIN (VIAL)	\$0 (Tier 2)	
<i>nelarabine (vial)</i>	\$0 (Tier 1)	PA
NINLARO (CAPSULE)	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)
NIPENT (VIAL)	\$0 (Tier 2)	
ONCASPAR (VIAL)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ONUREG (TABLET)	\$0 (Tier 2)	PA, QL (14 PER 28 DAYS)
<i>oxaliplatin (100 mg vial, 100mg/20ml vial, 200mg/40ml vial, 50 mg vial, 50 mg/10ml vial)</i>	\$0 (Tier 1)	
<i>paclitaxel (vial)</i>	\$0 (Tier 1)	
<i>pemetrexed (100 mg vial, 500 mg vial)</i>	\$0 (Tier 1)	PA
<i>pemetrexed disodium (100 mg vial, 1000 mg vial, 25 mg/ml vial, 500 mg vial, 750 mg vial)</i>	\$0 (Tier 1)	PA
<i>romidepsin 10 mg/2 ml vial</i>	\$0 (Tier 1)	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	\$0 (Tier 2)	PA
RYLAZE (VIAL)	\$0 (Tier 2)	
SYNRIBO (VIAL)	\$0 (Tier 2)	PA
<i>thiotepa (vial)</i>	\$0 (Tier 1)	
TREANDA (VIAL)	\$0 (Tier 2)	
TRISENOX (VIAL)	\$0 (Tier 2)	
<i>vinblastine sulfate (vial)</i>	\$0 (Tier 1)	PA
<i>vincristine sulfate (vial)</i>	\$0 (Tier 1)	PA
<i>vinorelbine tartrate (vial)</i>	\$0 (Tier 1)	
VYXEOS (VIAL)	\$0 (Tier 2)	PA
WELIREG (TABLET)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
XPOVIO (100 MG ONCE WEEKLY DOSE, 40 MG TWICE WEEKLY DOSE, 80 MG ONCE WEEKLY DOSE)	\$0 (Tier 2)	PA, QL (8 PER 28 DAYS)
XPOVIO (40 MG ONCE WEEKLY DOSE, 60 MG ONCE WEEKLY DOSE)	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO 80 MG TWICE WEEKLY DOSE	\$0 (Tier 2)	PA, QL (32 PER 28 DAYS)
ZANOSAR (VIAL)	\$0 (Tier 2)	
ZOLINZA (CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Aromatase Inhibitors, 3rd Generation

<i>anastrozole (tablet)</i>	\$0 (Tier 1)	
ARIMIDEX (TABLET)	\$0 (Tier 2)	
AROMASIN (TABLET)	\$0 (Tier 2)	
<i>exemestane (tablet)</i>	\$0 (Tier 1)	
FEMARA (TABLET)	\$0 (Tier 2)	
<i>letrozole (tablet)</i>	\$0 (Tier 1)	

Enzyme Inhibitors

ETOPOPHOS (VIAL)	\$0 (Tier 2)	
<i>etoposide 20 mg/ml vial</i>	\$0 (Tier 1)	
<i>irinotecan hcl (100 mg/5ml vial, 40 mg/2 ml vial, 500mg/25ml vial)</i>	\$0 (Tier 1)	
IWILFIN (TABLET)	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ONIVYDE (VIAL)	\$0 (Tier 2)	PA
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	\$0 (Tier 1)	

Molecular Target Inhibitors

AFINITOR (10 MG TABLET, 2.5 MG TABLET, 7.5 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AKEEGA (TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ALECENSA (CAPSULE)	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ALIQOPA (VIAL)	\$0 (Tier 2)	PA
ALUNBRIG (180 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
AUGTYRO (CAPSULE)	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
AYVAKIT (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
BELEODAQ (VIAL)	\$0 (Tier 2)	PA
<i>bortezomib (1 mg vial, 2.5 mg vial, 3.5 mg vial)</i>	\$0 (Tier 1)	PA
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	\$0 (Tier 2)	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
BRUKINSA (CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CABOMETYX (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
CALQUENCE (100 MG CAPSULE, 100 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	\$0 (Tier 2)	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
COPIKTRA (CAPSULE)	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
COTELLIC (TABLET)	\$0 (Tier 2)	PA, QL (63 PER 28 DAYS)
CYRAMZA (VIAL)	\$0 (Tier 2)	PA
DAURISMO 100 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ERIVEDGE (CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>everolimus (10 mg tablet, 2.5 mg tablet, 7.5 mg tablet)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>everolimus (2 mg tab susp, 5 mg tab susp, 5 mg tablet)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
everolimus 3 mg tab susp	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
EXKIVITY (CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
FARYDAK (CAPSULE)	\$0 (Tier 2)	PA, QL (6 PER 21 DAYS)
FOTIVDA (CAPSULE)	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
GAVRETO (CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
gefitinib (tablet)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
GILOTrif (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
IBRANCE (100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET, 75 MG CAPSULE, 75 MG TABLET)	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
ICLUSIG (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
IDHIFA (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
imatinib mesylate 100 mg tablet	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
imatinib mesylate 400 mg tablet	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
IMBRUVICA (420 MG TABLET, 70 MG CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMBRUVICA 140 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
INREBIC (CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
IRESSA (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
JAKAFI (TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
JEVTANA (VIAL)	\$0 (Tier 2)	PA
KISQALI 200 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
KRAZATI (TABLET)	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
KYPROLIS (VIAL)	\$0 (Tier 2)	PA
<i>lapatinib ditosylate (tablet)</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA (10 MG DAILY DOSE, 4 MG CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LENVIMA (12 MG DAILY DOSE, 18 MG DAILY DOSE, 24 MG DAILY DOSE)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LENVIMA (14 MG DAILY DOSE, 20 MG DAILY DOSE, 8 MG DAILY DOSE)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LYNPARZA (TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	\$0 (Tier 2)	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	\$0 (Tier 2)	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
MEKTOVI (TABLET)	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
NERLYNX (TABLET)	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEXAVAR (TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ODOMZO (CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TABLET, 150 MG TABLET)	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	\$0 (Tier 2)	PA, QL (96 PER 28 DAYS)
OJJAARA (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
pazopanib hcl (tablet)	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
PEMAZYRE (TABLET)	\$0 (Tier 2)	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY DOSE PACK, 300 MG DAILY DOSE PACK)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
QINLOCK (TABLET)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
REZLIDHIA (CAPSULE)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ROZLYTREK 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	\$0 (Tier 2)	PA, QL (336 PER 28 DAYS)
RUBRACA (TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
RYDAPT (CAPSULE)	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
<i>sorafenib tosylate (tablet)</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
SPRYCEL (100 MG TABLET, 140 MG TABLET, 50 MG TABLET, 70 MG TABLET, 80 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
STIVARGA (TABLET)	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate (25 mg capsule, 37.5 mg capsule, 50 mg capsule)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
TABRECTA (TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	\$0 (Tier 2)	PA, QL (840 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TAGRISSO (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TALZENNA (CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TARCEVA (100 MG TABLET, 150 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TASIGNA (CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TAZVERIK (TABLET)	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
<i>temsirolimus (vial)</i>	\$0 (Tier 1)	
TEPMETKO (TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TIBSOVO (TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TORISEL (VIAL)	\$0 (Tier 2)	
TRUQAP (TABLET)	\$0 (Tier 2)	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TYKERB (TABLET)	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
VANFLYTA (TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VELCADE (VIAL)	\$0 (Tier 2)	PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENCLEXTA 100 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK (TAB DS PK)	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
VERZENIO (TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
VIZIMPRO (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VONJO (CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
VOTRIENT (TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLET, 200 MG CAPSULE, 250 MG CAPSULE, 50 MG PELLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
XOSPATA (TABLET)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZELBORAF (TABLET)	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ZYDELIG (TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYKADIA 150 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

Monoclonal Antibody/Antibody-Drug Conjugate

ADCETRIS (VIAL)	\$0 (Tier 2)	PA
ALYMSYS (VIAL)	\$0 (Tier 2)	PA
ARZERRA (VIAL)	\$0 (Tier 2)	PA
AVASTIN (VIAL)	\$0 (Tier 2)	PA
BAVENCIO (VIAL)	\$0 (Tier 2)	PA
BESPONSA (VIAL)	\$0 (Tier 2)	PA
BLENREP (VIAL)	\$0 (Tier 2)	PA
DANYELZA (VIAL)	\$0 (Tier 2)	PA
DARZALEX (VIAL)	\$0 (Tier 2)	PA
DARZALEX FASPRO (VIAL)	\$0 (Tier 2)	PA
EMPLICITI (VIAL)	\$0 (Tier 2)	PA
ENHERTU (VIAL)	\$0 (Tier 2)	PA
ERBITUX (VIAL)	\$0 (Tier 2)	PA
GAZYVA (VIAL)	\$0 (Tier 2)	PA
HERCEPTIN 150 MG VIAL	\$0 (Tier 2)	PA
HERCEPTIN HYLECTA (VIAL)	\$0 (Tier 2)	PA
HERZUMA (VIAL)	\$0 (Tier 2)	PA
IMFINZI (VIAL)	\$0 (Tier 2)	PA
JEMPERLI (VIAL)	\$0 (Tier 2)	PA
KADCYLA (VIAL)	\$0 (Tier 2)	PA
KANJINTI (VIAL)	\$0 (Tier 2)	PA
KEYTRUDA (VIAL)	\$0 (Tier 2)	PA
LIBTAYO (VIAL)	\$0 (Tier 2)	PA
LUMOXITI (VIAL)	\$0 (Tier 2)	PA

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MARGENZA (VIAL)	\$0 (Tier 2)	PA
MONJUVI (VIAL)	\$0 (Tier 2)	PA
MVASI (VIAL)	\$0 (Tier 2)	PA
MYLOTARG (VIAL)	\$0 (Tier 2)	PA
OGIVRI (VIAL)	\$0 (Tier 2)	PA
ONTRUZANT (VIAL)	\$0 (Tier 2)	PA
OPDIVO (VIAL)	\$0 (Tier 2)	PA
PADCEV (VIAL)	\$0 (Tier 2)	PA
PERJETA (VIAL)	\$0 (Tier 2)	PA
PHESGO (VIAL)	\$0 (Tier 2)	PA
POLIVY (VIAL)	\$0 (Tier 2)	PA
PORTRAZZA (VIAL)	\$0 (Tier 2)	PA
POTELIGEO (VIAL)	\$0 (Tier 2)	PA
RIABNI (VIAL)	\$0 (Tier 2)	PA
RITUXAN (VIAL)	\$0 (Tier 2)	PA
RITUXAN HYCELA (VIAL)	\$0 (Tier 2)	PA
RUXIENCE (VIAL)	\$0 (Tier 2)	PA
RYBREVANT (VIAL)	\$0 (Tier 2)	PA
SARCLISA (VIAL)	\$0 (Tier 2)	PA
TECENTRIQ (VIAL)	\$0 (Tier 2)	PA
TRAZIMERA (VIAL)	\$0 (Tier 2)	PA
TRODELVY (VIAL)	\$0 (Tier 2)	PA
TRUXIMA (VIAL)	\$0 (Tier 2)	PA
UNITUXIN (VIAL)	\$0 (Tier 2)	PA
VECTIBIX (VIAL)	\$0 (Tier 2)	PA
VEGZELMA (VIAL)	\$0 (Tier 2)	PA
YERVOY (VIAL)	\$0 (Tier 2)	PA

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZIRABEV (VIAL)	\$0 (Tier 2)	PA
ZYNLONTA (VIAL)	\$0 (Tier 2)	PA

Retinoids

<i>bexarotene (1 % gel (gram), 75 mg capsule)</i>	\$0 (Tier 1)	PA
PANRETIN (GEL (GRAM))	\$0 (Tier 2)	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	\$0 (Tier 2)	PA
<i>tretinoin 10 mg capsule</i>	\$0 (Tier 1)	PA

Treatment Adjuncts

COSELA (VIAL)	\$0 (Tier 2)	
<i>dexrazoxane hcl (vial)</i>	\$0 (Tier 1)	
ELITEK (VIAL)	\$0 (Tier 2)	
<i>mesna (vial)</i>	\$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
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Anthelmintics

<i>albendazole (tablet)</i>	\$0 (Tier 1)	
<i>benznidazole (tablet)</i>	\$0 (Tier 1)	
BILTRICIDE (TABLET)	\$0 (Tier 2)	
<i>ivermectin 3 mg tablet</i>	\$0 (Tier 1)	PA
<i>praziquantel (tablet)</i>	\$0 (Tier 1)	
STROMECTOL (TABLET)	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antiparasitics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antiprotozoals		
<i>atovaquone (oral susp)</i>	\$0 (Tier 1)	PA, QL (600 PER 30 DAYS)
<i>atovaquone/proguanil hcl (tablet)</i>	\$0 (Tier 1)	
<i>chloroquine phosphate (tablet)</i>	\$0 (Tier 1)	
<i>COARTEM (TABLET)</i>	\$0 (Tier 2)	
<i>DARAPRIM (TABLET)</i>	\$0 (Tier 2)	PA
<i>hydroxychloroquine sulfate 200 mg tablet</i>	\$0 (Tier 1)	
<i>MALARONE (TABLET)</i>	\$0 (Tier 2)	
<i>mefloquine hcl (tablet)</i>	\$0 (Tier 1)	
<i>NEBUPENT (VIAL-NEB)</i>	\$0 (Tier 2)	PA
<i>nitazoxanide (tablet)</i>	\$0 (Tier 1)	QL (20 PER 30 OVER TIME)
<i>PENTAM 300 (VIAL)</i>	\$0 (Tier 2)	
<i>pentamidine isethionate 300 mg vial</i>	\$0 (Tier 1)	
<i>pentamidine isethionate 300 mg vial-neb</i>	\$0 (Tier 1)	PA
<i>PLAQUENIL (TABLET)</i>	\$0 (Tier 2)	
<i>primaquine phosphate (tablet)</i>	\$0 (Tier 1)	
<i>pyrimethamine (tablet)</i>	\$0 (Tier 1)	PA
<i>quinine sulfate (capsule)</i>	\$0 (Tier 1)	PA

Antiparkinson Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antiparkinson Agents, Other		
<i>amantadine hcl (100 mg capsule, 100 mg tablet, 50 mg/5 ml solution)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antiparkinson Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	PA
<i>carbidopa/levodopa/entacapone (tablet)</i>	\$0 (Tier 1)	
COMTAN (TABLET)	\$0 (Tier 2)	
<i>entacapone (tablet)</i>	\$0 (Tier 1)	
TASMAR (TABLET)	\$0 (Tier 2)	
<i>tolcapone (tablet)</i>	\$0 (Tier 1)	

Dopamine Agonists

APOKYN (CARTRIDGE)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl (cartridge)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	\$0 (Tier 1)	
NEUPRO (PATCH TD24)	\$0 (Tier 2)	
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	\$0 (Tier 1)	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 12 mg tab er 24h, 2 mg tab er 24h, 2 mg tablet, 3 mg tablet, 4 mg tab er 24h, 4 mg tablet, 5 mg tablet, 6 mg tab er 24h, 8 mg tab er 24h)</i>	\$0 (Tier 1)	

Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors

<i>carbidopa (tablet)</i>	\$0 (Tier 1)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antiparkinson Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapi-dis, carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tab rapi-dis, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tab rapi-dis, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)</i>	\$0 (Tier 1)	
INBRIJA (CAP W/DEV, CAPSULE)	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
RYTARY (CAPSULE ER)	\$0 (Tier 2)	
SINEMET 10-100 (TABLET)	\$0 (Tier 2)	
SINEMET 25-100 (TABLET)	\$0 (Tier 2)	

Monoamine Oxidase B (MAO-B) Inhibitors

AZILECT (TABLET)	\$0 (Tier 2)	
<i>rasagiline mesylate (tablet)</i>	\$0 (Tier 1)	
<i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>	\$0 (Tier 1)	

Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
1st Generation/Typical		
<i>fluphenazine decanoate (vial)</i>	\$0 (Tier 1)	PA
<i>fluphenazine hcl (1 mg tablet, 10 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml oral conc)</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HALDOL DECANOATE 100 (AMPUL)	\$0 (Tier 2)	PA
HALDOL DECANOATE 50 (AMPUL)	\$0 (Tier 2)	PA
<i>haloperidol (tablet)</i>	\$0 (Tier 1)	PA
<i>haloperidol decanoate (100 mg/ml ampul, 100 mg/ml vial, 50 mg/ml ampul, 50 mg/ml vial)</i>	\$0 (Tier 1)	PA
<i>haloperidol lactate (2 mg/ml oral conc, 5 mg/ml ampul, 5 mg/ml syringe, 5 mg/ml vial)</i>	\$0 (Tier 1)	PA
<i>loxapine succinate (capsule)</i>	\$0 (Tier 1)	PA
<i>molindone hcl (tablet)</i>	\$0 (Tier 1)	PA
<i>pimozide (tablet)</i>	\$0 (Tier 1)	PA
<i>thioridazine hcl (tablet)</i>	\$0 (Tier 1)	PA
<i>thiothixene (capsule)</i>	\$0 (Tier 1)	PA
<i>trifluoperazine hcl (tablet)</i>	\$0 (Tier 1)	PA

2nd Generation/Atypical

ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG TABLET, 5 MG TABLET)	\$0 (Tier 2)	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	\$0 (Tier 2)	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	\$0 (Tier 2)	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	\$0 (Tier 2)	QL (1 PER 28 DAYS)
<i>aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ariPIPRAZOLE (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
ariPIPRAZOLE (2 mg tablet, 5 mg tablet)	\$0 (Tier 1)	PA, QL (45 PER 30 DAYS)
ariPIPRAZOLE 1 mg/ml solution	\$0 (Tier 1)	PA, QL (750 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	\$0 (Tier 2)	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	\$0 (Tier 2)	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	\$0 (Tier 2)	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	\$0 (Tier 2)	QL (3.2 PER 28 DAYS)
ARISTADA INITIO (SUSER SYR)	\$0 (Tier 2)	QL (2.4 PER 42 OVER TIME)
asenapine maleate (tab subl)	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
CAPLYTA (CAPSULE)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 10 MG TABLET, 12 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
GEODON (20 MG CAPSULE, 40 MG CAPSULE)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
GEODON (20 MG/ML VIAL, 60 MG CAPSULE, 80 MG CAPSULE)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	\$0 (Tier 2)	QL (3.5 PER 180 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA HAFYERA 1,560 MG/5 ML	\$0 (Tier 2)	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	\$0 (Tier 2)	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	\$0 (Tier 2)	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	\$0 (Tier 2)	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	\$0 (Tier 2)	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	\$0 (Tier 2)	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	\$0 (Tier 2)	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	\$0 (Tier 2)	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	\$0 (Tier 2)	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	\$0 (Tier 2)	QL (2.63 PER 84 OVER TIME)
LATUDA (120 MG TABLET, 20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl (120 mg tablet, 20 mg tablet, 40 mg tablet, 60 mg tablet)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LYBALVI (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
olanzapine (10 mg tab rapdis, 15 mg tab rapdis, 15 mg tablet, 20 mg tab rapdis, 20 mg tablet, 5 mg tab rapdis)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
olanzapine (10 mg tablet, 2.5 mg tablet, 5 mg tablet, 7.5 mg tablet)	\$0 (Tier 1)	PA, QL (45 PER 30 DAYS)
olanzapine 10 mg vial	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
paliperidone (1.5 mg tab er 24, 3 mg tab er 24, 9 mg tab er 24)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
paliperidone 6 mg tab er 24	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
PERSERIS (SUSER SYR)	\$0 (Tier 2)	QL (1 PER 28 DAYS)
quetiapine fumarate (100 mg tablet, 200 mg tablet, 25 mg tablet, 50 mg tablet)	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
quetiapine fumarate (150 mg tab er 24h, 200 mg tab er 24h)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
quetiapine fumarate (300 mg tab er 24h, 300 mg tablet, 400 mg tab er 24h, 400 mg tablet, 50 mg tab er 24h)	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
quetiapine fumarate 150 mg tablet	\$0 (Tier 1)	PA, QL (150 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)	PA, QL (30 PER 30 DAYS)
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RISPERDAL CONSTA (VIAL)	\$0 (Tier 2)	QL (2 PER 28 DAYS)
<i>risperidone (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet, 3 mg tab rapdis, 3 mg tablet)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>risperidone (4 mg tab rapdis, 4 mg tablet)</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (480 PER 30 DAYS)
<i>risperidone microspheres (vial)</i>	\$0 (Tier 1)	QL (2 PER 28 DAYS)
SAPHRIS (TAB SUBL)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SECUADO (PATCH TD24)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SEROQUEL (100 MG TABLET, 200 MG TABLET, 25 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (300 MG TABLET, 400 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	\$0 (Tier 2)	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	\$0 (Tier 2)	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	\$0 (Tier 2)	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	\$0 (Tier 2)	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	\$0 (Tier 2)	QL (0.7 PER 56 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UZEDY ER 50 MG/0.14 ML SYRINGE	\$0 (Tier 2)	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	\$0 (Tier 2)	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	\$0 (Tier 2)	QL (28 PER 28 DAYS)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate (vial)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
ZYPREXA (10 MG TABLET, 2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET)	\$0 (Tier 2)	PA, QL (45 PER 30 DAYS)
ZYPREXA (15 MG TABLET, 20 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZYPREXA 10 MG VIAL	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT, 300 MG VIAL, 300 MG VL KIT)	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS (TAB RAPDIS)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
Treatment-Resistant		
<i>clozapine (100 mg tab rapdis, 100 mg tablet, 25 mg tab rapdis)</i>	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
<i>clozapine (12.5 mg tab rapdis, 25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>clozapine (200 mg tab rapdis, 200 mg tablet)</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clozapine 150 mg tab rapdis</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
VERSACLOZ (ORAL SUSP)	\$0 (Tier 2)	PA, 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		
<i>baclofen (10 mg tablet, 20 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	
DANTRIUM 25 MG CAPSULE	\$0 (Tier 2)	
<i>dantrolene sodium (100 mg capsule, 25 mg capsule, 50 mg capsule)</i>	\$0 (Tier 1)	
<i>tizanidine hcl (2 mg capsule, 2 mg tablet, 4 mg capsule, 4 mg tablet, 6 mg capsule)</i>	\$0 (Tier 1)	

