

# 2024

## كُتِيب الوصفات الدوائية (قائمة الأدوية الخاضعة للتغطية) Michigan

خطة Molina Dual Options MI Health Link Medicare-Medicaid

تقديم ملف كُتِيب الوصفات الدوائية المعتمد من HPMS رقم 00024165، النسخة 18

محدثة: 2024/12/01

للحصول على معلومات أحدث أو إذا كانت لديك أسئلة أخرى، اتصل بنا على الرقم 735-5604 (855)، وبالنسبة لمستخدمي الهواتف النصية TTY، يمكنهم الاتصال على: 711، من الإثنين إلى الجمعة، من الساعة 8 صباحًا وحتى الساعة 8 مساءً بالتوقيت الشرقي، أو يرجى زيارة [MolinaHealthcare.com/Dual](https://MolinaHealthcare.com/Dual)

رسالة هامة بشأن ما تدفعه للقاحات – تعتبر بعض اللقاحات مزايا طبية. تعتبر لقاحات أخرى أدوية تقع ضمن الجزء D. تغطي خطتنا معظم لقاحات الجزء D من دون أن تتحمل تكلفة.



Plan | 2024 قائمة الأدوية الخاضعة للتغطية (كتيب الوصفات الدوائية)

## مقدمة

يُطلق على هذا المستند اسم قائمة الأدوية الخاضعة للتغطية (ويُعرف أيضاً باسم قائمة الأدوية). فهو يخبرنا أي الأدوية الموصوفة مشمولة بتغطية خطة Molina Dual Options. توضح لك قائمة الأدوية أيضاً ما إذا كان هناك أي قواعد أو قيود خاصة على أي أدوية مشمولة بتغطية خطة Molina Dual Options. توجد المصطلحات الرئيسية وتعريفاتها في الفصل الأخير من دليل الأعضاء.

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للإطلاع على مزيد من المعلومات، تفضل بزيارة [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).  
 النصية "TTY"، يرجى الاتصال على: 711، من الإثنين إلى الجمعة، من 8 صباحاً إلى 8 مساءً، بالتوقيت الشرقي. هذا الاتصال مجاني.  
 يُرجى الاتصال بخطة Molina Dual Options على 735-5604 (855)، وبالنسبة إلى مستخدمي الهواتف

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## A. إخلاء المسؤولية

هذه قائمة بالأدوية التي يمكن للأعضاء الحصول عليها في خطة Molina Dual Options.

- ❖ إن Molina Dual Options MI Health Link Medicare-Medicaid Plan هي خطة صحية تتعاقد مع كل من Medicare و Michigan Medicaid لتوفير مزايا البرنامجين للمُسجلين.
- ❖ تلتزم Molina Healthcare بقوانين الحقوق المدنية الفيدرالية المطبقة ولا تميز على أساس الانتماء العرقي أو الإثني أو الأصل الوطني أو الدين أو النوع أو الجنس أو العمر أو الإعاقة العقلية أو الجسدية أو الحالة الصحية أو تلقي الرعاية الصحية أو تاريخ المطالبات أو التاريخ الطبي أو المعلومات الجينية أو وجود أدلة على إمكانية التأمين أو الموقع الجغرافي.
- ❖ تنبيه: إذا كنت تستخدم اللغة الإنجليزية، سوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بالرقم 735- (855) 5604، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY)، يرجى الاتصال على: 711، من الإثنين إلى الجمعة، من الساعة 8 صباحًا وحتى الساعة 8 مساءً، بالتوقيت الشرقي. هذا الاتصال مجاني.
- ❖ يمكنك الحصول على هذا المستند بتنسيقات أخرى مجانًا، مثل الخط الكبير أو بطريقة برايل أو بالصوت. اتصل بالرقم 735-5604 (855)، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY)، يرجى الاتصال على: 711، من الإثنين إلى الجمعة، من الساعة 8 صباحًا وحتى الساعة 8 مساءً، بالتوقيت الشرقي. هذا الاتصال مجاني.
- ❖ لتقديم طلب مستمر للحصول على المواد بلغة أخرى خلاف اللغة الإنجليزية أو بتنسيق مختلف الآن وفي المستقبل، يُرجى الاتصال بخدمات الأعضاء على الرقم 735-5604 (855)، الهاتف النصي (TTY): 711، من الإثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت الشرقي.

## B. الأسئلة الشائعة (FAQ)

ستجد هنا أجوبة على أسئلتك بشأن قائمة الأدوية الخاضعة للتغطية. يمكنك قراءة كل الأسئلة الشائعة لمعرفة المزيد أو يمكنك البحث عن سؤال محدد للحصول على إجابته.

ب1. ما هي الأدوية الموصوفة الموجودة في قائمة الأدوية الخاضعة للتغطية؟ (نُطلق على قائمة الأدوية الخاضعة للتغطية اختصارًا اسم "قائمة الأدوية".)

الأدوية المدرجة في قائمة الأدوية الخاضعة للتغطية التي تبدأ في الصفحة 10 هي الأدوية الخاضعة لتغطية Molina Dual Options. وتتوفر هذه الأدوية في الصيدليات الموجودة ضمن نطاق شبكتنا. وتتواجد الصيدلية ضمن نطاق شبكتنا إذا أبرمنا اتفاقية للعمل معنا وتقديم الخدمات لك. ونُشير إلى هذه الصيدليات باسم "الصيدليات التابعة للشبكة".

● ستغطي خطة Molina Dual Options جميع الأدوية اللازمة طبياً المدرجة في قائمة الأدوية إذا:

○ أخبر طبيبك أو أي واصل آخر أنك بحاجة إلى هذه الأدوية لتحسن أو للحفاظ على صحتك، و

○ قمت بصرف الوصفة الطبية من صيدلية تابعة لشبكة Molina Dual Options.

● قد يكون لدى Molina Dual Options خطوات إضافية للوصول إلى أدوية محددة (راجع السؤال ب4 أدناه).

يمكنك أيضًا الاطلاع على قائمة محدثة من الأدوية التي نغطيها على موقعنا الإلكتروني عبر الرابط التالي: [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals) أو يمكنك الاتصال بخدمات الأعضاء على 735-5604 (855)، الهاتف النصي (TTY): 711، من الإثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت الشرقي.

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على 735-5604 (855)، وبالنسبة إلى مستخدمي الهواتف النصية (TTY)، يرجى الاتصال على: 711، من الإثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت الشرقي. هذا الاتصال مجاني. [للإطلاع على مزيد من المعلومات، تفضل بزيارة MolinaHealthcare.com/Duals.](https://MolinaHealthcare.com/Duals)

## ب2 هل يتم إجراء أي تغيير على قائمة الأدوية؟

نعم، ويجب أن تتبع خطة Molina Dual Options قواعد Medicare و Michigan Medicaid عند إجراء التغييرات. قد نضيف أدوية إلى قائمة الأدوية أو نزيلها منها على مدار العام.

وقد نغير كذلك قواعدنا المتعلقة بالأدوية. فعلى سبيل المثال، يمكننا:

- اتخاذ قرار بشأن ضرورة الحصول على موافقة مسبقة (PA) على دواء من عدمها. (الموافقة المسبقة هي عبارة عن تصريح تحصل عليه من خطة Molina Dual Options قبل أن تتمكن من الحصول على دواء.)
- إضافة أو تغيير كمية الدواء التي يمكنك الحصول عليها (وتسمى حدود الكمية).
- إضافة أو تغيير قيود العلاج التدريجي على دواء ما. (يُقصد بعبارة العلاج التدريجي أنه يجب عليك تجربة دواء قبل أن نقوم بتغطية دواء آخر.)

للمزيد من المعلومات حول القواعد المفروضة على الأدوية هذه، راجع السؤال ب4.