Antivirals

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CABENUVA ER 400 MG-600 MG SUSP	\$0 (Tier 2)	QL (4 PER 28 DAYS)
CABENUVA ER 600 MG-900 MG SUSP	\$0 (Tier 2)	QL (6 PER 28 DAYS)
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, 400 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ISENTRESS (100 MG TABLET CHEW, 25 MG TABLET CHEW)	\$0 (Tier 2)	QL (180 PER 30 DAYS)
ISENTRESS HD (TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JULUCA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
STRIBILD (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TIVICAY 10 MG TABLET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
TIVICAY PD (TAB SUSP)	\$0 (Tier 2)	QL (360 PER 30 DAYS)

Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

DELSTRIGO (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EDURANT (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>efavirenz 200 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>efavirenz 50 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>etravirine (tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INTELENCE 25 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>nevirapine 100 mg tab er 24h</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>nevirapine 400 mg tab er 24h</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml oral susp</i>	\$0 (Tier 1)	QL (1200 PER 30 DAYS)
PIFELTRO (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYMFI (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYMFI LO (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

<i>abacavir sulfate 20 mg/ml solution</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<i>abacavir sulfate 300 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>abacavir sulfate/lamivudine (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CIMDUO (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
COMPLERA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DESCOVY (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>emtricitabine (capsule)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>emtricitabine/tenofovir disoproxil fumarate (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	\$0 (Tier 2)	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EPZICOM (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml solution</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lamivudine 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>lamivudine/zidovudine (tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ODEFSEY (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	\$0 (Tier 2)	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	\$0 (Tier 2)	
<i>stavudine (capsule)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
TRIUMEQ (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRIUMEQ PD (TAB SUSP)	\$0 (Tier 2)	QL (180 PER 30 DAYS)
TRIZIVIR (TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TRUVADA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIREAD POWDER	\$0 (Tier 2)	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	\$0 (Tier 2)	QL (960 PER 30 DAYS)
ZIAGEN 300 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>zidovudine 10 mg/ml syrup</i>	\$0 (Tier 1)	QL (1920 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

Anti-HIV Agents, Other

FUZEON (VIAL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
RUKOBIA (TAB ER 12H)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SELZENTRY (150 MG TABLET, 75 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SELZENTRY 20 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	\$0 (Tier 2)	QL (5 PER 28 OVER TIME)
TROGARZO (VIAL)	\$0 (Tier 2)	QL (18.62 PER 28 DAYS)
TYBOST (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Anti-HIV Agents, Protease Inhibitors

APTIVUS 250 MG CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg capsule, 300 mg capsule)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>darunavir ethanolate 600 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>darunavir ethanolate 800 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
EVOTAZ (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium (tablet)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	\$0 (Tier 2)	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	\$0 (Tier 2)	QL (480 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	\$0 (Tier 2)	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>lopinavir/ritonavir 100mg-25mg tablet</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>lopinavir/ritonavir 200mg-50mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lopinavir/ritonavir 400-100/5 solution</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	\$0 (Tier 2)	QL (360 PER 30 DAYS)
PREZCOBIX (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	\$0 (Tier 2)	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	\$0 (Tier 2)	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
<i>ritonavir (tablet)</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
SYMTUZA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	\$0 (Tier 2)	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)

Anti-cytomegalovirus (CMV) Agents

<i>cidofovir (vial)</i>	\$0 (Tier 1)	
<i>ganciclovir sodium 500 mg vial</i>	\$0 (Tier 1)	PA
PREVYMIS (240 MG TABLET, 480 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VALCYTE (450 MG TABLET, 50 MG/ML SOLUTION)	\$0 (Tier 2)	
<i>valganciclovir hcl (450 mg tablet, 50 mg/ml soln recon)</i>	\$0 (Tier 1)	

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil (tablet)</i>	\$0 (Tier 1)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)	\$0 (Tier 2)	
<i>entecavir (tablet)</i>	\$0 (Tier 1)	
<i>lamivudine 100 mg tablet</i>	\$0 (Tier 1)	

Anti-hepatitis C (HCV) Agents

EPCLUSA (150-37.5 MG PELLET PKT, 200 MG-50 MG TABLET, 200-50 MG PELLET PACK, 400 MG-100 MG TABLET)	\$0 (Tier 2)	
HARVONI (33.75-150 MG PELLET PK, 45-200 MG PELLET PACKT, 45-200 MG TABLET, 90-400 MG TABLET)	\$0 (Tier 2)	
<i>ledipasvir/sofosbuvir (tablet)</i>	\$0 (Tier 1)	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	\$0 (Tier 1)	
<i>sofosbuvir/velpatasvir (tablet)</i>	\$0 (Tier 1)	
SOVALDI (150 MG PELLET PACKET, 200 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET)	\$0 (Tier 2)	
VOSEVI (TABLET)	\$0 (Tier 2)	
ZEPATIER (TABLET)	\$0 (Tier 2)	

Anti-influenza Agents

<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	\$0 (Tier 1)	QL (84 PER 365 OVER TIME)
<i>oseltamivir phosphate 30 mg capsule</i>	\$0 (Tier 1)	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml susp recon</i>	\$0 (Tier 1)	QL (1080 PER 365 OVER TIME)
RELENZA (BLST W/DEV)	\$0 (Tier 2)	QL (120 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	\$0 (Tier 2)	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	\$0 (Tier 2)	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	\$0 (Tier 2)	QL (1080 PER 365 OVER TIME)
XOFLUZA (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

<i>acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	\$0 (Tier 1)	
<i>acyclovir 5 % oint. (g)</i>	\$0 (Tier 1)	PA
<i>acyclovir sodium 50 mg/ml vial</i>	\$0 (Tier 1)	PA
<i>famciclovir (tablet)</i>	\$0 (Tier 1)	
<i>valacyclovir hcl (tablet)</i>	\$0 (Tier 1)	
<i>VALTREX (TABLET)</i>	\$0 (Tier 2)	
<i>ZOVIRAX 5% OINTMENT</i>	\$0 (Tier 2)	PA

Anxiolytics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anxiolytics		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>buspirone hcl (tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Anxiolytics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis)</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg tab rapdis, 2 mg tablet)</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>clorazepate dipotassium 3.75 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>clorazepate dipotassium 7.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (360 PER 30 DAYS)
<i>diazepam (10 mg tablet, 2 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5 ml solution</i>	\$0 (Tier 1)	PA, QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml oral conc</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet, 50 mg/25ml solution)</i>	\$0 (Tier 1)	PA
<i>hydroxyzine pamoate (25 mg capsule, 50 mg capsule)</i>	\$0 (Tier 1)	PA
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>lorazepam (2 mg tablet, 2 mg/ml oral conc)</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>oxazepam (capsule)</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Bipolar Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Bipolar Agents		
<i>lithium carbonate (150 mg capsule, 300 mg capsule, 300 mg tablet, 300 mg tablet er, 450 mg tablet er, 600 mg capsule)</i>	\$0 (Tier 1)	
<i>lithium citrate (solution)</i>	\$0 (Tier 1)	
LITHOBID (TABLET ER)	\$0 (Tier 2)	

Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antidiabetic Agents		
acarbose 100 mg tablet	\$0 (Tier 1)	QL (90 PER 30 DAYS)
acarbose 25 mg tablet	\$0 (Tier 1)	QL (360 PER 30 DAYS)
acarbose 50 mg tablet	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
BYDUREON BCISE (AUTO INJCT)	\$0 (Tier 2)	PA, QL (3.4 PER 28 DAYS)
BYETTA (PEN INJCTR)	\$0 (Tier 2)	PA, QL (2.4 PER 30 DAYS)
CYCLOSET (TABLET)	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>gauze pads & dressings - pads 2 x 2</i>	\$0 (Tier 2)	
<i>glimepiride 1 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
glimepiride 4 mg tablet	\$0 (Tier 1)	QL (60 PER 30 DAYS)
glipizide (10 mg tablet, 5 mg tab er 24)	\$0 (Tier 1)	QL (120 PER 30 DAYS)
glipizide (2.5 mg tab er 24, 5 mg tablet)	\$0 (Tier 1)	QL (240 PER 30 DAYS)
glipizide 10 mg tab er 24	\$0 (Tier 1)	QL (60 PER 30 DAYS)
glipizide 2.5 mg tablet	\$0 (Tier 1)	QL (480 PER 30 DAYS)
glipizide/metformin hcl (2.5-500 mg tablet, 5 mg-500mg tablet)	\$0 (Tier 1)	QL (120 PER 30 DAYS)
glipizide/metformin hcl 2.5-250 mg tablet	\$0 (Tier 1)	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
glyburide 1.25 mg tablet	\$0 (Tier 1)	QL (480 PER 30 DAYS)
glyburide 2.5 mg tablet	\$0 (Tier 1)	QL (240 PER 30 DAYS)
glyburide 5 mg tablet	\$0 (Tier 1)	QL (120 PER 30 DAYS)
glyburide,micronized 1.5 mg tablet	\$0 (Tier 1)	QL (240 PER 30 DAYS)
glyburide,micronized 3 mg tablet	\$0 (Tier 1)	QL (120 PER 30 DAYS)
glyburide,micronized 6 mg tablet	\$0 (Tier 1)	QL (60 PER 30 DAYS)
glyburide/metformin hcl (2.5-500 mg tablet, 5 mg-500mg tablet)	\$0 (Tier 1)	QL (120 PER 30 DAYS)
glyburide/metformin hcl 1.25-250mg tablet	\$0 (Tier 1)	QL (240 PER 30 DAYS)
GLYXAMBI (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
isopropyl alcohol 0.7 ml/ml medicated pad	\$0 (Tier 2)	
JANUMET (TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JANUMET XR 100-1,000 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
JANUVIA 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
JENTADUETO (TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>metformin hcl 1000 mg tablet</i>	\$0 (Tier 1)	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tab er 24h</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>metformin hcl 750 mg tab er 24h</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
MOUNJARO (PEN INJCTR)	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
OZEMPIC (PEN INJCTR)	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pioglitazone hcl 15 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>pioglitazone hcl/glimepiride (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pioglitazone hcl/metformin hcl (tablet)</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
RYBELSUS (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>saxagliptin hcl 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>saxagliptin hcl/metformin hcl (5 mg-500mg tbmp 24hr, 5mg-1000mg tbmp 24hr)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>saxagliptin hcl/metformin hcl 2.5-1000mg tbmp 24hr</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
SOLIQUA 100-33 (INSULN PEN)	\$0 (Tier 2)	QL (18 PER 30 DAYS)
SYMLINPEN 120 (PEN INJCTR)	\$0 (Tier 2)	
SYMLINPEN 60 (PEN INJCTR)	\$0 (Tier 2)	
SYNJARDY (12.5-1,000 MG TABLET, 12.5-500 MG TABLET, 5-1,000 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
SYNJARDY XR (10-1,000 MG TABLET, 12.5-1,000 MG TAB, 5-1,000 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRADJENTA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRULICITY (PEN INJCTR)	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
VICTOZA 2-PAK (PEN INJCTR)	\$0 (Tier 2)	PA, QL (9 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VICTOZA 3-PAK (PEN INJCTR)	\$0 (Tier 2)	PA, QL (9 PER 30 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
Glycemic Agents		
BAQSIMI (SPRAY)	\$0 (Tier 2)	QL (4 PER 30 DAYS)
<i>diazoxide (oral susp)</i>	\$0 (Tier 1)	
GLUCAGEN (VIAL)	\$0 (Tier 2)	QL (4 PER 30 DAYS)
<i>glucagon (vial)</i>	\$0 (Tier 2)	QL (4 PER 30 DAYS)
GLUCAGON EMERGENCY KIT (VIAL)	\$0 (Tier 2)	QL (4 PER 30 DAYS)
GVOKE (VIAL)	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOOPEN 1-PK 1 MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOOPEN 1PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE HYPOOPEN 2-PK 1 MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOOPEN 2PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE PFS 1PK 0.5MG/0.1 ML SYR	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE PFS 2PK 0.5MG/0.1 ML SYR	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
PROGLYCEM (ORAL SUSP)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Insulins		
HUMALOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN (INS PEN HF)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100 (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200 (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 (VIAL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 (VIAL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100 (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN 70-30 (VIAL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN N (VIAL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R (VIAL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R U-500 (VIAL)	\$0 (Tier 2)	PA
HUMULIN R U-500 KWIKPEN (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>insulin admin. supplies (insuln pen)</i>	\$0 (Tier 2)	
<i>insulin pen needle</i>	\$0 (Tier 2)	
<i>insulin pen, reusable, bluetooth for use with insulin aspart (insuln pen)</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>insulin pen, reusable, bluetooth for use with insulin lispro (insulin pen)</i>	\$0 (Tier 2)	
<i>insulin pump cart, automated dosing,bt,g6/g7 with controller (each)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 10 units/day, disposable (cartridge)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 15 units/day, disposable (cartridge)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 20 units/day, disposable (cartridge)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 25 units/day, disposable (cartridge)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 30 units/day, disposable (cartridge)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 35 units/day, disposable (cartridge)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 40 units/day, disposable (cartridge)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, subcut automated dosing, bluetooth (cartridge)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, automated dosing,bt with controller (each)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge,continuous infusion,bt and controller (each)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge,continuous subcut infusion,bluetooth (cartridge)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge,continuous subcut infusion,radio freq (cartridge)</i>	\$0 (Tier 2)	
<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7 (cartridge)</i>	\$0 (Tier 2)	
<i>insulin pump controller (each)</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>insulin pump controller, radio frequency (each)</i>	\$0 (Tier 2)	
<i>insulin syringe (disp) u-100 0.3 ml</i>	\$0 (Tier 2)	
<i>insulin syringe (disp) u-100 1 ml</i>	\$0 (Tier 2)	
<i>insulin syringe (disp) u-100 1/2 ml</i>	\$0 (Tier 2)	
LANTUS (VIAL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV (VIAL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100 (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200 (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100 (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	\$0 (Tier 2)	
<i>sub-q insulin delivery device, 20 unit, disposable (each)</i>	\$0 (Tier 2)	
<i>sub-q insulin delivery device, 30 unit, disposable (each)</i>	\$0 (Tier 2)	
<i>sub-q insulin delivery device, 40 unit, disposable (each)</i>	\$0 (Tier 2)	
<i>syringe, insulin u-500 with needle, disposable, 0.5 ml (disp syrin)</i>	\$0 (Tier 2)	
TOUJEO MAX SOLOSTAR (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR (INSULN PEN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Blood Products and Modifiers

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anticoagulants		
dabigatran etexilate mesylate (150 mg capsule, 75 mg capsule)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
dabigatran etexilate mesylate 110 mg capsule	\$0 (Tier 1)	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	\$0 (Tier 2)	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3ml vial, 300mg/3ml vial)	\$0 (Tier 1)	QL (30 PER 90 OVER TIME)
enoxaparin sodium (120mg/.8ml syringe, 80mg/0.8ml syringe)	\$0 (Tier 1)	QL (24 PER 90 OVER TIME)
enoxaparin sodium 30mg/0.3ml syringe	\$0 (Tier 1)	QL (9 PER 90 OVER TIME)
enoxaparin sodium 40mg/0.4ml syringe	\$0 (Tier 1)	QL (12 PER 90 OVER TIME)
enoxaparin sodium 60mg/0.6ml syringe	\$0 (Tier 1)	QL (18 PER 90 OVER TIME)
fondaparinux sodium 10mg/0.8ml syringe	\$0 (Tier 1)	QL (24 PER 90 OVER TIME)
fondaparinux sodium 2.5 mg/0.5 syringe	\$0 (Tier 1)	QL (15 PER 90 OVER TIME)
fondaparinux sodium 5mg/0.4ml syringe	\$0 (Tier 1)	QL (12 PER 90 OVER TIME)
fondaparinux sodium 7.5mg/0.6 syringe	\$0 (Tier 1)	QL (18 PER 90 OVER TIME)
heparin sodium,porcine (1000/ml vial, 10000/ml vial, 20000/ml vial, 5000/ml syringe, 5000/ml vial, 5000/ml(1) cartridge)	\$0 (Tier 1)	
heparin sodium,porcine/d5w 20k/500ml iv soln	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Blood Products and Modifiers

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
heparin sodium,porcine/pf (1000/ml vial, 5000/0.5ml cartridge, 5000/0.5ml syringe, 5000/0.5ml vial, 5000/ml syringe)	\$0 (Tier 1)	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL)	\$0 (Tier 2)	QL (30 PER 90 OVER TIME)
LOVENOX (120 MG/0.8 ML SYRINGE, 80 MG/0.8 ML SYRINGE)	\$0 (Tier 2)	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	\$0 (Tier 2)	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	\$0 (Tier 2)	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	\$0 (Tier 2)	QL (18 PER 90 OVER TIME)
PRADAXA (150 MG CAPSULE, 75 MG CAPSULE)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PRADAXA 110 MG CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
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)
XARELTO 1 MG/ML SUSPENSION	\$0 (Tier 2)	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	\$0 (Tier 2)	QL (51 PER 30 DAYS)
ZONTIVITY (TABLET)	\$0 (Tier 2)	

Blood Products and Modifiers, Other

AGRYLIN (CAPSULE)	\$0 (Tier 2)	
anagrelide hcl (capsule)	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Blood Products and Modifiers

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARANESP (10 MCG/0.4 ML SYRINGE, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 500 MCG/1 ML SYRINGE, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL)	\$0 (Tier 2)	PA
FULPHILA (SYRINGE)	\$0 (Tier 2)	PA
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	\$0 (Tier 2)	PA
LEUKINE (VIAL)	\$0 (Tier 2)	PA
MOZOBIL (VIAL)	\$0 (Tier 2)	
NIVESTYM (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	\$0 (Tier 2)	PA
plerixafor (vial)	\$0 (Tier 1)	
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
RETACRIT (VIAL)	\$0 (Tier 2)	PA
UDENYCA (SYRINGE)	\$0 (Tier 2)	PA
UDENYCA AUTOINJECTOR (AUTO INJCT)	\$0 (Tier 2)	PA
UDENYCA ONBODY (SYR W/ INJ)	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Blood Products and Modifiers

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

Hemostasis Agents

CYKLOKAPRON (MG/10 ML AMP, MG/10 ML VL)	\$0 (Tier 2)	
<i>phytonadione (vit k1) (10 mg/ml ampul, 1mg/0.5ml ampul, 1mg/0.5ml syringe, 1mg/0.5ml vial, 5 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>phytonadione (vit k1) 10 mg/ml vial</i>	\$0 (Tier 2)	(Medicaid Benefit Drug)
<i>tranexamic acid (1000 mg/10 ampul, 1000 mg/10 vial, 650 mg tablet)</i>	\$0 (Tier 1)	

Platelet Modifying Agents

aspirin/dipyridamole (cpmp 12hr)	\$0 (Tier 1)	
BRILINTA (TABLET)	\$0 (Tier 2)	
CABLIVI (11 MG KIT, 11 MG VIAL)	\$0 (Tier 2)	
cilostazol (tablet)	\$0 (Tier 1)	
clopidogrel bisulfate 75 mg tablet	\$0 (Tier 1)	
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	\$0 (Tier 1)	
PLAVIX (TABLET)	\$0 (Tier 2)	
prasugrel hcl (tablet)	\$0 (Tier 1)	

Cardiovascular Agents

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>droxidopa (capsule)</i>	\$0 (Tier 1)	PA
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	
<i>midodrine hcl (tablet)</i>	\$0 (Tier 1)	
NORTHERA (CAPSULE)	\$0 (Tier 2)	PA

Alpha-adrenergic Blocking Agents

CARDURA (TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>doxazosin mesylate (tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
MINIPRESS (CAPSULE)	\$0 (Tier 2)	
<i>phenoxybenzamine hcl (capsule)</i>	\$0 (Tier 1)	
<i>prazosin hcl (capsule)</i>	\$0 (Tier 1)	
<i>terazosin hcl (10 mg capsule, 2 mg capsule, 5 mg capsule)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>terazosin hcl 1 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)

Angiotensin II Receptor Antagonists

ATACAND (16 MG TABLET, 4 MG TABLET, 8 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
AVAPRO (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>candesartan cilexetil (16 mg tablet, 4 mg tablet, 8 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
COZAAR (25 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DIOVAN (160 MG TABLET, 40 MG TABLET, 80 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIOVAN 320 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EDARBI (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>irbesartan (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>losartan potassium (25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
MICARDIS (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tablet, 40 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>telmisartan (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>valsartan (160 mg tablet, 40 mg tablet, 80 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

Angiotensin-converting Enzyme (ACE) Inhibitors

ACCUPRIL (TABLET)	\$0 (Tier 2)	
ALTACE (CAPSULE)	\$0 (Tier 2)	
<i>benazepril hcl (tablet)</i>	\$0 (Tier 1)	
<i>captopril (tablet)</i>	\$0 (Tier 1)	
<i>enalapril maleate (10 mg tablet, 2.5 mg tablet, 20 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	
<i>fosinopril sodium (tablet)</i>	\$0 (Tier 1)	
<i>lisinopril (tablet)</i>	\$0 (Tier 1)	
LOTENSIN (TABLET)	\$0 (Tier 2)	
<i>moexipril hcl (tablet)</i>	\$0 (Tier 1)	
<i>perindopril erbumine (tablet)</i>	\$0 (Tier 1)	
<i>quinapril hcl (tablet)</i>	\$0 (Tier 1)	
<i>ramipril (capsule)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
trandolapril (tablet)	\$0 (Tier 1)	
VASOTEC (TABLET)	\$0 (Tier 2)	
ZESTRIL (TABLET)	\$0 (Tier 2)	

Antiarrhythmics

<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	\$0 (Tier 1)	
<i>dofetilide (capsule)</i>	\$0 (Tier 1)	
<i>flecainide acetate (tablet)</i>	\$0 (Tier 1)	
<i>lidocaine hcl/pf 50 mg/5 ml syringe</i>	\$0 (Tier 1)	
<i>mexiletine hcl (capsule)</i>	\$0 (Tier 1)	
MULTAQ (TABLET)	\$0 (Tier 2)	
PACERONE (TABLET)	\$0 (Tier 2)	
<i>propafenone hcl (150 mg tablet, 225 mg cap er 12h, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h)</i>	\$0 (Tier 1)	
<i>quinidin gluconate 324 mg tablet er</i>	\$0 (Tier 1)	
<i>quinidin sulfate (tablet)</i>	\$0 (Tier 1)	
RYTHMOL SR (CAP ER 12H)	\$0 (Tier 2)	
<i>sotalol hcl (120 mg tablet, 160 mg tablet, 240 mg tablet, 80 mg tablet)</i>	\$0 (Tier 1)	
TIKOSYN (CAPSULE)	\$0 (Tier 2)	

Beta-adrenergic Blocking Agents

<i>acebutolol hcl (capsule)</i>	\$0 (Tier 1)	
<i>atenolol (tablet)</i>	\$0 (Tier 1)	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate (tablet)</i>	\$0 (Tier 1)	
BYSTOLIC (TABLET)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carvedilol (tablet)</i>	\$0 (Tier 1)	
<i>carvedilol phosphate (cpmp 24hr)</i>	\$0 (Tier 1)	
COREG CR (CPMP 24HR)	\$0 (Tier 2)	
CORGARD (20 MG TABLET, 40 MG TABLET)	\$0 (Tier 2)	
INDERAL LA (CAP SA 24H)	\$0 (Tier 2)	
INDERAL XL (CAP ER 24H)	\$0 (Tier 2)	
INNOPRAN XL (CAP ER 24H)	\$0 (Tier 2)	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	
LOPRESSOR (100 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	
<i>metoprolol succinate (tab er 24h)</i>	\$0 (Tier 1)	
<i>metoprolol tartrate (100 mg tablet, 25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet)</i>	\$0 (Tier 1)	
<i>nadolol (tablet)</i>	\$0 (Tier 1)	
<i>nebivolol hcl (tablet)</i>	\$0 (Tier 1)	
<i>pindolol (tablet)</i>	\$0 (Tier 1)	
<i>propranolol hcl (1 mg/ml vial, 10 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg cap sa 24h, 80 mg tablet)</i>	\$0 (Tier 1)	
TENORMIN (TABLET)	\$0 (Tier 2)	
<i>timolol maleate (10 mg tablet, 20 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	
TOPROL XL (TAB ER 24H)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate (tablet)</i>	\$0 (Tier 1)	
<i>felodipine (tab er 24h)</i>	\$0 (Tier 1)	
<i>isradipine (capsule)</i>	\$0 (Tier 1)	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	\$0 (Tier 1)	
<i>nifedipine (30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er)</i>	\$0 (Tier 1)	
<i>nimodipine (capsule)</i>	\$0 (Tier 1)	
<i>nisoldipine (17 mg tab er 24h, 25.5 mg tab er 24h, 34 mg tab er 24h, 8.5mg tab er 24h)</i>	\$0 (Tier 1)	
NORVASC (TABLET)	\$0 (Tier 2)	
PROCARDIA XL (TAB ER 24)	\$0 (Tier 2)	
SULAR (TAB ER 24H)	\$0 (Tier 2)	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM (TABLET)	\$0 (Tier 2)	
CARDIZEM CD (CAP ER 24H)	\$0 (Tier 2)	
CARDIZEM LA (TAB ER 24H)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diltiazem hcl (120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg cap sa 24h, 120 mg tab er 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg cap er deg, 240 mg cap sa 24h, 240 mg tab er 24h, 30 mg tablet, 300 mg cap er 24h, 300 mg cap sa 24h, 300 mg tab er 24h, 360 mg cap er 24h, 360 mg cap sa 24h, 360 mg tab er 24h, 420 mg cap sa 24h, 420 mg tab er 24h, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet)</i>	\$0 (Tier 1)	
TIAZAC (CAP SA 24H)	\$0 (Tier 2)	
<i>verapamil hcl (100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel, 40 mg tablet, 80 mg tablet)</i>	\$0 (Tier 1)	
VERELAN (CAP24H PEL)	\$0 (Tier 2)	
VERELAN PM (CAP24H PCT)	\$0 (Tier 2)	

Cardiovascular Agents, Other

ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	\$0 (Tier 2)	
<i>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i>	\$0 (Tier 1)	
ALDACTAZIDE 25-25 TABLET	\$0 (Tier 2)	
<i>aliskiren hemifumarate (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>amiloride hcl/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	
<i>amlodipine besylate/atorvastatin calcium (tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amlodipine besylate/benazepril hcl (capsule)</i>	\$0 (Tier 1)	
<i>amlodipine besylate/olmesartan medoxomil (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>amlodipine besylate/valsartan (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>amlodipine besylate/valsartan/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ATACAND HCT (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>atenolol/chlorthalidone (tablet)</i>	\$0 (Tier 1)	
AVALIDE (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
AZOR (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>benazepril hcl/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	
BENICAR HCT (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>bisoprolol fumarate/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	
<i>candesartan cilexetil/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
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 (600 PER 30 DAYS)
DEMSEER (CAPSULE)	\$0 (Tier 2)	
<i>digoxin (125 mcg tablet, 250 mcg tablet, 62.5 mcg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>digoxin 50 mcg/ml solution</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
DIOVAN HCT (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EDARBYCLOR (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>enalapril maleate/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
EXFORGE (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EXFORGE HCT (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>fosinopril sodium/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	
HYZAAR (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>irbesartan/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
LANOXIN (125 MCG TABLET, 250 MCG TABLET, 62.5 MCG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lisinopril/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	
<i>losartan potassium/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
LOTENSIN HCT (TABLET)	\$0 (Tier 2)	
MAXZIDE (TABLET)	\$0 (Tier 2)	
MAXZIDE-25 MG (TABLET)	\$0 (Tier 2)	
<i>methazolamide (tablet)</i>	\$0 (Tier 1)	
<i>metoprolol tartrate/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	
<i>metyrosine (capsule)</i>	\$0 (Tier 1)	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil/hydrochlorothiazide (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

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 hcl/hydrochlorothiazide (tablet)	\$0 (Tier 1)	
ranolazine (tab er 12h)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
spironolactone/hydrochlorothiazide (tablet)	\$0 (Tier 1)	
TEKTURNA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
telmisartan/amlodipine besylate (tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
telmisartan/hydrochlorothiazid 80-12.5mg tablet	\$0 (Tier 1)	QL (60 PER 30 DAYS)
telmisartan/hydrochlorothiazide (telmisartan/hydrochlorothiazid 40-12.5 mg tablet, telmisartan/hydrochlorothiazid 80 mg-25mg tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
TENORETIC 100 (TABLET)	\$0 (Tier 2)	
TENORETIC 50 (TABLET)	\$0 (Tier 2)	
trandolapril/verapamil hcl (tab bp 24h)	\$0 (Tier 1)	
triamterene/hydrochlorothiazide (triamterene/hydrochlorothiazid 37.5-25 mg capsule, triamterene/hydrochlorothiazid 37.5-25 mg tablet, triamterene/hydrochlorothiazid 75 mg-50mg tablet)	\$0 (Tier 1)	
TRIBENZOR (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
valsartan/hydrochlorothiazide (tablet)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
VASERETIC (TABLET)	\$0 (Tier 2)	
VERQUVO (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ZESTORETIC (TABLET)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZIAC (TABLET)	\$0 (Tier 2)	
Diuretics, Loop		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	
<i>furosemide (10 mg/ml solution, 10 mg/ml syringe, 10 mg/ml vial, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i>	\$0 (Tier 1)	
LASIX (TABLET)	\$0 (Tier 2)	
<i>torsemide (tablet)</i>	\$0 (Tier 1)	
Diuretics, Potassium-sparing		
ALDACTONE (TABLET)	\$0 (Tier 2)	
<i>amiloride hcl (tablet)</i>	\$0 (Tier 1)	
<i>eplerenone (tablet)</i>	\$0 (Tier 1)	
INSPRA (TABLET)	\$0 (Tier 2)	
KERENDIA (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>spironolactone (100 mg tablet, 25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	
Diuretics, Thiazide		
<i>chlorthalidone (tablet)</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	
<i>indapamide (tablet)</i>	\$0 (Tier 1)	
<i>metolazone (tablet)</i>	\$0 (Tier 1)	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate 160 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>fenofibrate 54 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fenofibrate nanocrystallized (145 mg tablet, 160 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>fenofibrate nanocrystallized 48 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fenofibrate, micronized (130 mg capsule, 134 mg capsule, 200 mg capsule, 67 mg capsule)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>fenofibrate, micronized 43 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fenofibric acid (choline) 135 mg capsule dr</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>fenofibric acid (choline) 45 mg capsule dr</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>gemfibrozil (tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>LOPID (TABLET)</i>	\$0 (Tier 2)	QL (60 PER 30 DAYS)

Dyslipidemics, HMG CoA Reductase Inhibitors

<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>CRESTOR (10 MG TABLET, 20 MG TABLET, 5 MG TABLET)</i>	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
<i>CRESTOR 40 MG TABLET</i>	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
<i>fluvastatin sodium (20 mg capsule, 40 mg capsule)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)</i>	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
<i>LIPITOR 80 MG TABLET</i>	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
<i>lovastatin (tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>pravastatin sodium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pravastatin sodium 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (10 mg tablet, 20 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>simvastatin (10 mg tablet, 40 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>ZOCOR (10 MG TABLET, 40 MG TABLET)</i>	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
<i>ZOCOR 20 MG TABLET</i>	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)

Dyslipidemics, Other

<i>cholestyramine (with sugar) (4 g powd pack, 4 g powder)</i>	\$0 (Tier 1)	
<i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i>	\$0 (Tier 1)	
<i>COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET)</i>	\$0 (Tier 2)	
<i>colestipol hcl (1 g tablet, 5 g granules, 5 g packet)</i>	\$0 (Tier 1)	
<i>ezetimibe (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>ezetimibe/simvastatin (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>icosapent ethyl 0.5 gram capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 g capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>JUXTAPID (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 5 MG CAPSULE)</i>	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LOVAZA (CAPSULE)	\$0 (Tier 2)	
<i>niacin (1000 mg tab er 24h, 750 mg tab er 24h)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>niacin 500 mg tab er 24h</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>omega-3 acid ethyl esters (capsule)</i>	\$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 (2 PER 28 DAYS)
REPATHA SYRINGE (SYRINGE)	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
VASCEPA 0.5 GM CAPSULE	\$0 (Tier 2)	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
VYTORIN (TABLET)	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
ZETIA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Vasodilators, Direct-acting Arterial

<i>hydralazine hcl (10 mg tablet, 100 mg tablet, 25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	
<i>minoxidil (10 mg tablet, 2.5 mg tablet)</i>	\$0 (Tier 1)	

Vasodilators, Direct-acting Arterial/Venous

ISORDIL TITRADOSE (TABLET)	\$0 (Tier 2)	
<i>isosorbide dinitrate (10 mg tablet, 20 mg tablet, 30 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate (10 mg tablet, 120 mg tab er 24h, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h)</i>	\$0 (Tier 1)	
NITRO-BID (OINT. (G))	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4% (w/w) oint. (g), 0.4mg/hr patch td24, 0.6 mg tab subl, 0.6mg/hr patch td24, 400mcg/spr spray)</i>	\$0 (Tier 1)	
NITROLINGUAL (SPRAY)	\$0 (Tier 2)	
NITROSTAT (TAB SUBL)	\$0 (Tier 2)	
RECTIV (OINT. (G))	\$0 (Tier 2)	

Central Nervous System Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL XR (CAP ER 24H)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG)	\$0 (Tier 2)	QL (120 PER 30 DAYS)
DEXEDRINE SPANSULE 5 MG	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h, dextroamphetamine/amphetamine 5 mg cap er 24h)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Central Nervous System Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextroamphetamine sulfate/saccharate/amphetamine sulfate/aspartate (dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet, dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 30 mg tablet, dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>dextroamphetamine sulfate (10 mg capsule er, 15 mg capsule er)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dextroamphetamine sulfate (5 mg capsule er, 5 mg tablet)</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate 10 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>dextroamphetamine/amphetamine 20 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)</i>	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (100 mg capsule, 60 mg capsule, 80 mg capsule)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Central Nervous System Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clonidine hcl 0.1 mg tab er 12h	\$0 (Tier 1)	QL (120 PER 30 DAYS)
dexmethylphenidate hcl (10 mg tablet, 2.5 mg tablet, 5 mg tablet)	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
FOCALIN (TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
methylphenidate hcl (10 mg tablet, 20 mg tablet, 20 mg tablet er, 5 mg tablet)	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
methylphenidate hcl 10 mg/5 ml solution	\$0 (Tier 1)	PA, QL (900 PER 30 DAYS)
methylphenidate hcl 5 mg/5 ml solution	\$0 (Tier 1)	PA, QL (450 PER 30 DAYS)
RITALIN (TABLET)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
STRATTERA (100 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Central Nervous System, Other

AUSTEDO (12 MG TABLET, 9 MG TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 12 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Central Nervous System Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUSTEDO XR TITRATION KT(WK1-4) (TAB24HDSPK)	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
NUEDEXTA (CAPSULE)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>riluzole (tablet)</i>	\$0 (Tier 1)	
<i>tetrabenazine 12.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Multiple Sclerosis Agents

AMPYRA (TAB ER 12H)	\$0 (Tier 2)	PA
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
AVONEX PEN (PEN IJ KIT)	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	\$0 (Tier 2)	PA, QL (12 PER 28 DAYS)
<i>dalfampridine (tab er 12h)</i>	\$0 (Tier 1)	PA
<i>dimethyl fumarate (capsule dr)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>fingolimod hcl (capsule)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Central Nervous System Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
glatiramer acetate 20 mg/ml syringe	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml syringe	\$0 (Tier 1)	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN (PEN INJCTR)	\$0 (Tier 2)	PA, QL (1.6 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 (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	\$0 (Tier 2)	PA, QL (12 PER 28 DAYS)
PLEGRIDY (SYRINGE)	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN (PEN INJCTR)	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
TECFIDERA (CAPSULE DR)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TYSABRI (VIAL)	\$0 (Tier 2)	PA
VUMERITY (CAPSULE DR)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dental and Oral Agents		
cevimeline hcl (capsule)	\$0 (Tier 1)	
chlorhexidine gluconate 0.12 % mouthwash	\$0 (Tier 1)	
KEPIVANCE (VIAL)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Dental and Oral Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	\$0 (Tier 1)	
SALAGEN (TABLET)	\$0 (Tier 2)	
triamcinolone acetonide 0.1 % paste (g)	\$0 (Tier 1)	

Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Acne and Rosacea Agents		
acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)	\$0 (Tier 1)	
ACNE MEDICATION (10% GEL, 5% GEL)	\$0 (Tier 1)	(Medicaid Benefit Drug)
adapalene 0.1 % gel (gram)	\$0 (Tier 1)	(Medicaid Benefit Drug)
AVITA (CREAM, GEL)	\$0 (Tier 2)	PA
azelaic acid (gel (gram))	\$0 (Tier 1)	
AZELEX (CREAM (G))	\$0 (Tier 2)	
BENZAMYCIN (GEL (GRAM))	\$0 (Tier 2)	
benzoyl peroxide (10 % gel (gram), 2.5 % gel (gram), 5 % cleanser, 5 % gel (gram))	\$0 (Tier 1)	(Medicaid Benefit Drug)
clindamycin phosphate/benzoyl peroxide (phos/benzoyl perox 1 %-5 % gel (gram), phos/benzoyl perox 1 %-5 % gel w/pump)	\$0 (Tier 1)	
DIFFERIN 0.1% GEL	\$0 (Tier 1)	(Medicaid Benefit Drug)
doxycycline monohydrate 40 mg cap ir dr	\$0 (Tier 1)	
erythromycin base/benzoyl peroxide (gel (gram))	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FINACEA (FOAM, GEL)	\$0 (Tier 2)	
<i>isotretinoin (capsule)</i>	\$0 (Tier 1)	
KLARON (SUSPENSION)	\$0 (Tier 2)	
ORACEA (CAP IR DR)	\$0 (Tier 2)	
RETIN-A (0.01% GEL, 0.025% CREAM, 0.025% GEL, 0.05% CREAM, 0.1% CREAM)	\$0 (Tier 2)	PA
<i>sulfacetamide sodium 10 % suspension</i>	\$0 (Tier 1)	
<i>tazarotene (0.05 % gel (gram), 0.1 % cream (g), 0.1 % gel (gram))</i>	\$0 (Tier 1)	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	\$0 (Tier 2)	PA
<i>tretinoin (0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.1 % cream (g))</i>	\$0 (Tier 1)	PA

Dermatitis and Pruitus Agents

ALA-CORT (CREAM (G))	\$0 (Tier 2)	
<i>alclometasone dipropionate (0.05 % cream (g), 0.05 % oint. (g))</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ammonium lactate (12 % cream (g), 12 % lotion)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>betamethasone dipropionate (0.05 % cream (g), 0.05 % oint. (g))</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % gel (gram)</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate 0.05 % lotion</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % oint. (g))</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betamethasone valerate (0.1 % cream (g), 0.1 % oint. (g))</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>betamethasone valerate 0.1 % lotion</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>betamethasone/propylene glyc 0.05 % lotion</i>	\$0 (Tier 1)	QL (210 PER 30 DAYS)
<i>clobetasol propionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g))</i>	\$0 (Tier 1)	QL (210 PER 28 DAYS)
<i>clobetasol propionate (0.05 % foam, 0.05 % solution)</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	\$0 (Tier 1)	QL (236 PER 30 DAYS)
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	\$0 (Tier 1)	QL (210 PER 28 DAYS)
<i>desonide (0.05 % cream (g), 0.05 % oint. (g))</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>desonide 0.05 % lotion</i>	\$0 (Tier 1)	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.25 % cream (g), 0.25 % oint. (g))</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
DIPROLENE (OINT. (G))	\$0 (Tier 2)	QL (200 PER 28 DAYS)
<i>doxepin hcl 5 % cream (g)</i>	\$0 (Tier 1)	PA
ELIDEL (CREAM (G))	\$0 (Tier 2)	PA
<i>fluocinolone acetonide (0.01 % cream (g), 0.01 % solution, 0.025 % cream (g), 0.025 % oint. (g))</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % oil</i>	\$0 (Tier 1)	QL (118.28 PER 30 DAYS)
<i>fluocinolone acetonide/shower cap (oil)</i>	\$0 (Tier 1)	QL (118.28 PER 30 DAYS)
<i>fluocinonide (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinonide/emollient base (cream (g))</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>halobetasol propionate (0.05 % cream (g), 0.05 % oint. (g))</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>hydrocortisone (0.5 % cream (g), 1 % cream (g), 1 % oint. (g))</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>hydrocortisone (2.5 % cream (g), 2.5 % oint. (g))</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>hydrocortisone 1 % crm/pe app</i>	\$0 (Tier 1)	
<i>hydrocortisone 2.5 % lotion</i>	\$0 (Tier 1)	QL (118 PER 30 DAYS)
<i>hydrocortisone acetate 0.5 % cream (g)</i>	\$0 (Tier 2)	(Medicaid Benefit Drug)
<i>hydrocortisone acetate 1 % cream (g)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>hydrocortisone butyrate (0.1 % cream (g), 0.1 % oint. (g))</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1 % solution</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate/emollient base (cream (g))</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate (0.2 % cream (g), 0.2 % oint. (g))</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>hydrocortisone/aloe vera 1 % cream (g)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>LOCOID LIPOCREAM (CREAM (G))</i>	\$0 (Tier 2)	QL (135 PER 30 DAYS)
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g))</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1 % solution</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>pimecrolimus (cream (g))</i>	\$0 (Tier 1)	PA
<i>prednicarbate 0.1 % oint. (g)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRUOXIN (CREAM (G))	\$0 (Tier 2)	PA
<i>selenium sulfide 2.5 % lotion</i>	\$0 (Tier 1)	
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	\$0 (Tier 1)	PA
<i>triamicinolone acetonide (0.025 % cream (g), 0.025 % oint. (g), 0.1 % cream (g), 0.1 % oint. (g), 0.5 % cream (g))</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>triamicinolone acetonide (0.025 % lotion, 0.1 % lotion, 0.5 % oint. (g))</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
ZONALON (CREAM (G))	\$0 (Tier 2)	PA

Dermatological Agents, Other

BETADINE 10% SOLUTION	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 %-0.05 % cream (g), clotrimazole/betamethasone 1 %-0.05 % lotion)</i>	\$0 (Tier 1)	
<i>diclofenac sodium 3 % gel (gram)</i>	\$0 (Tier 1)	PA
EFUDEX (CREAM (G))	\$0 (Tier 2)	
<i>fluorouracil (0.5 % cream (g), 2 % solution, 5 % cream (g), 5 % solution)</i>	\$0 (Tier 1)	
<i>imiquimod 5 % cream pack</i>	\$0 (Tier 1)	PA
<i>lidocaine 4 % cream (g)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>methoxsalen (cap lq rap)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nystatin/triamcinolone acetonide (nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g), nystatin/triamcinolone acet 100000-0.1 cream (g), nystatin/triamcinolone acet 100000- 0.1 oint. (g))</i>	\$0 (Tier 1)	
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET)	\$0 (Tier 2)	PA
<i>podofilox 0.5 % solution</i>	\$0 (Tier 1)	
<i>povidone-iodine 10 % solution</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
REGRANEX (GEL (GRAM))	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
RENOVA (CREAM)	\$0 (Tier 1)	(Medicaid Benefit Drug)
RENOVA PUMP (CREAM)	\$0 (Tier 1)	(Medicaid Benefit Drug)
SANTYL (OINT. (G))	\$0 (Tier 2)	QL (180 PER 30 DAYS)
SILVADENE (CREAM (G))	\$0 (Tier 2)	
<i>silver sulfadiazine (cream (g))</i>	\$0 (Tier 1)	
SSD (CREAM (G))	\$0 (Tier 2)	