إذا كنت تتناول دواء تمت تغطيته في بداية العام، فلن نلغي أو نغير تغطية هذا الدواء بصورة عامة خلال الفترة المتبقية من السنة إلا إذا:

- ظهر دواء جديد أرخص في السوق وله نفس فعالية الدواء المدرج في قائمة الأدوية الآن، أو
- علمنا بأن دواء ما ليس آمناً، أو
- تم سحب الدواء من السوق.

يوجد بالسؤالين ب3 وب6 أدناه المزيد من المعلومات حول ما يحدث عند إجراء تغيير على قائمة الأدوية.

- يمكنك دائماً التحقق من قائمة الأدوية المحدثة لخطة Molina Dual Options عبر الإنترنت على [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

- يمكنك أيضاً الاتصال بقسم خدمات الأعضاء للتحقق من قائمة الأدوية الحالية على الرقم 735-5604 (855)، هاتف الصم والبكم: 711:TTY ، من الإثنين إلى الجمعة، من 8 صباحاً إلى 8 مساءً، بالتوقيت الشرقي.

## ب3 ما الذي يحدث عند إجراء تغيير على قائمة الأدوية؟

ستطراً بعض التغييرات على قائمة الأدوية في الحال. على سبيل المثال:

- **توافر نوع جديد من الأدوية العامة.** يظهر أحياناً دواء عام جديد في السوق ويكون له نفس فعالية الدواء الذي يحمل علامة تجارية والمدرج بقائمة الأدوية الآن. عند حدوث ذلك، قد نقوم بإزالة الدواء الذي يحمل العلامة التجارية وإضافة الدواء العام الجديد، لكن ستظل التكلفة التي تدفعها مقابل الدواء الجديد هي نفسها. وعند إضافتنا للدواء العام الجديد، فقد نقرر أيضاً الإبقاء على الدواء الذي يحمل العلامة التجارية الموجود بالقائمة مع تغيير قواعد أو حدود تغطيته.

○ قد لا نحيطك علماً قبل أن نجري هذا التغيير، ولكن سنرسل لك معلومات حول التغييرات المحددة التي أجريناها فور حدوثها.

○ يمكنك أنت أو موفر الرعاية المتابع لحالتك طلب استثناء من هذه التغييرات. وسنرسل لك إخطاراً بالخطوات التي يمكنك اتباعها لطلب استثناء. يُرجى مراجعة السؤال ب10 لمعرفة المزيد من المعلومات المتعلقة بالاستثناءات.

- **سحب دواء ما من السوق.** إذا أعربت إدارة الغذاء والدواء (Food and Drug Administration, FDA) أن الدواء الذي تتناوله ليس آمناً، أو إذا سحبت الجهة المصنعة الدواء من السوق، فسنستبعد هذا الدواء من قائمة الادوية. وإذا كنت تتناول هذا الدواء، فسنحيطك علماً. تحدث مع طبيبك أو واصف آخر للعثور على بديل آمن لك.

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على 735-5604 (855)، وبالنسبة إلى مستخدمي الهواتف النصية "TTY"، يرجى الاتصال على: 711 ، من الإثنين إلى الجمعة، من 8 صباحاً إلى 8 مساءً، بالتوقيت الشرقي. هذا الاتصال مجاني.

للاطلاع على مزيد من المعلومات، تفضل بزيارة [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

قد نقوم بإجراء تغييرات أخرى من شأنها أن تؤثر على الأدوية التي تتناولها. سنبلغك مسبقاً بهذه التغييرات الأخرى التي تطرأ على قائمة الأدوية. وقد تطرأ هذه التغييرات إذا:

- قدمت إدارة الغذاء والدواء (FDA) إرشادات جديدة أو إذا ظهرت توجيهات سريرية جديدة بشأن دواء ما.
- قمنا بإضافة دواء عام غير جديد في السوق و

- قمنا باستبدال دواء يحمل علامة تجارية موجود في الوقت الراهن في قائمة الأدوية أو
- قمنا بتغيير قواعد أو حدود تغطية الدواء الذي يحمل العلامة التجارية.