Pediculicides/Scabicides

<i>ivermectin 1 % cream (g)</i>	\$0 (Tier 1)	PA
<i>lindane (shampoo)</i>	\$0 (Tier 1)	
<i>malathion (lotion)</i>	\$0 (Tier 1)	
OVIDE (LOTION)	\$0 (Tier 2)	
<i>permethrin 1 % liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>permethrin 5 % cream (g)</i>	\$0 (Tier 1)	
<i>piperonyl butoxide/pyrethrins (shampoo)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
SOOLANTRA (CREAM (G))	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Topical Anti-infectives		
ACNE MEDICATION 10% LOTION	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>bacitracin (500 unit/g oint. (g), 500 unit/g packet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
FIRST AID ANTISEPTIC (OINT. (G))	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>gentamicin sulfate (0.1 % cream (g), 0.1 % oint. (g))</i>	\$0 (Tier 1)	
METROCREAM (CREAM (G))	\$0 (Tier 2)	
METROGEL (GEL, PUMP)	\$0 (Tier 2)	
METROLOTION (LOTION)	\$0 (Tier 2)	
<i>metronidazole (0.75 % cream (g), 0.75 % gel (gram), 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump)</i>	\$0 (Tier 1)	
<i>mupirocin (oint. (g))</i>	\$0 (Tier 1)	QL (30 PER 30 OVER TIME)
<i>mupirocin calcium (cream (g))</i>	\$0 (Tier 1)	QL (30 PER 30 OVER TIME)
<i>neomycin/bacitracin/polymyxinb 3.5-400-5k oint. (g)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
TRIPLE ANTIBIOTIC OINTMENT	\$0 (Tier 1)	(Medicaid Benefit Drug)

Diagnostic Test Devices, Supplies, And Services

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Diagnostics		
<i>covid-19 antigen immunoassay test (kit)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>covid-19 molecular nucleic acid test assay (kit)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Electrolytes/Minerals/ Metals/ Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Electrolyte/Mineral Replacement		
0.9 % sodium chloride (0.9 % ampul, 0.9 % iv soln, 0.9 % vial, pggybk prt, pgy vl prt)	\$0 (Tier 1)	
ca/d3/mag ox/zinc/cop/mang/bor 600 mg-400 tab chew	\$0 (Tier 1)	(Medicaid Benefit Drug)
calcium carbonate (500(1250) tablet, 600 mg tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
calcium carbonate/cholecalciferol (vit d3)/minerals (tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
calcium carbonate/cholecalciferol (vitamin d3) (carbonate/vitamin d3 250-3.125 tablet, carbonate/vitamin d3 500 mg-10 tablet, carbonate/vitamin d3 500 mg-200 tablet, carbonate/vitamin d3 500-15 mcg tablet, carbonate/vitamin d3 500mg-5mcg tablet, carbonate/vitamin d3 600 mg-10 tab chew, carbonate/vitamin d3 600 mg-25 capsule, carbonate/vitamin d3 600 mg-800 tablet, carbonate/vitamin d3 600mg-5mcg tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
calcium carbonate/cholecalciferol (vitamin d3) (carbonate/vitamin d3 600 mg-10 tablet, carbonate/vitamin d3 600 mg-20 tablet, carbonate/vitamin d3 600 mg-400 tablet)	\$0 (Tier 2)	(Medicaid Benefit Drug)
CARBAGLU (TAB DISPER)	\$0 (Tier 2)	PA
carglumic acid (tab disper)	\$0 (Tier 1)	PA
chromic chloride (vial)	\$0 (Tier 1)	(Medicaid Benefit Drug)
cupric chloride (vial)	\$0 (Tier 1)	(Medicaid Benefit Drug)
dextrose 2.5 % and 0.45 % sodium chloride (iv soln)	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Electrolytes/Minerals/ Metals/ Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dextrose 5 % and 0.2 % sodium chloride (iv soln)	\$0 (Tier 1)	
dextrose 5 % and 0.3 % sodium chloride (iv soln)	\$0 (Tier 1)	
dextrose 5 % and 0.45 % sodium chloride (iv soln)	\$0 (Tier 1)	
dextrose 5 % and 0.9 % sodium chloride (iv soln)	\$0 (Tier 1)	
dextrose 5 % in lactated ringers (iv soln)	\$0 (Tier 1)	
FLORIVA (TAB CHEW)	\$0 (Tier 1)	(Medicaid Benefit Drug)
K-PHOS ORIGINAL (TABLET SOL)	\$0 (Tier 1)	(Medicaid Benefit Drug)
KLOR-CON 10 (TABLET ER)	\$0 (Tier 2)	
KLOR-CON 8 (TABLET ER)	\$0 (Tier 2)	
KLOR-CON M15 (TAB ER PRT)	\$0 (Tier 2)	
magnesium chloride 71.5 mg tablet dr	\$0 (Tier 1)	(Medicaid Benefit Drug)
magnesium oxide 400 mg tablet	\$0 (Tier 2)	(Medicaid Benefit Drug)
magnesium oxide 420 mg tablet	\$0 (Tier 1)	(Medicaid Benefit Drug)
magnesium sulfate (4 meq/ml syringe, 4 meq/ml vial)	\$0 (Tier 1)	
MAGOX 400 (TABLET)	\$0 (Tier 2)	(Medicaid Benefit Drug)
manganese chloride (vial)	\$0 (Tier 1)	(Medicaid Benefit Drug)
pediatric multivitamin no.45/sodium fluoride/ferrous sulfate (drops)	\$0 (Tier 1)	(Medicaid Benefit Drug)
potassium chloride (10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 15 meq tab er prt, 2 meq/ml ampul, 2 meq/ml iv soln, 2 meq/ml vial, 20 meq tab er prt, 20 meq tablet er, 20meq/15ml liquid, 40meq/15ml liquid, 8 meq capsule er, 8 meq tablet er)	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Electrolytes/Minerals/ Metals/ Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride in 0.45 % sodium chloride (iv soln)</i>	\$0 (Tier 1)	
<i>potassium chloride in d5w 20 meq/l iv soln</i>	\$0 (Tier 1)	
<i>potassium chloride in dextrose 5 %-0.45 % sodium chloride (iv soln)</i>	\$0 (Tier 1)	
<i>potassium chloride in lr-d5 20 meq/l iv soln</i>	\$0 (Tier 1)	
<i>potassium chloride/d5-0.2%nacl 20 meq/l iv soln</i>	\$0 (Tier 1)	
<i>potassium citrate (10 meq tablet er, 15 meq tablet er, 5 meq tablet er)</i>	\$0 (Tier 1)	
<i>pyridoxine hcl (vitamin b6) 100 mg/ml vial</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>ringer's solution,lactated iv soln</i>	\$0 (Tier 1)	
<i>SLOW-MAG (TABLET DR)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>sodium chloride 0.45 % (0.45 % iv soln, pggybk prt)</i>	\$0 (Tier 1)	
<i>sodium chloride irrigating solution (irrig soln)</i>	\$0 (Tier 1)	
<i>thiamine hcl 100 mg/ml vial</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)

Electrolyte/Mineral/Metal Modifiers

CHEMET (CAPSULE)	\$0 (Tier 2)	
<i>deferasirox (125 mg tab disper, 180 mg gran pack, 180 mg tablet, 250 mg tab disper, 360 mg gran pack, 360 mg tablet, 500 mg tab disper, 90 mg gran pack, 90 mg tablet)</i>	\$0 (Tier 1)	PA
EXJADE (TAB DISPER)	\$0 (Tier 2)	PA
JADENU (TABLET)	\$0 (Tier 2)	PA
JADENU SPRINKLE (GRAN PACK)	\$0 (Tier 2)	PA
SAMSCA (TABLET)	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Electrolytes/Minerals/ Metals/ Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYPRINE (CAPSULE)	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
<i>tolvaptan (tablet)</i>	\$0 (Tier 1)	PA
<i>trientine hcl 250 mg capsule</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)

Electrolytes/Minerals/ Metals/ Vitamins

BACMIN (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>cholecalciferol (vitamin d3) 10(400)/ml drops</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>cholecalciferol (vitamin d3) 50 mcg capsule</i>	\$0 (Tier 2)	(Medicaid Benefit Drug)
<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>cyanocobalamin/folic ac/vit b6 1-2.2-25mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
DEKAS ESSENTIAL (LIQUID)	\$0 (Tier 1)	(Medicaid Benefit Drug)
DEKAS PLUS (CHEWABLE TABLET, OCEANCAPS, SOFTGEL)	\$0 (Tier 1)	(Medicaid Benefit Drug)
DEKAS PLUS LIQUID	\$0 (Tier 2)	(Medicaid Benefit Drug)
<i>dextrose 10 % in water (10 % dehp fr bg, 10 % iv soln)</i>	\$0 (Tier 1)	
<i>dextrose 5 % in water (5 % iv soln, pggybk prt, pgy vl prt)</i>	\$0 (Tier 1)	
DIALYVITE (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
DIALYVITE 3000 (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
DIALYVITE 5000 (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
DIALYVITE SUPREME D (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
DIALYVITE ZINC (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
DRISDOL (CAPSULE)	\$0 (Tier 1)	(Medicaid Benefit Drug)
ENLYTE (CAP IR DR)	\$0 (Tier 1)	(Medicaid Benefit Drug)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Electrolytes/Minerals/ Metals/ Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ergocalciferol (vitamin d2) (1250 mcg capsule, 200 mcg/ml drops)	\$0 (Tier 1)	(Medicaid Benefit Drug)
ferrous gluconate 324(38)mg tablet	\$0 (Tier 1)	(Medicaid Benefit Drug)
ferrous sulfate (15 mg/ml drops, 324(65)mg tablet dr, 325(65) mg tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
folic acid (1 mg tablet, 5 mg/ml vial)	\$0 (Tier 1)	(Medicaid Benefit Drug)
folic acid/multivitamin,ther and minerals/lycopene/lutein (tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
FOLTRATE (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
fomepizole (vial)	\$0 (Tier 1)	
hydroxocobalamin (vial)	\$0 (Tier 1)	(Medicaid Benefit Drug)
INFUVITE ADULT (VIAL)	\$0 (Tier 1)	(Medicaid Benefit Drug)
INFUVITE PEDIATRIC (VIAL)	\$0 (Tier 1)	(Medicaid Benefit Drug)
INTRALIPID 20% IV FAT EMUL	\$0 (Tier 2)	PA
iron,carbonyl 15mg/1.25 oral susp	\$0 (Tier 1)	(Medicaid Benefit Drug)
NASCOBAL (SPRAY)	\$0 (Tier 1)	(Medicaid Benefit Drug)
NEPHPLEX RX (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
NUTRILIPID (EMULSION)	\$0 (Tier 2)	PA
omega-3/dha/epa/b12/folic acid/pyridoxine hcl/phytosterols (capsule)	\$0 (Tier 1)	(Medicaid Benefit Drug)
pediatric multivit with a,c,d3 no.21/sodium fluoride (drops)	\$0 (Tier 2)	(Medicaid Benefit Drug)
pediatric multivitamin no.2/sodium fluoride (drops)	\$0 (Tier 1)	(Medicaid Benefit Drug)
pediatric multivitamins no.17 with sodium fluoride (tab chew)	\$0 (Tier 1)	(Medicaid Benefit Drug)
POLY-VI-FLOR (0.25 MG DROP, 0.25 MG/ML DRP, 0.5 MG TAB CHEW, 1 MG TAB CHEW)	\$0 (Tier 1)	(Medicaid Benefit Drug)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Electrolytes/Minerals/ Metals/ Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
POLY-VI-FLOR 0.25 MG TAB CHEW	\$0 (Tier 2)	(Medicaid Benefit Drug)
POLY-VI-FLOR WITH IRON (0.25 MG DROP, 0.5 MG CHWTB)	\$0 (Tier 1)	(Medicaid Benefit Drug)
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 1)	(Medicaid Benefit Drug)
QUFLORA FE (0.25 MG CHEW TABLET, PED 0.25 MG/ML DROP)	\$0 (Tier 1)	(Medicaid Benefit Drug)
STROVITE ONE (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
TRAVASOL (IV SOLN)	\$0 (Tier 2)	PA
TRI-VI-FLOR 0.25 MG DROPS	\$0 (Tier 2)	(Medicaid Benefit Drug)
TRI-VI-FLOR 0.5 MG DROPS	\$0 (Tier 1)	(Medicaid Benefit Drug)
TROPHAMINE (IV SOLN)	\$0 (Tier 2)	PA
VITAL-D RX (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>vitamin a palmitate/vitamin d3/vitamin e/vit e tpgs/vit k1 (capsule)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>vitamin b complex and vitamin c no.20/folic acid (capsule)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>water for irrigation,sterile (irrig soln)</i>	\$0 (Tier 1)	

Phosphate Binders

AURYXIA (TABLET)	\$0 (Tier 2)	PA, QL (360 PER 30 DAYS)
<i>calcium acetate (667 mg capsule, 667 mg tablet)</i>	\$0 (Tier 1)	
FOSRENOL (750 MG POWDER PACKET, 750 MG TABLET CHEW)	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FOSRENOL (MG POWDER PACK, MG TABLET CHEW)	\$0 (Tier 2)	QL (120 PER 30 DAYS)
FOSRENOL 500 MG TABLET CHEW	\$0 (Tier 2)	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Electrolytes/Minerals/ Metals/ Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lanthanum carbonate 1000 mg tab chew</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>lanthanum carbonate 500 mg tab chew</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>lanthanum carbonate 750 mg tab chew</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
RENELA 0.8 GM POWDER PACKET	\$0 (Tier 2)	QL (270 PER 30 DAYS)
RENELA 2.4 GM POWDER PACKET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
RENELA 800 MG TABLET	\$0 (Tier 2)	
<i>sevelamer carbonate 0.8 g powd pack</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>sevelamer carbonate 2.4 g powd pack</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>sevelamer carbonate 800 mg tablet</i>	\$0 (Tier 1)	
VELPHORO (TAB CHEW)	\$0 (Tier 2)	QL (180 PER 30 DAYS)

Potassium Binders

<i>sodium polystyrene sulfonate powder</i>	\$0 (Tier 1)	
<i>SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)</i>	\$0 (Tier 2)	
<i>VELTASSA (POWD PACK)</i>	\$0 (Tier 2)	

Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-Constipation Agents		
ENEMEEZ (ENEMA)	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LINZESS (CAPSULE)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lubiprostone 24mcg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
MOVANTIK (TABLET)	\$0 (Tier 2)	
<i>polyethylene glycol 3350 (17 g powd pack, 17 g/dose powder)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET, 8 MG/0.4 ML SYRINGE)	\$0 (Tier 2)	PA

Anti-Diarrheal Agents

<i>alosetron hcl (tablet)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
ANTI-DIARRHEAL (CAPSULE)	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>diphenoxylate hcl/atropine 2.5-.025mg tablet</i>	\$0 (Tier 1)	PA
<i>loperamide hcl (2 mg capsule, 2 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>loperamide hcl 1mg/7.5ml liquid</i>	\$0 (Tier 2)	(Medicaid Benefit Drug)
LOTRONEX (TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VIBERZI (TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
XERMELO (TABLET)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

Antispasmodics, Gastrointestinal

<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	\$0 (Tier 1)	PA
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	
<i>methscopolamine bromide (tablet)</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Gastrointestinal Agents, Other		
aluminum hydroxide 320 mg/5ml oral susp	\$0 (Tier 1)	(Medicaid Benefit Drug)
bisacodyl (10 mg supp.rect, 5 mg tablet dr)	\$0 (Tier 1)	(Medicaid Benefit Drug)
bismuth subsalicylate (262 mg tab chew, 262 mg tablet, 525mg/15ml oral susp)	\$0 (Tier 1)	(Medicaid Benefit Drug)
bismuth subsalicylate 262mg/15ml oral susp	\$0 (Tier 2)	(Medicaid Benefit Drug)
calcium carbonate (200(500)mg tab chew, 260mg(648) tablet, 300mg(750) tab chew, 400(1000) tab chew, 470(1177) tab chew, 500 mg/5ml oral susp)	\$0 (Tier 1)	(Medicaid Benefit Drug)
calcium carbonate 320mg(750) tab chew	\$0 (Tier 2)	(Medicaid Benefit Drug)
CHENODAL (TABLET)	\$0 (Tier 2)	PA
COLACE (CAPSULE)	\$0 (Tier 1)	(Medicaid Benefit Drug)
COLACE CLEAR (CAPSULE)	\$0 (Tier 1)	(Medicaid Benefit Drug)
colloidal bismuth subcitrate/metronidazole/tetracycline hcl (capsule)	\$0 (Tier 1)	
docusate calcium (capsule)	\$0 (Tier 1)	(Medicaid Benefit Drug)
docusate sodium (100 mg capsule, 100 mg tablet, 250 mg capsule, 50 mg/5 ml liquid)	\$0 (Tier 1)	(Medicaid Benefit Drug)
ENEMA (ENEMA READY TO USE, FLEET ENEMA)	\$0 (Tier 1)	(Medicaid Benefit Drug)
famotidine/calcium carbonate/magnesium hydroxide (tab chew)	\$0 (Tier 1)	(Medicaid Benefit Drug)
GATTEX (KIT)	\$0 (Tier 2)	PA
GAVISCON (EXTRA STRENGTH LIQUID, LIQUID)	\$0 (Tier 1)	(Medicaid Benefit Drug)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GOLYTELY (SOLN RECON)	\$0 (Tier 2)	
<i>guaifenesin/dextromethorphan 100-10mg/5 syrup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
MAG-AL (ORAL SUSP)	\$0 (Tier 1)	(Medicaid Benefit Drug)
MAG-AL PLUS (ORAL SUSP)	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>magnesium carbonate/aluminum hydroxide/alginic acid (oral susp)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>magnesium hydroxide/aluminum hydroxide/simethicone (hydrox/aluminum hyd/simeth 200-200-20 oral susp, hydrox/aluminum hyd/simeth 200-200-25 tab chew, hydrox/aluminum hyd/simeth 400-400-40 oral susp)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>metoclopramide hcl (10 mg tablet, 10 mg/10ml solution, 10 mg/2 ml syringe, 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml vial)</i>	\$0 (Tier 1)	
MOVIPREP (POWD PACK)	\$0 (Tier 2)	
MYALEPT (VIAL)	\$0 (Tier 2)	PA
NULYTELY (SOLN RECON)	\$0 (Tier 2)	
OCALIVA (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PEDIA-LAX ENEMA (ENEMA)	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (soln recon)</i>	\$0 (Tier 1)	
<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c (powd pack)</i>	\$0 (Tier 1)	
<i>psyllium husk (with sugar) (3 g/7 g powder, 3.4 g/12 g powder)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>psyllium seed (powder)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>psyllium seed (with sugar) (powder)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PYLERA (CAPSULE)	\$0 (Tier 2)	
REGLAN (TABLET)	\$0 (Tier 2)	
sennosides 8.6 mg tablet	\$0 (Tier 1)	(Medicaid Benefit Drug)
sodium bicarbonate (325 mg tablet, 650 mg tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
sodium chloride/sodium bicarbonate/potassium chloride/peg (soln recon)	\$0 (Tier 1)	
sodium phosphate,mono-dibasic 19g-7g/118 enema	\$0 (Tier 1)	(Medicaid Benefit Drug)
sodium sulfate/potassium sulfate/magnesium sulfate (soln recon)	\$0 (Tier 1)	
STOOL SOFTENER (CAPSULE)	\$0 (Tier 1)	(Medicaid Benefit Drug)
SUPREP (SOLN RECON)	\$0 (Tier 2)	
SUTAB (TABLET)	\$0 (Tier 2)	
TUMS (750 MG CHEWY BITES, 750 MG TABLET CHEWABLE, KIDS 300 MG (750) CHEWTAB)	\$0 (Tier 2)	(Medicaid Benefit Drug)
TUMS (E-X TABLET CHEWABLE, TABLET CHEWABLE)	\$0 (Tier 1)	(Medicaid Benefit Drug)
TUMS SMOOTHIES (TAB CHEW)	\$0 (Tier 1)	(Medicaid Benefit Drug)
TUMS ULTRA (TAB CHEW)	\$0 (Tier 1)	(Medicaid Benefit Drug)
TUMS X-STR (TAB CHEW)	\$0 (Tier 2)	(Medicaid Benefit Drug)
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	\$0 (Tier 1)	
XIFAXAN 550 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

Histamine2 (H2) Receptor Antagonists

cimetidine (300 mg tablet, 400 mg tablet, 800 mg tablet)	\$0 (Tier 1)	
cimetidine 200 mg tablet	\$0 (Tier 1)	(Medicaid Benefit Drug)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
famotidine (10 mg tablet, 20 mg tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
famotidine (10 mg/ml vial, 40 mg tablet, 40mg/5ml susp recon)	\$0 (Tier 1)	
famotidine/pf (vial)	\$0 (Tier 1)	
nizatidine (150 mg capsule, 300 mg capsule)	\$0 (Tier 1)	
omeprazole magnesium 20 mg capsule dr	\$0 (Tier 1)	(Medicaid Benefit Drug)

Protectants

CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	\$0 (Tier 2)	
CYTOTEC (TABLET)	\$0 (Tier 2)	
misoprostol (tablet)	\$0 (Tier 1)	
sucralfate (1 g tablet, 1 g/10 ml oral susp)	\$0 (Tier 1)	

Proton Pump Inhibitors

esomeprazole magnesium (10 mg suspdr pkt, 20 mg capsule dr, 20 mg suspdr pkt, 40 mg capsule dr, 40 mg suspdr pkt)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
esomeprazole sodium 40 mg vial	\$0 (Tier 1)	
lansoprazole 15 mg capsule dr	\$0 (Tier 1)	QL (30 PER 30 DAYS), (Medicaid Benefit Drug)
lansoprazole 30 mg capsule dr	\$0 (Tier 1)	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
NEXIUM I.V. (VIAL)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
omeprazole (20 mg capsule dr, 40 mg capsule dr)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
omeprazole 10 mg capsule dr	\$0 (Tier 1)	QL (30 PER 30 DAYS)
omeprazole 20 mg tablet dr	\$0 (Tier 1)	(Medicaid Benefit Drug)
pantoprazole sodium 20 mg tablet dr	\$0 (Tier 1)	QL (30 PER 30 DAYS)
pantoprazole sodium 40 mg tablet dr	\$0 (Tier 1)	QL (60 PER 30 DAYS)
pantoprazole sodium 40 mg vial	\$0 (Tier 1)	
PREVACID 24HR (CAPSULE DR)	\$0 (Tier 1)	(Medicaid Benefit Drug)
PREVACID DR 30 MG CAPSULE	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)
rabeprazole sodium 20 mg tablet dr	\$0 (Tier 1)	QL (30 PER 30 DAYS)

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 Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME (VIAL)	\$0 (Tier 2)	
betaine (powder)	\$0 (Tier 1)	
BUPHENYL 500 MG TABLET	\$0 (Tier 2)	PA
CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET)	\$0 (Tier 2)	
CARNITOR SF (SOLUTION)	\$0 (Tier 2)	
CEREZYME (VIAL)	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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
CREON (CAPSULE DR)	\$0 (Tier 2)	
<i>cromolyn sodium 20 mg/ml oral conc</i>	\$0 (Tier 1)	
CRYSVITA (VIAL)	\$0 (Tier 2)	PA
CYSTADANE (POWDER)	\$0 (Tier 2)	
CYSTAGON (CAPSULE)	\$0 (Tier 2)	PA
ELAPRASE (VIAL)	\$0 (Tier 2)	
ELELYSO (VIAL)	\$0 (Tier 2)	PA
ENDARI (POWD PACK)	\$0 (Tier 2)	PA
FABRAZYME (VIAL)	\$0 (Tier 2)	
KUVAN (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	\$0 (Tier 2)	PA
<i>levocarnitine (100 mg/ml solution, 330 mg tablet)</i>	\$0 (Tier 1)	
<i>levocarnitine (with sugar) (solution)</i>	\$0 (Tier 1)	
LUMIZYME (VIAL)	\$0 (Tier 2)	
<i>miglustat (capsule)</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
NAGLAZYME (VIAL)	\$0 (Tier 2)	
<i>nitisinone (capsule)</i>	\$0 (Tier 1)	
ORFADIN (10 MG CAPSULE, 2 MG CAPSULE, 20 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE)	\$0 (Tier 2)	
PALYNZIQ (SYRINGE)	\$0 (Tier 2)	PA
PROLASTIN C (VIAL)	\$0 (Tier 2)	PA
REVCovi (VIAL)	\$0 (Tier 2)	
<i>sapropterin dihydrochloride (100 mg powd pack, 100 mg tablet sol, 500 mg powd pack)</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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
sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)	\$0 (Tier 1)	PA
STRENSIQ (VIAL)	\$0 (Tier 2)	PA
VPRIV (VIAL)	\$0 (Tier 2)	PA
VYNDAMAX (CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VYNDAQEL (CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ZENPEP (CAPSULE DR)	\$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 hydrobromide (tab er 24h)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
DETROL (TABLET)	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)
DETROL LA (CAP ER 24H)	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
fesoterodine fumarate (tab er 24h)	\$0 (Tier 1)	QL (30 PER 30 DAYS)
GEMTESA (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	\$0 (Tier 2)	QL (300 PER 28 DAYS)
oxybutynin chloride 10 mg tab er 24	\$0 (Tier 1)	QL (90 PER 30 DAYS)
oxybutynin chloride 15 mg tab er 24	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Genitourinary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxybutynin chloride 5 mg tab er 24</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>oxybutynin chloride 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>oxybutynin chloride 5 mg/5 ml syrup</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>solifenacin succinate (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tolterodine tartrate (2 mg cap er 24h, 4 mg cap er 24h)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
TOVIAZ (TAB ER 24H)	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
<i>trospium chloride 20 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>trospium chloride 60 mg cap er 24h</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl (tab er 24h)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
AVODART (CAPSULE)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>dutasteride (capsule)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>dutasteride/tamsulosin hcl (cpmp 24hr)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
FLOMAX (CAPSULE)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PROSCAR (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RAPAFLO (CAPSULE)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>silodosin (capsule)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>tamsulosin hcl (capsule)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

Contraceptives, Other

LILETTA (IUD)	\$0 (Tier 2)	
SKYLA (IUD)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Genitourinary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Genitourinary Agents, Other		
<i>bethanechol chloride (tablet)</i>	\$0 (Tier 1)	
<i>DEPEN (TABLET)</i>	\$0 (Tier 2)	
<i>methylergonovine maleate 0.2 mg tablet</i>	\$0 (Tier 1)	
<i>penicillamine 250 mg tablet</i>	\$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
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>ACTHAR (VIAL)</i>	\$0 (Tier 2)	PA
<i>CORTEF (TABLET)</i>	\$0 (Tier 2)	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 1.5mg (21) tab ds pk, 1.5mg (35) tab ds pk, 1.5mg (51) tab ds pk, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial)</i>	\$0 (Tier 1)	
<i>fludrocortisone acetate (tablet)</i>	\$0 (Tier 1)	
<i>HEMADY (TABLET)</i>	\$0 (Tier 2)	
<i>hydrocortisone (10 mg tablet, 20 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	
<i>MEDROL (16 MG TABLET, 32 MG TABLET, 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET)</i>	\$0 (Tier 2)	
<i>methylprednisolone (16 mg tablet, 32 mg tablet, 4 mg tab ds pk, 4 mg tablet, 8 mg tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylprednisolone sodium succinate (vial)</i>	\$0 (Tier 1)	
<i>prednisolone 15 mg/5 ml solution</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate (15 mg/5 ml solution, 25 mg/5 ml solution, 5 mg/5 ml solution)</i>	\$0 (Tier 1)	
<i>prednisone (1 mg tablet, 10 mg tab ds pk, 10 mg tablet, 2.5 mg tablet, 20 mg tablet, 5 mg tab ds pk, 5 mg tablet, 5 mg/5 ml solution, 50 mg tablet)</i>	\$0 (Tier 1)	
SOLU-MEDROL (1 GRAM VIAL, 1,000 MG VIAL, 125 MG VIAL, 40 MG VIAL, 500 MG VIAL)	\$0 (Tier 2)	

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, Stimulant/ Replacement/ Modifying (Pituitary)		
CHORIONIC GONADOTROPIN (VIAL)	\$0 (Tier 2)	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	\$0 (Tier 2)	
<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 10/spray spray/pump, 4 mcg/ml ampul, 4 mcg/ml vial)</i>	\$0 (Tier 1)	
<i>desmopressin acetate (non-refrigerated) (spray/pump)</i>	\$0 (Tier 1)	
INCRELEX (VIAL)	\$0 (Tier 2)	
OMNITROPE (10 MG/1.5 ML CRTG, 5 MG/1.5 ML CRTG, 5.8 MG VIAL)	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

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

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
Androgens		
ANDROGEL (1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	\$0 (Tier 2)	PA, QL (150 PER 30 DAYS)
<i>danazol (capsule)</i>	\$0 (Tier 1)	PA
DEPO-TESTOSTERONE (VIAL)	\$0 (Tier 2)	PA
<i>methyltestosterone (capsule)</i>	\$0 (Tier 1)	PA
<i>testosterone (12.5/1.25g gel md pmp, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i>	\$0 (Tier 1)	PA, QL (300 PER 30 DAYS)
<i>testosterone (2.5g-1.62% gel packet, 20.25/1.25 gel md pmp)</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>testosterone 1.25g-1.62 gel packet</i>	\$0 (Tier 1)	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 25mg(1%) gel packet</i>	\$0 (Tier 1)	PA, QL (225 PER 30 DAYS)
<i>testosterone 30mg/1.5ml sol md pmp</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (vial)</i>	\$0 (Tier 1)	PA
<i>testosterone enanthate (vial)</i>	\$0 (Tier 1)	PA
Estrogens		
DEPO-ESTRADIOL (VIAL)	\$0 (Tier 2)	
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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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
ESTRACE 0.01% CREAM	\$0 (Tier 2)	
estradiol (.025mg/24h patch tdsw, .025mg/24h patch tdwk, .0375mg/24 patch tdsw, .0375mg/24 patch tdwk, .075mg/24h patch tdsw, .075mg/24h patch tdwk, 0.01 % cream/appl, 0.05mg/24h patch tdsw, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, 0.1mg/24hr patch tdsw, 0.1mg/24hr patch tdwk, 0.25/0.25g gel packet, 0.5 mg tablet, 0.5mg/0.5g gel packet, 0.75/0.75g gel packet, 1 mg tablet, 1 mg/gram gel packet, 1.25/1.25g gel packet, 10 mcg tablet, 2 mg tablet)	\$0 (Tier 1)	
estradiol valerate (vial)	\$0 (Tier 1)	
ESTRING (VAG RING)	\$0 (Tier 2)	
MENEST (TABLET)	\$0 (Tier 2)	
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)	
VAGIFEM (TABLET)	\$0 (Tier 2)	

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

COMBIPATCH (PATCH TDSW)	\$0 (Tier 2)	
desogestrel-ethynodiol dihydroacetone (tablet)	\$0 (Tier 1)	
desogestrel-ethynodiol dihydroacetone (tablet)	\$0 (Tier 1)	
drospirenone/ethynodiol dihydroacetone/levomefolate calcium (tablet)	\$0 (Tier 1)	
estradiol/norethindrone acetate (tablet)	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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
<i>ethinyl estradiol/drospirenone (tablet)</i>	\$0 (Tier 1)	
<i>ethynodiol diacetate-ethinyl estradiol (tablet)</i>	\$0 (Tier 1)	
<i>etonogestrel/ethinyl estradiol (vag ring)</i>	\$0 (Tier 1)	
LAYOLIS FE (TAB CHEW)	\$0 (Tier 2)	
<i>levonorgestrel/ethinyl estradiol (levonorgestrel/ethin.estradiol 0.1-0.02mg tablet, levonorgestrel/ethin.estradiol 0.15-0.03 tablet, levonorgestrel/ethin.estradiol 0.15-0.03 tbdsplk 3mo, levonorgestrel/ethin.estradiol 6-5-10 tablet, levonorgestrel/ethin.estradiol 90-20 mcg tablet)</i>	\$0 (Tier 1)	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (l-norgest/e.estradiole.estrad 100-20(84) tbdsplk 3mo, l-norgest/e.estradiole.estrad 150-30(84) tbdsplk 3mo)</i>	\$0 (Tier 1)	
LOESTRIN (TABLET)	\$0 (Tier 2)	
LOESTRIN FE (TABLET)	\$0 (Tier 2)	
LOSEASONIQUE (TBDSPK 3MO)	\$0 (Tier 2)	
MIRCETTE (TABLET)	\$0 (Tier 2)	
<i>norethindrone acetate-ethinyl estradiol (1.5-0.03mg tablet, 1mg-20mcg tablet)</i>	\$0 (Tier 1)	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1.5-30(21) tablet, 1mg-20(21) tablet, 1mg-20(24) capsule, 1mg-20(24) tablet, 5-7-9-7 tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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
<i>norethindrone-ethynodiol ethynodiol-ethynodiol (tablet)</i>	\$0 (Tier 1)	
<i>norethindrone-ethynodiol ethynodiol-ethynodiol fumarate (tablet chew)</i>	\$0 (Tier 1)	
<i>norgestimate-ethynodiol (tablet)</i>	\$0 (Tier 1)	
<i>norgestrel-ethynodiol (tablet)</i>	\$0 (Tier 1)	
NUVARING (VAG RING)	\$0 (Tier 2)	
PREMPHASE (TABLET)	\$0 (Tier 2)	
PREMPRO (TABLET)	\$0 (Tier 2)	
SEASONIQUE (TBDSPK 3MO)	\$0 (Tier 2)	
TYBLUME (TAB CHEW)	\$0 (Tier 2)	
YASMIN 28 (TABLET)	\$0 (Tier 2)	
YAZ (TABLET)	\$0 (Tier 2)	

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

<i>levonorgestrel (tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
PLAN B ONE-STEP (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
TAKE ACTION (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)

Progestins

AYGESTIN (TABLET)	\$0 (Tier 2)	
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL)	\$0 (Tier 2)	
DEPO-SUBQ PROVERA 104 (SYRINGE)	\$0 (Tier 2)	
<i>hydroxyprogesterone caproate (vial)</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate (10 mg tablet, 150 mg/ml syringe, 150 mg/ml vial, 2.5 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

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
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</i>	\$0 (Tier 1)	
<i>norethindrone (tablet)</i>	\$0 (Tier 1)	
<i>norethindrone acetate (tablet)</i>	\$0 (Tier 1)	
<i>progesterone, micronized (capsule)</i>	\$0 (Tier 1)	
PROVERA (TABLET)	\$0 (Tier 2)	

Selective Estrogen Receptor Modifying Agents

DUAVEE (TABLET)	\$0 (Tier 2)	
EVISTA (TABLET)	\$0 (Tier 2)	
<i>raloxifene hcl (tablet)</i>	\$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
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Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

CYTOMEL (TABLET)	\$0 (Tier 2)	
EUTHYROX (TABLET)	\$0 (Tier 2)	
LEVO-T (TABLET)	\$0 (Tier 2)	
<i>levothyroxine sodium (100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 25 mcg tablet, 300 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet)</i>	\$0 (Tier 1)	
LEVOXYL (TABLET)	\$0 (Tier 2)	
<i>liothyronine sodium (25 mcg tablet, 5 mcg tablet, 50 mcg tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYNTHROID (TABLET)	\$0 (Tier 2)	
TIROSINT (CAPSULE)	\$0 (Tier 2)	
TIROSINT-SOL (SOLUTION)	\$0 (Tier 2)	
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)		
KORLYM (TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
LYSODREN (TABLET)	\$0 (Tier 2)	
<i>mifepristone 300 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 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, Suppressant (Pituitary)		
<i>cabergoline (tablet)</i>	\$0 (Tier 1)	
ELIGARD (SYRINGE)	\$0 (Tier 2)	PA
FIRMAGON (VIAL)	\$0 (Tier 2)	
<i>leuprolide acetate (1 mg/0.2ml kit, 1 mg/0.2ml vial, 22.5 mg vial)</i>	\$0 (Tier 1)	PA
LUPRON DEPOT (LUPANETA) (SYRINGEKIT)	\$0 (Tier 2)	PA
LUPRON DEPOT (SYRINGEKIT)	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Hormonal Agents, Suppressant (Pituitary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT-PED (11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT, 30 MG 3MO KIT, 45 MG 6MO KIT, 7.5 MG KIT)	\$0 (Tier 2)	PA
<i>octreotide acetate (100 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 1000mcg/ml vial, 200 mcg/ml vial, 50 mcg/ml ampul, 50 mcg/ml syringe, 50 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial)</i>	\$0 (Tier 1)	PA
ORGOVYX (TABLET)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SANDOSTATIN LAR DEPOT (VIAL)	\$0 (Tier 2)	PA
SIGNIFOR (AMPUL)	\$0 (Tier 2)	PA
SIGNIFOR LAR (VIAL)	\$0 (Tier 2)	PA
SOMATULINE DEPOT (SYRINGE)	\$0 (Tier 2)	PA
SOMAVERT (VIAL)	\$0 (Tier 2)	PA
SYNAREL (SPRAY)	\$0 (Tier 2)	
TRELSTAR (VIAL)	\$0 (Tier 2)	PA

Hormonal Agents, Suppressant (Thyroid)

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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Immunological Agents

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, QL (20 PER 30 DAYS)
FIRAZYR (SYRINGE)	\$0 (Tier 2)	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	\$0 (Tier 2)	PA, QL (27 PER 30 DAYS)
HAEGARDA 3,000 UNIT VIAL	\$0 (Tier 2)	PA, QL (18 PER 30 DAYS)
<i>icatibant acetate (syringe)</i>	\$0 (Tier 1)	PA, QL (18 PER 30 DAYS)
Immunoglobulins		
ATGAM (AMPUL)	\$0 (Tier 2)	PA
GAMMAGARD LIQUID (VIAL)	\$0 (Tier 2)	PA
GAMMAGARD S-D (VIAL)	\$0 (Tier 2)	PA
GAMMAPLEX (VIAL)	\$0 (Tier 2)	PA
GAMUNEX-C (VIAL)	\$0 (Tier 2)	PA
SYNAGIS (VIAL)	\$0 (Tier 2)	
THYMOGLOBULIN (VIAL)	\$0 (Tier 2)	PA
Immunological Agents, Other		
ARCALYST (VIAL)	\$0 (Tier 2)	PA
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	\$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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COSENTYX SYRINGE (SYRINGE)	\$0 (Tier 2)	PA
COSENTYX UNOREADY PEN (PEN INJCTR)	\$0 (Tier 2)	PA
DUPIXENT PEN (PEN INJCTR)	\$0 (Tier 2)	PA
DUPIXENT SYRINGE (SYRINGE)	\$0 (Tier 2)	PA
ILARIS (VIAL)	\$0 (Tier 2)	PA
KINERET (SYRINGE)	\$0 (Tier 2)	PA
NULOJIX (VIAL)	\$0 (Tier 2)	PA
ORENCIA (125 MG/ML SYRINGE, 250 MG VIAL, 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
RIDAURA (CAPSULE)	\$0 (Tier 2)	
RINVOQ (TAB ER 24H)	\$0 (Tier 2)	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	\$0 (Tier 2)	PA
SKYRIZI ON-BODY (WEAR INJCT)	\$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
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 AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE, 75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE)	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Immunostimulants		
ACTIMMUNE (VIAL)	\$0 (Tier 2)	PA
BESREMI (SYRINGE)	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
INTRON A (VIAL)	\$0 (Tier 2)	
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	\$0 (Tier 2)	PA
Immunosuppressants		
ASTAGRAF XL (CAP ER 24H)	\$0 (Tier 2)	PA
AZASAN (TABLET)	\$0 (Tier 2)	PA
<i>azathioprine (tablet)</i>	\$0 (Tier 1)	PA
<i>azathioprine sodium (vial)</i>	\$0 (Tier 1)	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET, 500 MG VIAL)	\$0 (Tier 2)	PA
<i>cyclosporine (100 mg capsule, 25 mg capsule, 250 mg/5ml ampul)</i>	\$0 (Tier 1)	PA
<i>cyclosporine, modified (100 mg capsule, 100 mg/ml solution, 25 mg capsule, 50 mg capsule)</i>	\$0 (Tier 1)	PA
CYLTEZO(CF) (SYRINGEKIT)	\$0 (Tier 2)	PA
CYLTEZO(CF) PEN (PEN IJ KIT)	\$0 (Tier 2)	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS (PEN IJ KIT)	\$0 (Tier 2)	PA
CYLTEZO(CF) PEN PSORIASIS-UV (PEN IJ KIT)	\$0 (Tier 2)	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

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)	\$0 (Tier 1)	PA
HADLIMA (SYRINGE)	\$0 (Tier 2)	PA
HADLIMA PUSHTOUCH (AUTO INJCT)	\$0 (Tier 2)	PA
HADLIMA(CF) (SYRINGE)	\$0 (Tier 2)	PA
HADLIMA(CF) PUSHTOUCH (AUTO INJCT)	\$0 (Tier 2)	PA
HUMIRA 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
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PEN IJ KIT)	\$0 (Tier 2)	PA
IMURAN (TABLET)	\$0 (Tier 2)	PA
leflunomide (tablet)	\$0 (Tier 1)	
methotrexate sodium (2.5 mg tablet, 25 mg/ml vial)	\$0 (Tier 1)	
methotrexate sodium/pf (1 g vial, 25 mg/ml vial)	\$0 (Tier 1)	
mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mycophenolate mofetil hcl (vial)</i>	\$0 (Tier 1)	PA
<i>mycophenolate sodium (tablet dr)</i>	\$0 (Tier 1)	PA
MYFORTIC 180 MG TABLET	\$0 (Tier 2)	PA
NEORAL (100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION, 25 MG GELATIN CAPSULE)	\$0 (Tier 2)	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE, 5 MG/ML AMPULE)	\$0 (Tier 2)	PA
RAPAMUNE 1 MG/ML ORAL SOLN	\$0 (Tier 2)	PA
RENFLEXIS (VIAL)	\$0 (Tier 2)	PA
SANDIMMUNE (100 MG CAPSULE, 100 MG/ML SOLN, 25 MG CAPSULE, 50 MG/ML AMPUL)	\$0 (Tier 2)	PA
SIMULECT (VIAL)	\$0 (Tier 2)	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	\$0 (Tier 1)	PA
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	\$0 (Tier 1)	PA
XATMEP (SOLUTION)	\$0 (Tier 2)	PA
ZORTRESS (TABLET)	\$0 (Tier 2)	PA