عند إجراء هذه التغييرات، سنقوم بما يلي:

- إعلامك قبل 30 يومًا على الأقل من إجرائنا التغيير في قائمة الأدوية أو
  - إعلامك وإمدادك بالدواء لمدة 31 يومًا بعد طلبك إعادة صرف الدواء.
- سيمنحك ذلك الوقت الكافي للتحديث مع طبيبك أو أي واصف آخر، ويمكن أن يساعدك الطبيب على اتخاذ قرار يتعلق بما يلي:
- ما إذا كان هناك دواء مشابه في قائمة الأدوية يمكنك تناوله بدلاً من الدواء الأول أو
  - ما إذا كان ينبغي عليك طلب استثناء من هذه التغييرات. لمعرفة المزيد بشأن الاستثناءات، راجع السؤال ب10.

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ب4 هل هناك أي قيود أو حدود على تغطية الأدوية؟ أم هل هناك أي إجراءات مطلوب اتخاذها للحصول على أدوية محددة؟

نعم، توجد قواعد تغطية أو حدود على كمية بعض الأدوية التي يمكنك الحصول عليها. وفي بعض الحالات، يجب عليك أو على طبيبك أو أي واصف آخر القيام بإجراء ما قبل الحصول على الدواء. على سبيل المثال:

- **التصريح المسبق (الموافقة المسبقة) أو الموافقة:** بالنسبة لبعض الأدوية، يجب عليك أو على طبيبك أو أي واصف آخر الحصول على موافقة مسبقة من خطة Molina Dual Options قبل صرف وصفتك الطبية. إذا لم تحصل على موافقة، قد لا تقوم خطة Molina Dual Options بتغطية الأدوية.

- **حدود الكمية:** في بعض الأحيان، تحد خطة Molina Dual Options من كمية الدواء التي يمكنك الحصول عليها.

- **العلاج التدريجي:** في بعض الأحيان، تطلب منك خطة Molina Dual Options اتباع العلاج التدريجي. مما يعني أنه سيتعين عليك تجربة الأدوية بترتيب معين وفقًا لحالتك الصحية. وقد تضطر إلى تجربة دواء قبل أن نقوم بتغطية دواء آخر. وإذا رأى واصف الدواء أن الدواء الأول لا يتناسب مع حالتك، سنقوم حينها بتغطية الدواء الثاني.

يمكنك معرفة ما إذا كان للدواء الخاص بك أي متطلبات أو حدود إضافية من خلال مراجعة الجداول الموجودة في الصفحات 10-105. ويمكنك أيضًا الحصول على المزيد من المعلومات من خلال زيارة موقعنا الإلكتروني عبر الرابط التالي [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals). قمنا بنشر مستندات عبر الإنترنت تشرح القيود المتعلقة بالعلاج التدريجي والتصريح المسبق التي نفرضها. ويمكنك أيضًا أن تطلب منا إرسال نسخة إليك.

يمكنك أيضًا طلب استثناء من هذه التغييرات. سيمنحك ذلك الوقت الكافي للتحديث مع طبيبك أو أي واصف آخر، إذ يمكنه مساعدتك في اتخاذ قرار بشأن ما إذا كان هناك دواء مشابه في قائمة الأدوية يمكنك تناوله بدلاً من الدواء الأول أو ما إذا كان ينبغي عليك طلب استثناء. يُرجى مراجعة الأسئلة من ب10 حتى ب12 لمعرفة المزيد من المعلومات بشأن الاستثناءات.

ب5 كيف أعرف ما إذا كان ثمة حدود للدواء الذي أود الحصول عليه أو ما إذا كان ينبغي اتخاذ إجراءات للحصول عليه؟

يحتوي جدول الأدوية في الصفحة 10 على عمود يُسمى "الإجراءات الضرورية، أو القيود، أو حدود الاستخدام."

ب6 ماذا يحدث إذا أجرت **Molina Dual Options** تغييرات على قواعدها المتعلقة ببعض الأدوية (على سبيل المثال، التصريح المسبق أو الموافقة و/أو حدود الكمية و/أو قيود العلاج التدريجي)؟

في بعض الحالات، سنقوم بإبلاغك مسبقاً إذا قمنا بإضافة أو تغيير الموافقة المسبقة و/أو حدود الكمية و/أو قيود العلاج التدريجي الخاصة بالدواء. راجع السؤال ب3 للحصول على المزيد من المعلومات حول هذا الإخطار المسبق والمواقف التي قد لا نتضمن فيها من إبلاغك مسبقاً عند تغيير قواعدها الخاصة بالأدوية الموجودة في قائمة الأدوية.

ب7 كيف يمكنني العثور على دواء في قائمة الأدوية؟

توجد طريقتان للعثور على دواء ما:

- يمكنك البحث حسب الترتيب الأبجدي وفقاً لاسم الدواء، أو
- يمكنك البحث بحسب الحالة الصحية.

للبحث حسب الترتيب الأبجدي، راجع قسم فهرس الأدوية الخاضعة للتغطية. يمكنك العثور عليه في الصفحة 108.

للبحث حسب الحالة الصحية، اعثر على القسم المسمى "الأدوية المصنفة حسب الحالة الصحية" الموجود في الصفحة 10. تم تصنيف الأدوية في هذا القسم إلى فئات وفقاً لنوع الحالات الصحية المستخدمة في علاجها. على سبيل المثال، إذا كانت لديك مشكلة بالقلب، يجب عليك النظر في فئة "قلبي وعائي". وستجد في هذه الفئة الأدوية التي تعالج مشاكل القلب.

ب8 ماذا أفعل إذا لم أجد الدواء الذي أريده في قائمة الأدوية؟

إذا لم تجد دواءك بقائمة الأدوية، عليك الاتصال بقسم خدمات الأعضاء على الرقم 735-5604 (855)، الهاتف النصي (TTY): 711 << الاثنين - الجمعة، 8 صباحاً إلى 8 مساءً، بالتوقيت الشرقي، واسأل عنه. وإذا علمت أن خطة Molina Dual Options لن يقوم بتغطية الدواء، يمكنك القيام بأحد الإجراءات التالية:

- اطلب من قسم خدمات الأعضاء تزويدك بقائمة أدوية ماثلة للدواء الذي تود الحصول عليه. ثم قم بعرض القائمة على طبيبك أو أي واصل آخر. يمكنه وصف دواء موجود في قائمة الأدوية مماثل للدواء الذي كنت تود الحصول عليه. أو
- يمكنك طلب استثناء من خطة الرعاية الصحية لتغطية الدواء الذي تريده. يُرجى مراجعة الأسئلة من ب10 حتى ب12 لمعرفة المزيد من المعلومات بشأن الاستثناءات.

ب9 ماذا أفعل إذا كنت عضواً جديداً في خطة **Molina Dual Options** ولم أتمكن من العثور على الدواء الذي أريده في قائمة الأدوية، أو إذا واجهتني مشكلة في الحصول على الدواء الذي أريده؟

يمكننا تقديم المساعدة. يمكننا تغطية إمدادك مؤقتاً بالدواء لمدة 31 يوماً خلال الأيام الـ 90 الأولى من عضويتك في Molina Dual Options. سيمنحك ذلك الوقت الكافي للتحديث مع طبيبك أو أي واصل آخر، إذ يمكنه مساعدتك في اتخاذ قرار بشأن ما إذا كان هناك دواء مشابه في قائمة الأدوية يمكنك تناوله بدلاً من الدواء الأول أو ما إذا كان ينبغي عليك طلب استثناء.

إذا كانت وصفتك الطبية تغطي أياماً أقل، فسنتيح لك صرف الدواء عدة مرات لتغطية مدة تصل إلى 31 يوماً من العلاج.

سنقوم بتغطية إمدادك بالدواء لمدة 31 يوماً إذا:

- كنت تتناول دواء غير موجود في قائمة الأدوية لدينا، أو

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على 735-5604 (855)، وبالنسبة إلى مستخدمي الهواتف النصية "TTY"، يرجى الاتصال على: 711، من الإثنين إلى الجمعة، من 8 صباحاً إلى 8 مساءً، بالتوقيت الشرقي. هذا الاتصال مجاني.