Vaccines

ABRYSVO (VIAL)	\$0 (Tier 2)	
ACTHIB (VIAL)	\$0 (Tier 2)	
ADACEL TDAP (SYRINGE, VIAL)	\$0 (Tier 2)	
AREXVY (KIT)	\$0 (Tier 2)	
BCG VACCINE (TICE STRAIN) (VIAL)	\$0 (Tier 2)	
BEXSERO (SYRINGE)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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, 720 UNITS/0.5 ML VIAL)	\$0 (Tier 2)	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	\$0 (Tier 2)	PA
HIBERIX (VIAL)	\$0 (Tier 2)	
IMOVAX RABIES VACCINE (VIAL)	\$0 (Tier 2)	PA
INFANRIX DTAP (SYRINGE)	\$0 (Tier 2)	
IPOL (VIAL)	\$0 (Tier 2)	
IXCHIQ (VIAL)	\$0 (Tier 2)	
IXIARO (SYRINGE)	\$0 (Tier 2)	
JYNNEOS (NATIONAL STOCKPILE) (VIAL)	\$0 (Tier 2)	PA
JYNNEOS (VIAL)	\$0 (Tier 2)	PA
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-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEDIARIX (SYRINGE)	\$0 (Tier 2)	
PEDVAXHIB (VIAL)	\$0 (Tier 2)	
PENBRAYA (KIT)	\$0 (Tier 2)	
PENTACEL (KIT)	\$0 (Tier 2)	
PREHEVBRIOS (VIAL)	\$0 (Tier 2)	PA
PRIORIX (VIAL)	\$0 (Tier 2)	
PROQUAD (VIAL)	\$0 (Tier 2)	
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 (ORAL SYRINGE, SUSPENSION)	\$0 (Tier 2)	
ROTATEQ (SOLUTION)	\$0 (Tier 2)	
SHINGRIX (KIT)	\$0 (Tier 2)	QL (2 PER 999 OVER TIME)
STAMARIL (VIAL)	\$0 (Tier 2)	
TDVAX (VIAL)	\$0 (Tier 2)	PA
TENIVAC (SYRINGE, VIAL)	\$0 (Tier 2)	PA
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)	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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		
APRISO (CAP ER 24H)	\$0 (Tier 2)	QL (120 PER 30 DAYS)
ASACOL HD (TABLET DR)	\$0 (Tier 2)	QL (180 PER 30 DAYS)
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	\$0 (Tier 2)	
<i>balsalazide disodium (capsule)</i>	\$0 (Tier 1)	
CANASA (SUPP.RECT)	\$0 (Tier 2)	
COLAZAL (CAPSULE)	\$0 (Tier 2)	
DELZICOL (CAP(DRTAB))	\$0 (Tier 2)	QL (180 PER 30 DAYS)
DIPENTUM (CAPSULE)	\$0 (Tier 2)	
LIALDA (TABLET DR)	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>mesalamine (1000 mg supp.rect, 4 g/60 ml enema)</i>	\$0 (Tier 1)	
<i>mesalamine (400 mg cap(drtab), 800 mg tablet dr)</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>mesalamine 500 mg capsule er</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>mesalamine with cleansing wipes (enema kit)</i>	\$0 (Tier 1)	
PENTASA 250 MG CAPSULE	\$0 (Tier 2)	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	\$0 (Tier 2)	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Inflammatory Bowel Disease Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ROWASA 4 GM/60 ML ENEMA KIT	\$0 (Tier 2)	
SFROWASA (ENEMA)	\$0 (Tier 2)	
sulfasalazine (500 mg tablet, 500 mg tablet dr)	\$0 (Tier 1)	

Glucocorticoids

budesonide 3 mg capdr - er	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
budesonide 9 mg tabdr - er	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
hydrocortisone 100mg/60ml enema	\$0 (Tier 1)	
hydrocortisone 2.5 % crm/pe app	\$0 (Tier 1)	QL (454 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 (35 mg tablet, 70 mg tablet)	\$0 (Tier 1)	QL (4 PER 28 DAYS)
alendronate sodium 10 mg tablet	\$0 (Tier 1)	QL (120 PER 30 DAYS)
ATELVIA (TABLET DR)	\$0 (Tier 2)	QL (4 PER 28 DAYS)
calcitonin, salmon, synthetic (200/ml vial, 200/spray spray/pump)	\$0 (Tier 1)	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution, 1 mcg/ml vial)	\$0 (Tier 1)	
cinacalcet hcl (tablet)	\$0 (Tier 1)	PA
FORTEO (PEN INJCTR)	\$0 (Tier 2)	PA
FOSAMAX (TABLET)	\$0 (Tier 2)	QL (4 PER 28 DAYS)
ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Metabolic Bone Disease Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ibandronate sodium 150 mg tablet</i>	\$0 (Tier 1)	QL (1 PER 28 DAYS)
MIACALCIN (VIAL)	\$0 (Tier 2)	
NATPARA (CARTRIDGE)	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial)</i>	\$0 (Tier 1)	
PROLIA (SYRINGE)	\$0 (Tier 2)	PA
<i>risedronate sodium (30 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>risedronate sodium (35 mg tablet, 35 mg tablet dr)</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
<i>risedronate sodium 150 mg tablet</i>	\$0 (Tier 1)	QL (1 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	\$0 (Tier 2)	
SENSIPAR (TABLET)	\$0 (Tier 2)	PA
<i>teriparatide (20mcg/dose pen injctr, 620 mcg/2.48 ml)</i>	\$0 (Tier 2)	PA
TYMLOS (PEN INJCTR)	\$0 (Tier 2)	PA
XGEVA (VIAL)	\$0 (Tier 2)	PA
ZEMPLAR (10 MCG/2 ML VIAL, 2 MCG/ML VIAL, 5 MCG/ML VIAL)	\$0 (Tier 2)	
<i>zoledronic acid 4 mg/5 ml vial</i>	\$0 (Tier 1)	
<i>zoledronic acid in mannitol and water for injection (acid/mannitol-water 5 mg/100ml pggybk btl, acid/mannitol-water 5 mg/100ml piggyback)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Ophthalmic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Ophthalmic Agents, Other		
atropine sulfate 1 % drops	\$0 (Tier 1)	
atropine sulfate/pf (droperette)	\$0 (Tier 1)	
brimonidine tartrate/timolol maleate (drops)	\$0 (Tier 1)	
carboxymethylcellulose sodium (0.5 % droperette, 0.5 % drops)	\$0 (Tier 1)	(Medicaid Benefit Drug)
COMBIGAN (DROPS)	\$0 (Tier 2)	
COSOPT (DROPS)	\$0 (Tier 2)	
CYSTADROPS (DROPS)	\$0 (Tier 2)	PA
CYSTARAN (DROPS)	\$0 (Tier 2)	PA
dorzolamide hcl/timolol maleate (drops)	\$0 (Tier 1)	
GENTEAL TEARS SEVERE (0.3% GEL, 3-94% OIN)	\$0 (Tier 1)	(Medicaid Benefit Drug)
MAXITROL EYE OINTMENT	\$0 (Tier 2)	
mineral oil/petrolatum, white (15 %-83 % oint. (g), 42.5-57.3% oint. (g))	\$0 (Tier 2)	(Medicaid Benefit Drug)
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone (oint. (g))	\$0 (Tier 1)	
neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))	\$0 (Tier 1)	
polyvinyl alcohol/povidone 0.5%-0.6% drops	\$0 (Tier 1)	(Medicaid Benefit Drug)
REFRESH CELLUVISC (DOPER GEL)	\$0 (Tier 1)	(Medicaid Benefit Drug)
REFRESH LACRI-LUBE (OINT. (G))	\$0 (Tier 2)	(Medicaid Benefit Drug)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Ophthalmic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REFRESH LIQUIGEL (DRP LQ GEL)	\$0 (Tier 1)	(Medicaid Benefit Drug)
REFRESH PLUS (DROPERETTE)	\$0 (Tier 1)	(Medicaid Benefit Drug)
REFRESH TEARS (DROPS)	\$0 (Tier 1)	(Medicaid Benefit Drug)
RESTASIS (DROPERETTE)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE (DROPS)	\$0 (Tier 2)	QL (11 PER 30 DAYS)
<i>sulfacetamide sodium/prednisolone sodium phosphate (drops)</i>	\$0 (Tier 1)	
TOBRADEX (DROPS, OINTMENT)	\$0 (Tier 2)	
<i>tobramycin/dexamethasone (drops susp)</i>	\$0 (Tier 1)	

Ophthalmic Anti-Infectives

<i>bacitracin/polymyxin b sulfate (oint. (g))</i>	\$0 (Tier 1)	
BESIVANCE (DROPS SUSP)	\$0 (Tier 2)	
<i>ciprofloxacin hcl 0.3 % drops</i>	\$0 (Tier 1)	
<i>erythromycin base 5 mg/gram oint. (g)</i>	\$0 (Tier 1)	
<i>gentamicin sulfate 0.3 % drops</i>	\$0 (Tier 1)	
LACRISERT (INSERT)	\$0 (Tier 2)	
MOXEZA (DROPS VISC)	\$0 (Tier 2)	
<i>moxifloxacin hcl (0.5 % drops, 0.5 % drops visc)</i>	\$0 (Tier 1)	
NATACYN (DROPS SUSP)	\$0 (Tier 2)	
<i>neomycin sulfate/bacitracin/polymyxin b (oint. (g))</i>	\$0 (Tier 1)	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d (drops)</i>	\$0 (Tier 1)	
OCUFLOX (DROPS)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Ophthalmic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ofloxacin 0.3 % drops</i>	\$0 (Tier 1)	
<i>polymyxin b sulfate/trimethoprim (drops)</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium (10 % drops, 10 % oint. (g))</i>	\$0 (Tier 1)	
<i>tobramycin 0.3 % drops</i>	\$0 (Tier 1)	
<i>trifluridine (drops)</i>	\$0 (Tier 1)	
VIGAMOX (DROPS)	\$0 (Tier 2)	

Ophthalmic Anti-allergy Agents

ALAWAY (DROPS)	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>azelastine hcl 0.05 % drops</i>	\$0 (Tier 1)	
CHILDREN'S ALAWAY (DROPS)	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>cromolyn sodium 4 % drops</i>	\$0 (Tier 1)	
<i>epinastine hcl (drops)</i>	\$0 (Tier 1)	
<i>ketotifen fumarate (drops)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>olopatadine hcl (0.1 % drops, 0.2 % drops)</i>	\$0 (Tier 1)	
SYSTANE NIGHTTIME EYE OINTMENT	\$0 (Tier 1)	(Medicaid Benefit Drug)

Ophthalmic Anti-inflammatories

ACULAR (DROPS)	\$0 (Tier 2)	
ACULAR LS (DROPS)	\$0 (Tier 2)	
<i>bromfenac sodium (0.07 % drops, 0.09 % drops)</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	\$0 (Tier 1)	
<i>diclofenac sodium 0.1 % drops</i>	\$0 (Tier 1)	
<i>diluprednate (drops)</i>	\$0 (Tier 1)	
DUREZOL (DROPS)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Ophthalmic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EYSUVIS (DROPS SUSP)	\$0 (Tier 2)	PA
<i>fluorometholone (drops susp)</i>	\$0 (Tier 1)	
<i>flurbiprofen sodium (drops)</i>	\$0 (Tier 1)	
FML (DROPS SUSP)	\$0 (Tier 2)	
ILEVRO (DROPS SUSP)	\$0 (Tier 2)	
INVELTYS (DROPS SUSP)	\$0 (Tier 2)	
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	\$0 (Tier 1)	
PRED FORTE (DROPS SUSP)	\$0 (Tier 2)	
PRED MILD (DROPS SUSP)	\$0 (Tier 2)	
<i>prednisolone acetate (drops susp)</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate 1 % drops</i>	\$0 (Tier 1)	
PROLENSA (DROPS)	\$0 (Tier 2)	

Ophthalmic Beta-Adrenergic Blocking Agents

<i>betaxolol hcl 0.5 % drops</i>	\$0 (Tier 1)	
BETOPTIC S (DROPS SUSP)	\$0 (Tier 2)	
<i>carteolol hcl (drops)</i>	\$0 (Tier 1)	
ISTALOL (DROP DAILY)	\$0 (Tier 2)	
<i>levobunolol hcl (drops)</i>	\$0 (Tier 1)	
<i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % drop daily, 0.5 % drops, 0.5 % sol-gel)</i>	\$0 (Tier 1)	
<i>timolol maleate/pf (droperette)</i>	\$0 (Tier 1)	
TIMOPTIC (DROPS)	\$0 (Tier 2)	
TIMOPTIC OCUDOSE (DROPERETTE)	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Ophthalmic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P (DROPS)	\$0 (Tier 2)	
AZOPT (DROPS SUSP)	\$0 (Tier 2)	
<i>brimonidine tartrate (0.1 % drops, 0.15 % drops, 0.2 % drops)</i>	\$0 (Tier 1)	
<i>brinzolamide (drops susp)</i>	\$0 (Tier 1)	
<i>dorzolamide hcl (drops)</i>	\$0 (Tier 1)	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	\$0 (Tier 1)	
RHOPRESSA (DROPS)	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)
ROCKLATAN (DROPS)	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)
SIMBRINZA (DROPS SUSP)	\$0 (Tier 2)	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost 0.03 % drops</i>	\$0 (Tier 1)	QL (15 PER 75 OVER TIME)
<i>latanoprost (drops)</i>	\$0 (Tier 1)	QL (15 PER 75 OVER TIME)
LUMIGAN (DROPS)	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)
TRAVATAN Z (DROPS)	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)
<i>travoprost (drops)</i>	\$0 (Tier 1)	QL (15 PER 75 OVER TIME)

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 % solution	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Otic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CIPRODEX (DROPS SUSP)	\$0 (Tier 2)	
<i>ciprofloxacin hcl/dexamethasone (drops susp)</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide oil (drops)</i>	\$0 (Tier 1)	
<i>hydrocortisone/acetic acid (drops)</i>	\$0 (Tier 1)	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)</i>	\$0 (Tier 1)	

Respiratory Tract/ Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-inflammatories, Inhaled Corticosteroids		
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)
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	\$0 (Tier 1)	PA
<i>budesonide 32mcg spray/pump</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
CHILDREN'S FLONASE ALLERGY RLF (SPRAY SUSP)	\$0 (Tier 1)	(Medicaid Benefit Drug)
FLONASE ALLERGY RELIEF (SPRAY SUSP)	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>flunisolide (spray)</i>	\$0 (Tier 1)	QL (75 PER 30 DAYS)
<i>fluticasone propionate 110 mcg aer w/adap</i>	\$0 (Tier 1)	QL (12 PER 30 DAYS)
<i>fluticasone propionate 220 mcg aer w/adap</i>	\$0 (Tier 1)	QL (24 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Respiratory Tract/ Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluticasone propionate 44 mcg aer w/adap	\$0 (Tier 1)	QL (10.6 PER 30 DAYS)
fluticasone propionate 50 mcg spray susp	\$0 (Tier 1)	QL (16 PER 30 DAYS), (Medicaid Benefit Drug)
loratadine 10 mg tab rapdis	\$0 (Tier 1)	(Medicaid Benefit Drug)
mometasone furoate 50 mcg spray/pump	\$0 (Tier 1)	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	\$0 (Tier 2)	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	\$0 (Tier 2)	QL (21.2 PER 30 DAYS)
XHANCE (AER BR.ACT)	\$0 (Tier 2)	QL (32 PER 30 DAYS)

Antihistamines

AHIST (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
ALLER-CHLOR (TABLET)	\$0 (Tier 1)	(Medicaid Benefit Drug)
azelastine hcl (137 mcg spray/pump, 205.5 mcg spray/pump)	\$0 (Tier 1)	QL (60 PER 30 DAYS)
cetirizine hcl (1 mg/ml solution, 10 mg tab chew, 10 mg tablet, 5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution)	\$0 (Tier 1)	(Medicaid Benefit Drug)
chlorpheniramine maleate (12 mg tablet er, 2 mg/5 ml syrup, 4 mg tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
clemastine fumarate 2.68 mg tablet	\$0 (Tier 1)	PA
cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrup)	\$0 (Tier 1)	PA
desloratadine 5 mg tablet	\$0 (Tier 1)	
dexbrompheniramine maleate (tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
diphenhydramine hcl (12.5mg/5ml liquid, 25 mg capsule, 25 mg tablet, 50 mg capsule)	\$0 (Tier 1)	(Medicaid Benefit Drug)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Respiratory Tract/ Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diphenhydramine hcl (50 mg/ml cartridge, 50 mg/ml syringe, 50 mg/ml vial)	\$0 (Tier 1)	
fexofenadine hcl (180 mg tablet, 30 mg/5 ml oral susp, 60 mg tablet)	\$0 (Tier 1)	(Medicaid Benefit Drug)
HISTEX 2.5 MG/5 ML SYRUP	\$0 (Tier 1)	(Medicaid Benefit Drug)
HISTEX PD 0.938 MG/ML DROP	\$0 (Tier 1)	(Medicaid Benefit Drug)
levocetirizine dihydrochloride 5 mg tablet	\$0 (Tier 1)	
loratadine 10 mg tablet	\$0 (Tier 1)	(Medicaid Benefit Drug)
loratadine 5 mg/5 ml solution	\$0 (Tier 2)	(Medicaid Benefit Drug)
olopatadine hcl 0.6 % spray/pump	\$0 (Tier 1)	QL (30.5 PER 30 DAYS)
PEDIACLEAR PD (DROPS)	\$0 (Tier 1)	(Medicaid Benefit Drug)
PEDIAVENT 2 MG/5 ML SYRUP	\$0 (Tier 1)	(Medicaid Benefit Drug)
triprolidine hcl 0.938mg/ml drops	\$0 (Tier 1)	(Medicaid Benefit Drug)

Antileukotrienes

ACCOLATE (TABLET)	\$0 (Tier 2)	
montelukast sodium (10 mg tablet, 4 mg gran pack, 4 mg tab chew, 5 mg tab chew)	\$0 (Tier 1)	
SINGULAIR (10 MG TABLET, 4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW)	\$0 (Tier 2)	
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 bromide 0.2 mg/ml solution	\$0 (Tier 1)	PA
ipratropium bromide 21 mcg spray	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Respiratory Tract/ Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ipratropium bromide 42 mcg spray</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
SPIRIVA HANDIHALER (CAP W/DEV)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT (MIST INHAL)	\$0 (Tier 2)	QL (4 PER 30 DAYS)

Bronchodilators, Sympathomimetic

<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	\$0 (Tier 1)	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	\$0 (Tier 1)	QL (36 PER 30 DAYS)
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 5 mg/ml solution)</i>	\$0 (Tier 1)	PA
<i>albuterol sulfate (2 mg tablet, 2 mg/5 ml syrup, 4 mg tablet)</i>	\$0 (Tier 1)	
<i>epinephrine (0.15/0.15 auto inject, 0.15mg/0.3 auto inject, 0.3mg/0.3 auto inject)</i>	\$0 (Tier 1)	
PROAIR HFA (HFA AER AD)	\$0 (Tier 2)	QL (36 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)
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	
VENTOLIN HFA (HFA AER AD)	\$0 (Tier 2)	QL (36 PER 30 DAYS)
XOPENEX HFA (HFA AER AD)	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Cystic Fibrosis Agents

KALYDECO (13.4 MG GRANULES PKT, 150 MG TABLET, 25 MG GRANULES PACKET, 5.8 MG GRANULES PKT, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Respiratory Tract/ Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT, 75-94 MG GRANULE PKT)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
PULMOZYME (SOLUTION)	\$0 (Tier 2)	PA
<i>tobramycin in 0.225 % sodium chloride (ampul-neb)</i>	\$0 (Tier 1)	PA
TRIKAFFTA (100-50-75 MG/150 MG, 50-25-37.5 MG/75 MG)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
TRIKAFFTA (100-50-75 MG/75MG PKT, 80-40-60MG/59.5MG PKT)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

Mast Cell Stabilizers

<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	\$0 (Tier 1)	PA
<i>triamcinolone acetonide 55 mcg spray</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)

Phosphodiesterase Inhibitors, Airways Disease

<i>caffeine citrate 60 mg/3 ml solution</i>	\$0 (Tier 1)	
DALIRESP (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>roflumilast (tablet)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
THEO-24 (CAP ER 24H)	\$0 (Tier 2)	
<i>theophylline anhydrous (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	\$0 (Tier 1)	

Pulmonary Antihypertensives

ADCIRCA (TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ADEMPAS (TABLET)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Respiratory Tract/ Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ambrisentan</i> (tablet)	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>bosentan</i> (tablet)	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LETAIRIS (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
OPSUMIT (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
REMODULIN (VIAL)	\$0 (Tier 2)	PA
<i>sildenafil citrate 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
TRACLEER (125 MG TABLET, 62.5 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
<i>treprostinil sodium</i> (vial)	\$0 (Tier 1)	PA
VENTAVIS (AMPUL-NEB)	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)

Pulmonary Fibrosis Agents

ESBRIET (267 MG CAPSULE, 267 MG TABLET)	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
OFEV (CAPSULE)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>pirfenidone</i> (267 mg capsule, 267 mg tablet)	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
<i>pirfenidone</i> 801 mg tablet	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Respiratory Tract/ Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Respiratory Tract Agents, Other		
<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	\$0 (Tier 1)	PA
ADVAIR HFA (HFA AER AD)	\$0 (Tier 2)	QL (12 PER 30 DAYS)
ANORO ELLIPTA (BLST W/DEV)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
BREO ELLIPTA (BLST W/DEV)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
BREZTRI AEROSPHERE (HFA AER AD)	\$0 (Tier 2)	QL (10.7 PER 30 DAYS)
<i>budesonide/formoterol fumarate (hfa aer ad)</i>	\$0 (Tier 1)	QL (10.3 PER 30 DAYS)
COMBIVENT RESPIMAT (MIST INHAL)	\$0 (Tier 2)	QL (8 PER 30 DAYS)
<i>cromolyn sodium 5.2 mg spray/pump</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
DULERA (HFA AER AD)	\$0 (Tier 2)	QL (13 PER 30 DAYS)
FASENRA (SYRINGE)	\$0 (Tier 2)	PA
FASENRA PEN (AUTO INJCT)	\$0 (Tier 2)	PA
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 113-14 mcg aer pow ba, propion/salmeterol 232-14 mcg aer pow ba, propion/salmeterol 55-14 mcg aer pow ba)</i>	\$0 (Tier 1)	QL (1 PER 30 DAYS)
<i>guaifenesin/dextromethorphan 100-10mg/5 liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug)
<i>ipratropium bromide/albuterol sulfate (ampul-neb)</i>	\$0 (Tier 1)	PA
LAGEVRIO (COMMERCIAL)	\$0 (Tier 2)	QL (40 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Respiratory Tract/ Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LAGEVRIO (USG Dlst.)	\$0 (Tier 2)	
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PAXLOVID 150-100 MG DOSE PACK	\$0 (Tier 2)	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	\$0 (Tier 2)	QL (30 PER 30 OVER TIME)
<i>ribavirin 6 g vial-neb</i>	\$0 (Tier 1)	
STIOLTO RESPIMAT (MIST INHAL)	\$0 (Tier 2)	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA (BLST W/DEV)	\$0 (Tier 2)	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Skeletal Muscle Relaxants		
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		
BELSOMRA (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
DAYVIGO (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 12.