للاطلاع على مزيد من المعلومات، تفضل بزيارة [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

- لم تكن قواعد خطة الرعاية الصحية تسمح لك بالحصول على الكمية التي حددها الوصف المتابع لحالتك، أو
- كان الدواء يتطلب موافقة مسبقة من خطة Molina Dual Options، أو
- كنت تتناول دواء يُعد جزءاً من قيود العلاج التدريجي.

إذا كنت في دار للرعاية أو في أي مرفق آخر للرعاية طويلة الأمد وكنت بحاجة إلى دواء غير موجود في قائمة الأدوية أو إذا لم تتمكن من الحصول على الدواء الذي تريده، فإمكاننا مساعدتك. وإذا كنت عضواً في الخطة لمدة تخطت 90 يوماً، وتعيش في إحدى مرافق الرعاية طويلة الأمد وتحتاج إلى إمداد فوراً:

- سنقوم بتغطية إمداد العقار الذي تحتاجه لمدة 31 يوماً (ما لم تكن الوصفة الطبية لعدد أيام أقل)، سواء كنت عضواً جديداً في خطة Molina Dual Options أم لا.
- وذلك بالإضافة إلى إمدادك بشكل مؤقت بالدواء خلال الـ 90 يوماً الأولى من عضويتك في خطة Molina Dual Options.

#### سياسة الانتقال

قد يكون الأعضاء الجدد في خطتنا يتناولون أدوية غير موجودة في كتيب الأدوية لدينا أو أدوية تخضع لقيود معينة، مثل التصريح المسبق أو العلاج التدريجي. وقد يتأثر الأعضاء الحاليون أيضاً بالتغييرات التي تطرأ على كتيب الأدوية لدينا من عام إلى آخر. فيجب على الأعضاء التحدث إلى أطبائهم لتحديد ما إذا كان ينبغي عليهم تبديل دوائهم بدواء آخر نغطيه أو طلب استثناء كتيب الأدوية للحصول على تغطية للدواء. راجع دليل الأعضاء لمعرفة المزيد بشأن كيفية طلب استثناء. ويُرجى الاتصال بقسم خدمات الأعضاء إذا لم يكن الدواء الخاص بك مدرجاً في كتيب الأدوية لدينا، أو إذا كان الدواء يخضع لقيود معينة، مثل التصريح المسبق أو العلاج التدريجي، أو لن يكون مدرجاً في كتيب الأدوية لدينا في العام المقبل، وكنت في حاجة إلى المساعدة في تبديل الدواء بدواء آخر نغطيه أو طلب استثناء كتيب الأدوية.

خلال المدة التي يتحدث فيها الأعضاء مع أطبائهم لتحديد المسار الصحيح للعمل، قد نوفر إمداداً مؤقتاً للدواء غير المشمول في كتيب الأدوية إذا احتاج هؤلاء الأعضاء إلى إعادة صرف الدواء خلال الـ 90 يوماً الأولى من الانضمام إلى خطتنا فيما يخص أدوية الجزء د (الفئات 1 و2) والـ 90 يوماً من أدوية Medicaid (الفئة 3). وإذا كنت عضواً حالياً متأثراً بإجراء تغيير على كتيب الأدوية من عام إلى آخر، فسنوفر إمداداً مؤقتاً للدواء غير المشمول في كتيب الأدوية إذا كنت بحاجة إلى إعادة صرف الدواء خلال الـ 90 يوماً الأولى من سنة الخطة الجديدة.

عندما يذهب أحد الأعضاء إلى صيدلية تابعة للشبكة عند توفيرنا لإمداد مؤقت لدواء غير مشمول في كتيب الأدوية لدينا، أو يحتوي على قيود أو حدود للتغطية (ولكن يُعتبر بخلاف ذلك "دواء من أدوية الجزء د")، فسنقوم بتوفير إمداد لمدة 31 يوماً (ما لم تكن الوصفة الطبية لعدد أيام أقل). وبعد أن نقوم بتغطية الإمداد المؤقت لمدة 31 يوماً، لن ندفع بشكل عام مقابل هذه الأدوية كجزء من سياسة الانتقال الخاصة بنا مرة أخرى.