Sleep Disorder Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
HETLIOZ (CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>ramelteon (tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ROZEREM (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SILENOR (TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>tasimelteon (capsule)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (10 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

Wakefulness Promoting Agents

<i>armodafinil (tablet)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
LUMRYZ (PACK ER GR)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>modafinil (tablet)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
NUVIGIL (TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate (solution)</i>	\$0 (Tier 1)	PA, QL (540 PER 30 DAYS)

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ERYPED 400	30	ezetimibe	111
ERYTHROCIN LACTOBIONATE	30	ezetimibe/simvastatin	111
ERYTHROCIN STEARATE	30		
erythromycin base	30,161		

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F

FABRAZYME	138	FLONASE ALLERGY RELIEF	165
famciclovir	86	FLORIVA	126
famotidine	136	fluconazole	46
famotidine/calcium carbonate/magnesium hydroxide	133	fluconazole in sodium chloride, iso-osmotic	46
famotidine/pf	136	flucytosine	46
FANAPT	74	fludarabine phosphate	54
FARESTON	52	fludrocortisone acetate	141
FARXIGA	88	flunisolide	165
FARYDAK	60	fluocinolone acetonide	120
FASENRA	171	fluocinolone acetonide oil	165
FASENRA PEN	171	fluocinolone acetonide/shower cap	120
FASLODEX	52	fluocinonide	120
felbamate	33	fluocinonide/emollient base	121
FELDENE	14	fluorometholone	163
felodipine	104	fluouracil	53,122
FEMARA	57	fluoxetine hcl	41
fenofibrate	109	fluphenazine decanoate	72
fenofibrate nanocrystallized	110	fluphenazine hcl	72
fenofibrate,micronized	110	flurbiprofen	14
fenofibric acid (choline)	110	flurbiprofen sodium	163
fentanyl	16	fluticasone propionate	121,165,166
fentanyl citrate	17	fluticasone propionate/salmeterol xinafoate	171
ferrous gluconate	129	fluvastatin sodium	110
ferrous sulfate	129	fluvoxamine maleate	41,42
fesoterodine fumarate	139	FML	163
FETZIMA	41	FOCALIN	115
FEVERALL	13	folic acid	129
fexofenadine hcl	167	folic acid/multivitamin,ther and minerals/lycopene/lutein	129
FINACEA	119	FOLOTYN	53
finasteride	140	FOLTRATE	129
fingolimod hcl	116	fomepizole	129
FINTEPLA	33	fondaparinux sodium	96
FIRAZYR	150	FORTEO	158
FIRMAGON	148	FOSAMAX	158
FIRST AID ANTISEPTIC	124	fosamprenavir calcium	83
FLAGYL	24	fosaprepitant dimeglumine	44
flecainide acetate	102	fosinopril sodium	101
FLOMAX	140	fosinopril sodium/hydrochlorothiazide	107
		fosphenytoin sodium	37

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FOSRENOL	130	glimepiride	88,89		
FOTIVDA	60	glipizide	89		
FRUZAQLA	60	glipizide/metformin hcl	89		
FULPHILA	98	GLUCAGEN	92		
fulvestrant	52	glucagon	92		
FUNGOID TINCTURE	46	GLUCAGON EMERGENCY KIT	92		
furosemide	109	GLUCOTROL XL	89		
FUZEON	82	glyburide	89		
FYCOMPA	33	glyburide,micronized	89		
G					
gabapentin	35,36	glyburide/metformin hcl	89		
GABITRIL	36	glycopyrrolate	132		
galantamine hbr	38	GLYXAMBI	89		
GAMMAGARD LIQUID	150	GOLYTELY	134		
GAMMAGARD S-D	150	granisetron hcl	44		
GAMMAPLEX	150	granisetron hcl/pf	44		
GAMUNEX-C	150	GRANIX	98		
ganciclovir sodium	84	griseofulvin ultramicrosize	46		
GARDASIL 9	155	griseofulvin, microsize	46		
GATTEX	133	guaifenesin/dextromethorphan hbr	134,171		
gauze pads & dressings - pads 2 x 2	88	guanfacine hcl	100,115		
GAVISCON	133	GVOKE	92		
GAVRETO	60	GVOKE HYOPEN 1-PACK	92		
GAZYVA	67	GVOKE HYOPEN 2-PACK	92		
gefitinib	60	GVOKE PFS 1-PACK SYRINGE	92		
gemcitabine hcl	54	GVOKE PFS 2-PACK SYRINGE	92		
gemfibrozil	110	H			
GEMTESA	139	HADLIMA	153		
gentamicin sulfate	23,124,161	HADLIMA PUSHTOUCH	153		
gentamicin sulfate in sodium chloride, iso-		HADLIMA(CF)	153		
osmotic	23	HADLIMA(CF) PUSHTOUCH	153		
gentamicin sulfate/pf	23	HAEGARDA	150		
GENTEAL TEARS SEVERE	160	HALAVEN	54		
GENVOYA	80	HALDOL DECANOATE 100	73		
GEODON	74	HALDOL DECANOATE 50	73		
GILENYA	116	halobetasol propionate	121		
GILOTrif	60	haloperidol	73		
glatiramer acetate	117	haloperidol decanoate	73		
GLEEVEC	60	haloperidol lactate	73		
GLEOSTINE	51	HARVONI	85		
		HAVRIX	155		

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HEMADY	141	HYDREA	53
heparin sodium,porcine	96	hydrochlorothiazide	109
heparin sodium,porcine/dextrose 5 % in water	96	hydrocodone bitartrate	16
heparin sodium,porcine/pf	97	hydrocodone bitartrate/acetaminophen	17,18
HEPLISAV-B	155	hydrocodone/ibuprofen	18
HERCEPTIN	67	hydrocortisone	121,141,158
HERCEPTIN HYLECTA	67	hydrocortisone acetate	121
HERZUMA	67	hydrocortisone butyrate	121
HETLIOZ	173	hydrocortisone butyrate/emollient base	121
HIBERIX	155	hydrocortisone valerate	121
HISTEX	167	hydrocortisone/acetic acid	165
HISTEX PD	167	hydrocortisone/aloe vera	121
HUMALOG	93	hydromorphone hcl	18
HUMALOG JUNIOR KWIKPEN	93	hydromorphone hcl/pf	18
HUMALOG KWIKPEN U-100	93	hydroxocobalamin	129
HUMALOG KWIKPEN U-200	93	hydroxychloroquine sulfate	70
HUMALOG MIX 50-50	93	hydroxyprogesterone caproate	146
HUMALOG MIX 50-50 KWIKPEN	93	hydroxyurea	53
HUMALOG MIX 75-25	93	hydroxyzine hcl	87
HUMALOG MIX 75-25 KWIKPEN	93	hydroxyzine pamoate	87
HUMALOG TEMPO PEN U-100	93	HYZAAR	107
HUMATIN	23		
HUMIRA	153	ibandronate sodium	158,159
HUMIRA PEN	153	IBRANCE	60
HUMIRA PEN CROHN'S-UC-HS	153	ibuprofen	15
HUMIRA PEN PSOR-UVEITS-ADOL HS	153	icatibant acetate	150
HUMIRA(CF)	153	ICLUSIG	60
HUMIRA(CF) PEDIATRIC CROHN'S	153	icosapent ethyl	111
HUMIRA(CF) PEN	153	idarubicin hcl	55
HUMIRA(CF) PEN CROHN'S-UC-HS	153	IDHIFA	60
HUMIRA(CF) PEN PEDIATRIC UC	153	IFEX	55
HUMIRA(CF) PEN PSOR-UV-ADOL HS	153	ifosfamide	55
HUMULIN 70-30	93	ILARIS	151
HUMULIN 70/30 KWIKPEN	93	ILEVRO	163
HUMULIN N	93	imatinib mesylate	60
HUMULIN N KWIKPEN	93	IMBRUICA	60,61
HUMULIN R	93	IMFINZI	67
HUMULIN R U-500	93	imipenem/cilastatin sodium	29
HUMULIN R U-500 KWIKPEN	93	imipramine hcl	43
hydralazine hcl	112	imiquimod	122

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IMITREX	48,49
IMLYGIC	55
IMOVAZ RABIES VACCINE	155
IMPAVIDO	24
IMURAN	153
INBRIJA	72
INCRELEX	142
INCRUSE ELLIPTA	167
indapamide	109
INDERAL LA	103
INDERAL XL	103
indomethacin	15
INFANRIX DTAP	155
INFUVITE ADULT	129
INFUVITE PEDIATRIC	129
INLYTA	61
INNOPRAN XL	103
INQOVI	55
INREBIC	61
INSPRA	109
insulin admin. supplies	93
insulin pen needle	93
insulin pen, reusable, bluetooth for use with insulin aspart	93
insulin pen, reusable, bluetooth for use with insulin lispro	94
insulin pump cart,automated dosing,bt,g6/g7 with controller	94
insulin pump cartridge, basal rate 10 units/day, disposable	94
insulin pump cartridge, basal rate 15 units/day, disposable	94
insulin pump cartridge, basal rate 20 units/day, disposable	94
insulin pump cartridge, basal rate 25 units/day, disposable	94
insulin pump cartridge, basal rate 30 units/day, disposable	94
insulin pump cartridge, basal rate 35 units/day, disposable	94
insulin pump cartridge, basal rate 40 units/day, disposable	94
insulin pump cartridge, subcut automated dosing, bluetooth	94
insulin pump cartridge,automated dosing,bt with controller	94
insulin pump cartridge,continuous infusion,bt and controller	94
insulin pump cartridge,continuous subcut infusion,bluetooth	94
insulin pump cartridge,continuous subcut infusion,radio freq	94
insulin pump cartridge,subcut automated dosing,bt,g6/g7	94
insulin pump controller	94
insulin pump controller, radio frequency	95
insulin syringe (disp) u-100 0.3 ml	95
insulin syringe (disp) u-100 1 ml	95
insulin syringe (disp) u-100 1/2 ml	95
INTELENCE	80,81
INTRALIPID	129
INTRON A	152
INVANZ	29
INVEGA	74
INVEGA HAFYERA	74,75
INVEGA SUSTENNA	75
INVEGA TRINZA	75
INVELTYS	163
IOPOL	155
ipratropium bromide	167,168
ipratropium bromide/albuterol sulfate	171
irbesartan	101
irbesartan/hydrochlorothiazide	107
IRESSA	61
irinotecan hcl	57
iron,carbonyl	129
ISENTRESS	80
ISENTRESS HD	80
isoniazid	50
isopropyl alcohol 0.7 ml/ml medicated pad	89
ISORDIL TITRADOSE	112

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isosorbide dinitrate	112	ketoconazole	46		
isosorbide mononitrate	112	ketorolac tromethamine	163		
isotretinoin	119	ketotifen fumarate	162		
isradipine	104	KEYTRUDA	67		
ISTALOL	163	KINERET	151		
ISTODAX	55	KINRIX	155		
itraconazole	46	KISQALI	61		
ivermectin	69,123	KISQALI FEMARA CO-PACK	55		
IWILFIN	57	KLARON	119		
IXCHIQ	155	KLOR-CON 10	126		
IXEMPRA	55	KLOR-CON 8	126		
IXIARO	155	KLOR-CON M15	126		
J					
JADENU	127	KLOXXADO	21		
JADENU SPRINKLE	127	KOMBIGLYZE XR	90		
JAKAFI	61	KORLYM	148		
JANUMET	89	KOSELUGO	61		
JANUMET XR	89,90	KRAZATI	61		
JANUVIA	90	KUVAN	138		
JARDIANCE	90	KYPROLIS	61		
JAYPIRCA	61	L			
JEMPERLI	67	labetalol hcl	103		
JENTADUETO	90	lacosamide	37		
JENTADUETO XR	90	LACRISERT	161		
JEVTANA	61	lactulose	131		
JULUCA	80	LAGEVRIO (COMMERCIAL)	171		
JUXTAPID	111	LAGEVRIO (USG Dlst.)	172		
JYNNEOS	155	LAMICTAL	33		
JYNNEOS (NATIONAL STOCKPILE)	155	LAMICTAL (BLUE)	34		
K					
K-PHOS ORIGINAL	126	LAMISIL AT	46		
KADCYLA	67	lamivudine	81,82,85		
KALETRA	83	lamivudine/zidovudine	82		
KALYDECO	168	lamotrigine	34		
KANJINTI	67	LANOXIN	107		
KEPIVANCE	117	lansoprazole	136		
KEPPRA	33	lanthanum carbonate	131		
KERENDIA	109	LANTUS	95		
KESIMPTA PEN	117	LANTUS SOLOSTAR	95		
latanoprost	164				

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LATUDA	75	LILETTA	140
LAYOLIS FE	145	lindane	123
ledipasvir/sofosbuvir	85	linezolid	24
leflunomide	153	linezolid in 0.9 % sodium chloride	24
lenalidomide	52	linezolid in dextrose 5 % in water	24
LENVIMA	62	LINZESS	132
LETAIRIS	170	liothyronine sodium	147
letrozole	57	LIPITOR	110
leucovorin calcium	55	lisdexamfetamine dimesylate	114
LEUKERAN	51	lisinopril	101
LEUKINE	98	lisinopril/hydrochlorothiazide	107
leuprolide acetate	148	lithium carbonate	88
levetiracetam	34	lithium citrate	88
levetiracetam in sodium chloride, iso-			
osmotic	34	LITHOBID	88
LEVO-T	147	LOCOID LIPOCREAM	121
levobunolol hcl	163	LOESTRIN	145
levocarnitine	138	LOESTRIN FE	145
levocarnitine (with sugar)	138	LONSURF	55
levocetirizine dihydrochloride	167	loperamide hcl	132
levofloxacin	31	LOPID	110
levofloxacin/dextrose 5 % in water	31	lopinavir/ritonavir	83,84
levonorgestrel	146	LOPRESSOR	103
levonorgestrel/ethinyl estradiol	145	LOPROX	46
levonorgestrel/ethinyl estradiol and ethinyl			
estradiol	145	loratadine	166,167
levorphanol tartrate	16	lorazepam	87
levothyroxine sodium	147	LORBRENA	62
LEVOXYL	147	losartan potassium	101
LEXAPRO	42	losartan potassium/hydrochlorothiazide	107
LEXIVA	83	LOSEASONIQUE	145
LIALDA	157	LOTENSIN	101
LIBERVANT	36	LOTENSIN HCT	107
LIBTAYO	67	LOTRONEX	132
lidocaine	19,122	lovastatin	110
lidocaine hcl	20	LOVAZA	112
lidocaine hcl laryngotracheal 4% solution	20	LOVENOX	97
lidocaine hcl/pf	20,102	loxapine succinate	73
lidocaine/prilocaine	20	lubiprostone	132
LIDOCAN II	20	LUMAKRAS	62
LIDODERM	20	LUMIGAN	164
		LUMIZYME	138
		LUMOXITI	67

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LUMRYZ	173	MEDROL	141
LUPRON DEPOT	148	medroxyprogesterone acetate	146
LUPRON DEPOT (LUPANETA)	148	mefloquine hcl	70
LUPRON DEPOT-PED	149	megestrol acetate	147
lurasidone hcl	75	MEKINIST	62
LYBALVI	75	MEKTOVI	62
LYNPARZA	62	meloxicam	15
LYRICA	35	melphalan hcl	51
LYSODREN	148	memantine hcl	39
LYTGOBI	62	MENACTRA	155
LYUMJEV	95	MENEST	144
LYUMJEV KWIKPEN U-100	95	MENQUADFI	155
LYUMJEV KWIKPEN U-200	95	MENVEO A-C-Y-W-135-DIP	155
LYUMJEV TEMPO PEN U-100	95	mercaptopurine	53
		meropenem	29
		meropenem in 0.9 % sodium chloride	29
M		mesalamine	157
M-M-R II VACCINE	155	mesalamine with cleansing wipes	157
MAG-AL	134	mesna	69
MAG-AL PLUS	134	MESNEX	69
magnesium carbonate/aluminum		MESTINON	49
hydroxide/alginic acid	134	metformin hcl	90
magnesium chloride	126	methadone hcl	16
magnesium hydroxide/aluminum		methazolamide	107
hydroxide/simethicone	134	methenamine hippurate	24
magnesium oxide	126	methimazole	149
magnesium sulfate	126	methocarbamol	172
MAGOX 400	126	methotrexate sodium	153
MALARONE	70	methotrexate sodium/pf	153
malathion	123	methoxsalen	122
manganese chloride	126	methscopolamine bromide	132
maraviroc	82	methsuximide	35
MARGENZA	68	methylergonovine maleate	141
MARPLAN	40	methylphenidate hcl	115
MATULANE	51	methylprednisolone	141
MAXALT	49	methylprednisolone sodium succinate	142
MAXALT MLT	49	methyltestosterone	143
MAXITROL	160	metoclopramide hcl	134
MAXZIDE	107	metolazone	109
MAXZIDE-25 MG	107	metoprolol succinate	103
MAYZENT	117	metoprolol tartrate	103
meclizine hcl	44		

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metoprolol tartrate/hydrochlorothiazide	107	moxifloxacin hcl in sodium acetate and sulfate,water,iso-osm	31
METRO IV	24	moxifloxacin hcl in sodium chloride, iso-osmotic	31
METROCREAM	124	MOZOBIL	98
METROGEL	124	MULTAQ	102
METROLOTION	124	mupirocin	124
metronidazole	25,124	mupirocin calcium	124
metronidazole in sodium chloride	25	MUTAMYCIN	55
metyrosine	107	MVASI	68
mexiletine hcl	102	MYALEPT	134
MIACALCIN	159	MYCOBUTIN	50
micafungin sodium	46	mycophenolate mofetil	153
MICARDIS	101	mycophenolate mofetil hcl	154
MICARDIS HCT	107	mycophenolate sodium	154
miconazole nitrate	46	MYFORTIC	154
midodrine hcl	100	MYLOTARG	68
mifepristone	148	MYRBETRIQ	139
miglustat	138	mysoline	36
MIGRALAN	48		
mineral oil/petrolatum,white	160		
MINIPRESS	100		
minocycline hcl	32		
minoxidil	112		
MIRCETTE	145		
mirtazapine	39		
misoprostol	136		
mitomycin	55		
mitoxantrone hcl	55		
modafinil	173		
moexipril hcl	101		
molindone hcl	73		
mometasone furoate	121,166		
MONJUVI	68		
montelukast sodium	167		
morphine sulfate	16,18		
morphine sulfate/pf	18		
MOUNJARO	90		
MOVANTIK	132		
MOVIPREP	134		
MOXEZA	161		
moxifloxacin hcl	31,161		
		N	
		nabumetone	15
		nadolol	103
		nafcillin in dextrose, iso-osmotic	28
		nafcillin sodium	29
		NAGLAZYME	138
		naloxone hcl	21
		naltrexone hcl	21
		NAMENDA	39
		naproxen	15
		naproxen sodium	15
		naratriptan hcl	49
		NARCAN	21
		NARDIL	40
		NASCOBAL	129
		NATACYN	161
		nateglinide	90
		NATPARA	159
		NAYZILAM	36
		nebivolol hcl	103
		NEBUPENT	70

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needles, insulin disp., safety	95	nitisinone	138
nefazodone hcl	42	NITRO-BID	112
nelarabine	55	nitrofurantoin macrocrystal	25
neomycin sulfate	23	nitrofurantoin monohydrate/macrocrys	25
neomycin sulfate/bacitracin zinc/polymyxin b	124	nitroglycerin	113
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone	160	NITROLINGUAL	113
neomycin sulfate/bacitracin/polymyxin b	161	NITROSTAT	113
neomycin sulfate/polymyxin b sulfate	25	NIVESTYM	98
neomycin sulfate/polymyxin b sulfate/gramicidin d	161	nizatidine	136
neomycin sulfate/polymyxin b sulfate/hydrocortisone	165	norethindrone	147
neomycin/polymyxin b sulfate/dexamethasone	160	norethindrone acetate	147
NEORAL	154	norethindrone acetate-ethinyl estradiol	145
NEPHPLEX RX	129	norethindrone acetate-ethinyl estradiol/ferrous fumarate	145
NERLYNX	62	norethindrone-ethinyl estradiol	146
NEUPRO	71	norethindrone-ethinyl estradiol/ferrous fumarate	146
NEURONTIN	36	norgestimate-ethinyl estradiol	146
nevirapine	81	norgestrel-ethinyl estradiol	146
NEXAVAR	63	NORPRAMIN	43
NEXIUM	136	NORTHERA	100
NEXIUM I.V.	136	nortriptyline hcl	43
niacin	112	NORVASC	104
nicardipine hcl	104	NORVIR	84
NICODERM CQ	21	NOXAFL	46
NICORETTE	21	NUBEQA	52
nicotine	21	NUEDEXTA	116
nicotine polacrilex	13,21	NULOJIX	151
NICOTROL	22	NULYTELY	134
NICOTROL NS	22	NUPLAZID	75
nifedipine	104	NURTEC ODT	48
NILANDRON	51	NUTRILIPID	129
nilutamide	52	NUVARING	146
nimodipine	104	NUVIGIL	173
NINLARO	55	NUZYRA	32
NIPENT	55	nystatin	47
nisoldipine	104	nystatin/triamcinolone acetonide	123
nitazoxanide	70	O	
		OCALIVA	134
		octreotide acetate	149