سنزودك بإخطار كتابي بعد أن نغطي الإمداد المؤقت الخاص بك. وسيوضح هذا الإخطار الخطوات التي يمكنك اتخاذها لطلب استثناء وكيفية العمل مع طبيبك لتقرير ما إذا كان يجب عليك تبديل الدواء بدواء مناسب نغطيه.

إذا كان عضواً جديداً مقيماً في مرفق رعاية طويلة الأجل (مثل دار رعاية مسنين)، فسوف نغطي إمدادات انتقالية لمدة 31 يوماً (ما لم تكن الوصفة الطبية لعدد أقل من الأيام). وفي حالة الضرورة، سوف نغطي أكثر من عملية إعادة صرف واحدة لهذه الأدوية خلال مدة الـ 90 يوماً الأولى التي يلتحق فيها عضو جديد بخطتنا. وإذا كان قد تم إلحاق المقيم في خطتنا لأكثر من 90 يوماً ويحتاج إلى دواء ليس في كتيب الوصفات الخاص بنا أو إذا كان خاضعاً لقيود أخرى، مثل العلاج التدريجي أو حدود الجرعة، فسوف نغطي إمدادات طوارئ مؤقتة لمدة 31 يوماً من ذلك الدواء (ما لم تكن الوصفة لعدد أقل من الأيام) بينما يسعى العضو الجديد إلى استثناء من كتيب الوصفات. تتوفر استثناءات في الحالات التي تتعرض فيها لتغيير في مستوى الرعاية التي تحصل عليها مما يتطلب منك كذلك الانتقال من مرفق أو مركز علاج إلى آخر. وفي تلك الحالات، ستكون مؤهلاً لصرف الدواء مؤقتاً لمرة واحدة حتى إذا كنت خارج الـ 90 يوماً الأولى كعضو في الخطة.

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على 735-5604 (855)، وبالنسبة إلى مستخدمي الهواتف النصية TTY، يرجى الاتصال على: 711، من الإثنين إلى الجمعة، من 8 صباحاً إلى 8 مساءً، بالتوقيت الشرقي. هذا الاتصال مجاني. للاطلاع على مزيد من المعلومات، تفضل بزيارة [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

ب10 هل يمكنني طلب الحصول على استثناء لتغطية الدواء الذي أريده؟

نعم. يمكن طلب استثناء من خطة Molina Dual Options لتغطية الدواء غير الموجود في قائمة الأدوية.

يمكنك أيضًا أن تطلب منا تغيير القواعد المطبقة على الدواء الذي تتناوله.

- على سبيل المثال، قد تحدد خطة Molina Dual Options كمية العقار التي سنغطيها. فإذا كان هناك حد لكمية الدواء الذي تريده، يمكنك أن تطلب منا تغيير هذا الحد وتغطية كمية أكبر.
- أمثلة أخرى: يمكنك أن تطلب منا إلغاء قيود العلاج التدريجي أو متطلبات الموافقة المسبقة.

ب11 كيف يمكنني طلب الحصول على استثناء؟

لطلب الحصول على استثناء، اتصل بقسم خدمات الأعضاء.. سيتعاون ممثل خدمات الأعضاء معك ومع موفر الرعاية الخاص بك لمساعدتك في طلب الحصول على استثناء. ويمكنك أيضًا قراءة الفصل 9 من دليل الأعضاء لمعرفة المزيد بشأن الاستثناءات.

ب12 ما المدة التي يستغرقها الحصول على استثناء؟

بعد استلامنا بيانًا من الواصف يدعم فيه طلبك بالحصول على استثناء، سنعملك بالقرار في غضون 72 ساعة. يمكن أن يتصل الواصف بخطة Molina Dual Options أو أن يرسل البيان الداعم بالفاكس إلى 290-1309 (866).