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OCUFLOX	161	ORSERDU	52,53
ODEFSEY	82	oseltamivir phosphate	85
ODOMZO	63	OTEZLA	123
OFEV	170	OVIDE	123
ofloxacin	31,162	oxaliplatin	56
OGIVRI	68	oxaprozin	15
OGSIVEO	63	oxazepam	87
OJEMDA	63	oxcarbazepine	37
OJJAARA	63	oxybutynin chloride	139,140
olanzapine	76	oxycodone hcl	19
olmesartan medoxomil	101	oxycodone hcl/acetaminophen	19
olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide	107	OZEMPIC	90
olmesartan			
medoxomil/hydrochlorothiazide	107	P	
olopatadine hcl	162,167	PACERONE	102
omega-3 acid ethyl esters	112	paclitaxel	56
omega-3/dha/epa/b12/folic acid/pyridoxine hcl/phytosterols	129	PADCEV	68
omeprazole	137	paliperidone	76
omeprazole magnesium	136	palonosetron hcl	45
OMNITROPE	142	PALYNZIQ	138
ONCASPAR	55	PANRETIN	69
ondansetron	44	pantoprazole sodium	137
ondansetron hcl	44	paricalcitol	159
ondansetron hcl/pf	45	PARNATE	40
ONFI	36	paromomycin sulfate	23
ONGLYZA	90	paroxetine hcl	42
ONIVYDE	57	PAXIL	42
ONTRUZANT	68	PAXLOVID	172
ONUREG	56	pazopanib hcl	63
OPDIVO	68	PEDIA-LAX ENEMA	134
OPSUMIT	170	PEDIACLEAR PD	167
ORACEA	119	PEDIARIX	156
ORALAIR	172	pediatric multivit with a,c,d3 no.21/sodium fluoride	129
ORENCIA	151	pediatric multivitamin no.2/sodium fluoride	129
ORENCIA CLICKJECT	151	pediatric multivitamin no.45/sodium fluoride/ferrous sulfate	126
ORFADIN	138	pediatric multivitamins no.17 with sodium fluoride	129
ORGOVYX	149	PEDIAVENT	167
ORKAMBI	169	PEDVAXHIB	156
orlistat	22		

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peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride	134	pioglitazone hcl/glimepiride	91
peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c	134	pioglitazone hcl/metformin hcl	91
PEGASYS	152	piperacillin sodium/tazobactam sodium	29
PEMAZYRE	63	piperonyl butoxide/pyrethrins	123
pemetrexed	56	PIQRAY	63
pemetrexed disodium	56	pirfenidone	170
PENBRAYA	156	piroxicam	15
penicillamine	141	PLAN B ONE-STEP	146
penicillin g potassium	29	PLAQUENIL	70
penicillin g potassium/dextrose-water	29	PLAVIX	99
penicillin g sodium	29	PLEGRIDY	117
penicillin v potassium	29	PLEGRIDY PEN	117
PENTACEL	156	plerixafor	98
PENTAM 300	70	podofilox	123
pentamidine isethionate	70	POLIVY	68
PENTASA	157	POLY-VI-FLOR	129,130
pentoxifylline	108	POLY-VI-FLOR WITH IRON	130
perindopril erbumine	101	polyethylene glycol 3350	132
PERJETA	68	polymyxin b sulfate(trimethoprim	162
permethrin	123	polyvinyl alcohol/povidone	160
perphenazine	44	POMALYST	52
PERSERIS	76	PORTRAZZA	68
phendimetrazine tartrate	22	posaconazole	47
phenelzine sulfate	40	potassium chloride	126
phenobarbital	36	potassium chloride in 0.45 % sodium	
phenobarbital sodium	36	chloride	127
phenoxybenzamine hcl	100	potassium chloride in 5 % dextrose in	
phentermine hcl	22	water	127
PHENYTEK	37	potassium chloride in dextrose 5 %-0.2 %	
phenytoin	37	sodium chloride	127
phenytoin sodium extended	37	potassium chloride in dextrose 5 %-0.45 %	
PHESGO	68	sodium chloride	127
phytonadione (vit k1)	99	potassium chloride in lactated ringers and 5	
PIFELTRO	81	% dextrose	127
pilocarpine hcl	118,164	potassium citrate	127
pimecrolimus	121	POTELIGEO	68
pimozide	73	povidone-iodine	123
pindolol	103	PRADAXA	97
pioglitazone hcl	90,91	pramipexole di-hcl	71
		prasugrel hcl	99
		pravastatin sodium	110,111

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praziquantel	69	promethazine hcl	44
prazosin hcl	100	propafenone hcl	102
PRED FORTE	163	propranolol hcl	103
PRED MILD	163	propylthiouracil	149
prednicarbate	121	PROQUAD	156
prednisolone	142	PROSCAR	140
prednisolone acetate	163	PROTONIX	137
prednisolone sodium phosphate	142,163	protriptyline hcl	43
prednisone	142	PROVERA	147
pregabalin	35	PROZAC	42
PREGNYL	143	PRUDOXIN	122
PREHEVBRIQ	156	psyllium husk (with sugar)	134
PREMARIN	144	psyllium seed	134
PREMPHASE	146	psyllium seed (with sugar)	134
PREMPRO	146	PULMOZYME	169
PREVACID	137	PURIXAN	53
PREVACID 24HR	137	PYLERA	135
PREVYMIS	84	pyrazinamide	50
PREZCOBIX	84	pyridostigmine bromide	50
PREZISTA	84	pyridoxine hcl (vitamin b6)	127
PRIFTIN	50	pyrimethamine	70
primaquine phosphate	70		
primidone	36		
PRIORIX	156		
PRISTIQ	42		
PROAIR HFA	168		
PROAIR RESPICLICK	168		
probenecid	47		
probenecid/colchicine	48		
PROCARDIA XL	104		
prochlorperazine	44		
prochlorperazine edisylate	44		
prochlorperazine maleate	44		
PROCIT	98		
progesterone, micronized	147		
PROGLYCEM	92		
PROGRAF	154		
PROLASTIN C	138		
PROLENSA	163		
PROLIA	159		
PROMACTA	98		
		Q	
		QINLOCK	63
		QSYMIA	22
		QUADRACEL DTAP-IPV	156
		quetiapine fumarate	76
		QUFLORA	130
		QUFLORA FE	130
		quinapril hcl	101
		quinapril hcl/hydrochlorothiazide	108
		quinidine gluconate	102
		quinidine sulfate	102
		quinine sulfate	70
		QVAR REDIHALER	166
		R	
		RABAVERT	156
		rabeprazole sodium	137
		raloxifene hcl	147
		ramelteon	173

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ramipril.....	101	RIDAURA.....	151
ranolazine.....	108	rifabutin.....	50
RAPAFLO.....	140	RIFADIN.....	50
RAPAMUNE.....	154	rifampin.....	50
rasagiline mesylate.....	72	riluzole.....	116
RECOMBIVAX HB.....	156	ringer's solution,lactated.....	127
RECTIV.....	113	RINVOQ.....	151
REFRESH CELLUVISC.....	160	risedronate sodium.....	159
REFRESH LACRI-LUBE.....	160	RISPERDAL.....	76
REFRESH LIQUIGEL.....	161	RISPERDAL CONSTA.....	77
REFRESH PLUS.....	161	risperidone.....	77
REFRESH TEARS.....	161	risperidone microspheres.....	77
REGLAN.....	135	RITALIN.....	115
REGRANEX.....	123	ritonavir.....	84
RELAFEN.....	15	RITUXAN.....	68
RELENZA.....	85	RITUXAN HYCELA.....	68
RELISTOR.....	132	rivastigmine.....	39
REMERON.....	39,40	rivastigmine tartrate.....	39
REMODULIN.....	170	rizatriptan benzoate.....	49
RENFLEXIS.....	154	ROCALTROL.....	159
RENOVA.....	123	ROCKLATAN.....	164
RENOVA PUMP.....	123	roflumilast.....	169
RENVELA.....	131	romidepsin.....	56
repaglinide.....	91	ROMIDEPSIN.....	56
REPATHA PUSHTRONEX.....	112	ropinirole hcl.....	71
REPATHA SURECLICK.....	112	rosuvastatin calcium.....	111
REPATHA SYRINGE.....	112	ROTARIX.....	156
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RESTASIS MULTIDOSE.....	161	ROWASA.....	158
RETACRIT.....	98	ROXICODONE.....	19
RETEVMO.....	63	ROZEREM.....	173
RETIN-A.....	119	ROZLYTREK.....	63,64
RETROVIR.....	82	RUBRACA.....	64
REVCovi.....	138	rufinamide.....	38
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SAMSCA.....	127	SIRTURO.....	50
SANDIMMUNE.....	154	SIVEXTRO.....	25
SANDOSTATIN LAR DEPOT.....	149	SKYLA.....	140
SANTYL.....	123	SKYRIZI.....	151
SAPHRIS.....	77	SKYRIZI ON-BODY.....	151
sapropterin dihydrochloride.....	138	SKYRIZI PEN.....	151
SARCLISA.....	68	SLOW-MAG.....	127
saxagliptin hcl.....	91	sodium bicarbonate.....	135
saxagliptin hcl/metformin hcl.....	91	sodium chloride 0.45 %.....	127
SAXENDA.....	22	sodium chloride irrigating solution.....	127
SCEMBLIX.....	64	sodium chloride/sodium	
scopolamine.....	44	bicarbonate/potassium chloride/peg.....	135
SEASONIQUE.....	146	sodium oxybate.....	173
SECUADO.....	77	sodium phenylbutyrate.....	139
selegiline hcl.....	72	sodium phosphate,monobasic/sodium	
selenium sulfide.....	122	phosphate,dibasic.....	135
SELZENTRY.....	82,83	sodium polystyrene sulfonate.....	131
sennosides.....	135	sodium sulfate/potassium sulfate/magnesium	
SENSIPAR.....	159	sulfate.....	135
SEREVENT DISKUS.....	168	sofosbuvir/velpatasvir.....	85
SEROQUEL.....	77	solifenacin succinate.....	140
SEROQUEL XR.....	77	SOLIQUA 100-33.....	91
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SIMBRINZA.....	164	spironolactone/hydrochlorothiazide.....	108
SIMULECT.....	154	SPORANOX.....	47
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SPS	131	SYMLINPEN 120	91
SSD	123	SYMLINPEN 60	91
STAMARIL	156	SYMPAZAN	36
stavudine	82	SYMTUZA	84
STELARA	151	SYNAGIS	150
STIOLTO RESPIMAT	172	SYNAREL	149
STIVARGA	64	SYNERCID	25
STOOL SOFTENER	135	SYNJARDY	91
STRATTERA	115	SYNJARDY XR	91
STRENSIQ	139	SYNRIBO	56
streptomycin sulfate	23	SYNTROID	148
STRIBILD	80	SYPRINE	128
STROMECTOL	69	syringe, insulin u-500 with needle, disposable, 0.5 ml	95
STROVITE ONE	130	SYSTANE	162
sub-q insulin delivery device, 20			
unit,disposable	95		
sub-q insulin delivery device, 30 unit, disposable	95	T	
sub-q insulin delivery device, 40 unit, disposable	95	TABLOID	53
SUBLOCADE	21	TABRECTA	64
SUBOXONE	21	tacrolimus	122,154
sucralfate	136	tadalafil	170
SULAR	104	TAFINLAR	64
sulfacetamide sodium	119,162	TAGRISSO	65
sulfacetamide sodium/prednisolone sodium phosphate	161	TAKE ACTION	146
sulfadiazine	31	TALZENNA	65
sulfamethoxazole/trimethoprim	32	TAMIFLU	86
sulfasalazine	158	tamoxifen citrate	53
sulindac	15	tamsulosin hcl	140
sumatriptan	49	TARCEVA	65
sumatriptan succinate	49	TARGETIN	69
sunitinib malate	64	TASIGNA	65
SUNLENCA	83	tasimelteon	173
SUPRAX	27	TASMAR	71
SUPREP	135	tazarotene	119
SUTAB	135	TAZORAC	119
SUTENT	64	TAZVERIK	65
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		TECENTRIQ	68
		TECFIDERA	117
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TEKTURNA	.108	tioconazole	.47
telmisartan	.101	TIROSINT	.148
telmisartan/amlodipine besylate	.108	TIROSINT-SOL	.148
telmisartan/hydrochlorothiazide	.108	TIVICAY	.80
temazepam	.173	TIVICAY PD	.80
TEMODAR	.51	tizanidine hcl	.79
temsirolimus	.65	TOBRADEX	.161
TENIVAC	.156	tobramycin	.162
tenofovir disoproxil fumarate	.82	tobramycin in 0.225 % sodium chloride	.169
TENORETIC 100	.108	tobramycin sulfate	.23
TENORETIC 50	.108	tobramycin/dexamethasone	.161
TENORMIN	.103	tolcapone	.71
TEPMETKO	.65	tolnaftate	.47
terazosin hcl	.100	tolterodine tartrate	.140
terbinafine hcl	.47	tolvaptan	.128
terbutaline sulfate	.168	topiramate	.34
terconazole	.47	topotecan hcl	.57
teriparatide	.159	TOPROL XL	.103
testosterone	.143	toremifene citrate	.53
testosterone cypionate	.143	TORISEL	.65
testosterone enanthate	.143	torsemide	.109
tetrabenazine	.116	TOUJEON MAX SOLOSTAR	.95
tetracycline hcl	.32	TOUJEON SOLOSTAR	.95
THALOMID	.52	TOVIAZ	.140
THEO-24	.169	TRACLEER	.170
theophylline anhydrous	.169	TRADJENTA	.91
thiamine hcl	.127	tramadol hcl	.16,19
thioridazine hcl	.73	tramadol hcl/acetaminophen	.19
thiotepa	.56	trandolapril	.102
thiothixene	.73	trandolapril/verapamil hcl	.108
THYMOGLOBULIN	.150	tranexamic acid	.99
tiagabine hcl	.37	tranylcypromine sulfate	.40
TIAZAC	.105	TRAVASOL	.130
TIBSOVO	.65	TRAVATAN Z	.164
TICOVAC	.156	travoprost	.164
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TREMFYA	151	TYMLOS	159
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triamcinolone acetonide	118,122,169		
triamterene/hydrochlorothiazide	108		
TRIBENZOR	108	UBRELVY	48
trientine hcl	128	UDENYCA	98
trifluoperazine hcl	73	UDENYCA AUTOINJECTOR	98
trifluridine	162	UDENYCA ONBODY	98
TRIKAFTA	169	UNITHROID	148
TRILEPTAL	38	UNITUXIN	68
trimethoprim	25	ursodiol	135
trimipramine maleate	43	UZEDY	77,78
TRINTELLIX	42		
TRIPLE ANTIBIOTIC	124		
triprolidine hcl	167	VAGIFEM	144
TRISENOX	56	valacyclovir hcl	86
TRIUMEQ	82	VALCHLOR	51
TRIUMEQ PD	82	VALCYTE	84
TRIZIVIR	82	valganciclovir hcl	84
TRODELVY	68	valproic acid	34
TROGARZO	83	valproic acid (as sodium salt) (valproate sodium)	34
TROPHAMINE	130	valsartan	101
trospium chloride	140	valsartan/hydrochlorothiazide	108
TRULICITY	91	VALTOCO	37
TRUMENBA	156	VALTREX	86
TRUQAP	65	vancomycin hcl	25
TRUVADA	82	vancomycin hcl in water for injection (peg-400, nada)	25
TRUXIMA	68	vancomycin in 0.9 % sodium chloride	25
TUKYSA	65	vancomycin in 5 % dextrose in water	26
TUMS	135	VANDAZOLE	26
TUMS SMOOTHIES	135	VANFLYTA	65
TUMS ULTRA	135	VAQTA	156
TUMS X-STR	135	varenicline tartrate	22
TURALIO	65	VARIVAX VACCINE	157
TWINRIX	156	VASCEPA	112
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VASOTEC	102	VONJO	66
VECTIBIX	68	voriconazole	47
VEGZELMA	68	VOSEVI	85
VELCADE	65	VOTRIENT	66
VELPHORO	131	VPRIV	139
VELTASSA	131	VRAYLAR	78
VENCLEXTA	65,66	VUMERTY	117
VENCLEXTA STARTING PACK	66	VYNDAMAX	139
venlafaxine besylate	42	VYNDAQEL	139
venlafaxine hcl	43	VYTORIN	112
VENTAVIS	170	VYVANSE	114
VENTOLIN HFA	168	VYXEOS	56
verapamil hcl	105		
VERELAN	105		
VERELAN PM	105	warfarin sodium	97
VERQUVO	108	water for irrigation,sterile	130
VERSACLOZ	79	WEGOVY	22
VERZENIO	66	WELIREG	56
VFEND IV	47	WELLBUTRIN SR	40
VIBERZI	132	WELLBUTRIN XL	40
VIBRAMYCIN	32		
VICTOZA 2-PAK	91		
VICTOZA 3-PAK	92	XALKORI	66
vigabatrin	37	XARELTO	97
VIGAMOX	162	XATMEP	154
VIIBRYD	43	XCOPRI	34
vilazodone hcl	43	XELJANZ	151
VIMPAT	38	XELJANZ XR	151
vinblastine sulfate	56	XENAZINE	116
vincristine sulfate	56	XENICAL	22
vinorelbine tartrate	56	XERMELO	132
VIRACEPT	84	XGEVA	159
VIREAD	82	XHANCE	166
VITAL-D RX	130	XIFAXAN	135
vitamin a palmitate/vitamin d3/vitamin e/vit e		XIGDUO XR	92
tpgs/vit k1	130	XOFLUZA	86
vitamin b complex and vitamin c no.20/folic acid	130	XOLAIR	151
VITRAKVI	66	XOPENEX HFA	168
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VIZIMPRO	66	XPOVIO	56,57
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XYLOCAINE	20	ZOLINZA	57
XYLOCAINE-MPF	20	zolmitriptan	49
Y			
YASMIN 28	146	ZOLOFT	43
YAZ	146	zolpidem tartrate	173
YERVOY	68	ZONALON	122
YF-VAX	157	ZONEGRAN	38
YONDELIS	51	ZONISADE	38
YONSA	52	zonisamide	38
Z			
zaflurkast	167	ZONTIVITY	97
zaleplon	173	ZORTRESS	154
ZALTRAP	52	ZOSYN	29
ZANOSAR	57	ZOVIRAX	86
ZARONTIN	35	ZTALMY	37
ZEBUTAL	13	ZTLIDO	20
ZEJULA	66	ZURZUVAE	40
ZELBORAF	66	ZYDELIG	66
ZEMPLAR	159	ZYKADIA	67
ZENPEP	139	ZYLOPRIM	48
ZEPATIER	85	ZYNLONTA	69
ZEPZELCA	51	ZYPREXA	78
ZESTORETIC	108	ZYPREXA RELPREVV	78
ZESTRIL	102	ZYPREXA ZYDIS	78
ZETIA	112	ZYVOX	26
ZIAC	109		
ZIAGEN	82		
zidovudine	82		
ZIEXTENZO	99		
ziprasidone hcl	78		
ziprasidone mesylate	78		
ZIRABEV	69		
ZITHROMAX	30		
ZITHROMAX TRI-PAK	30		
ZOCOR	111		
ZOKINVY	139		
zoledronic acid	159		
zoledronic acid in mannitol and water for injection	159		

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Oferujemy bezpłatne usługi tłumaczeń ustnych na wypadek ewentualnych pytań dotyczących naszego programu zdrowotnego lub leków. Aby skorzystać z pomocy tłumacza ustnego, wystarczy zadzwonić do nas pod numer 1-877-349-9324 (TTY: 711) od poniedziałku do piątku, w godzinach od 8:00 do 21:00 czasu wschodniego (Eastern Time). Osoba mówiąca w języku polskim będzie w stanie Państwu pomóc. Ta usługa jest darmowa.

Oferecemos serviços de intérprete gratuitos para responder a quaisquer perguntas que você possa ter sobre nosso plano de saúde ou de medicamentos. Para obter um intérprete, ligue para 1-877-349-9324 (Teletipo: 711), de segunda a sexta-feira, das 8h às 21h, horário da costa leste dos EUA (Eastern Time). Alguém que fale português poderá ajudar você. Este serviço é gratuito.

Мы предоставляем бесплатные услуги устного перевода, которые помогут вам получить ответы на любые вопросы о планах медицинского и лекарственного страхования. Чтобы воспользоваться услугами устного переводчика, просто позвоните нам по номеру 1-877-349-9324 (TTY: 711) с понедельника по пятницу с 08:00 до 21:00 по североамериканскому восточному времени (Eastern Time). Лицо, которое разговаривает на русском, может помочь вам. Эта услуга оказывается бесплатно.

Mayroon kaming mga libreng serbisyo ng interpreter para sagutin ang anumang tanong na maaaring mayroon ka tungkol sa aming plano sa kalusugan o gamot. Para makakuha ng interpreter, tumawag lang sa amin sa 1-877-349-9324 (TTY: 711), Lunes hanggang Biernes mula 8 a.m. to 9 p.m. Eastern Time. Maaaring makatulong sa iyo ang taong nagsasalita ng Tagalog. Libreng serbisyo ito.

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình bảo hiểm sức khỏe hoặc thuốc men của chúng tôi. Để yêu cầu có thông dịch viên, hãy gọi cho chúng tôi theo số 1-877-349-9324 (TTY: 711), Thứ Hai đến Thứ Sáu, từ 8 giờ sáng đến 9 giờ tối, múi giờ Miền Đông. Sẽ có người nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

我们提供免费的口译服务，可为您解答您对于我们的健康计划或药品计划可能有的任何疑问。如需获取口译服务，请在星期一至星期五的上午 8 点至晚上 9 点（东部时间）致电 1-877-349-9324 (TTY: 711) 联系我们。会有说中文的口译员协助您。此服务免费。

Disponemos de servicios gratuitos de interpretación para responder a cualquier pregunta que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, llámenos al 1-877-349-9324 (TTY: 711), de lunes a viernes de 8 a.m. a 9 p.m. hora del este. Una persona que habla español puede ayudarlo. Este es un servicio gratuito.



MI Health
Link

Upper Peninsula Health Plan (UPHP) MI Health Link
(Medicare – Medicaid Plan)
2024 Formulary
(*List of Covered Drugs*)

No changes made since 5/01/2024

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/uphp-mi-health-link.

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/uphp-mi-health-link.