إذا كنت تعتقد أنت أو الواصف أن صحتك قد تتضرر إذا انتظرت مدة 72 ساعة لمعرفة القرار، يمكنك طلب استثناء سريع. ويعجل هذا الطلب عملية إصدار القرار. إذا دعم الواصف طلبك، فسنصدر القرار في غضون 24 ساعة من تلقي البيان الداعم منه.

ب13 ما هي الأدوية العامة؟

يتم صنع الأدوية العامة من نفس مكونات الأدوية الفعالة التي تحمل علامة تجارية. وتكون تكلفة هذه الأدوية عادةً أقل من الأدوية التي تحمل العلامة التجارية، كما أن أسماءها أقل شيوعًا عادة. وتقوم إدارة الغذاء والدواء (FDA) باعتماد هذه الأدوية العامة.

تغطي خطة Molina Dual Options كلاً من الأدوية التي تحمل علامة تجارية والأدوية العامة.

ب14 ما هي الأدوية التي تُصرف بدون وصفة طبية (OTC)؟

OTC هو اختصار لعبارة "بدون وصفة طبية". وتغطي خطة Molina Dual Options بعض الأدوية التي تصرف بدون وصفة طبية (OTC) عندما يتم كتابتها كوصفات طبية من قبل مقدم الرعاية الخاص بك.

يمكنك الاطلاع على قائمة الأدوية في خطة Molina Dual Options لمعرفة الأدوية التي لا تستلزم وصفة طبية التي تتم تغطيتها.

ب15 ما هو المبلغ المشترك الذي عليّ دفعه؟

بصفتك عضوًا في خطة Molina Dual Options، ليس عليك تقديم أي مدفوعات مشتركة للحصول على الأدوية الموصوفة أو الأدوية التي تصرف بدون وصفة طبية (OTC) طالما أنك تتبع قواعد خطة Molina Dual Options.

ب16 ما هي فئات الأدوية؟

هذه الفئات عبارة عن مجموعات للأدوية.

- تتمثل أدوية الفئة الأولى في الأدوية العامة. وبالنسبة لأدوية الفئة الأولى، لا توجد أي مدفوعات مشتركة.
- تتمثل أدوية الفئة الثانية في الأدوية ذات العلامة التجارية. وبالنسبة لأدوية الفئة الثانية، لا توجد أي مدفوعات مشتركة.

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على 735-5604 (855)، وبالنسبة إلى مستخدمي الهواتف النصية TTY، يرجى الاتصال على: 711، من الإثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت الشرقي. هذا الاتصال مجاني.

للاطلاع على مزيد من المعلومات، تفضل بزيارة [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

- أدوية الفئة الثالثة هي الأدوية الموصوفة غير المشمولة بتغطية برنامج Medicare Rx / الأدوية التي لا تستلزم وصفة طبية (OTC). وبالنسبة لأدوية الفئة الثالثة، لا توجد أي مدفوعات مشتركة.

## C. نظرة عامة على قائمة الأدوية الخاضعة للتغطية

توفر لك القائمة التالية للأدوية الخاضعة للتغطية معلومات حول الأدوية التي تغطيها خطة Molina Dual Options. وإذا واجهت مشكلة في العثور على الدواء الخاص بك في القائمة، فانقل إلى فهرس الأدوية الخاضعة للتغطية الذي يبدأ في الصفحة رقم 108 ويسرد الفهرس جميع الأدوية التي تغطيها خطة Molina Dual Options حسب الترتيب الأبجدي.

يشتمل العمود الأول من الجدول على اسم الدواء. تتم كتابة الأدوية التي تحمل علامة تجارية بالحروف الكبيرة (على سبيل المثال CIPRO) والأدوية العامة بحروف صغيرة مائلة (على سبيل المثال ciprofloxacin).

توضح لك المعلومات الواردة في عمود "الإجراءات الضرورية، أو القيود، أو حدود الاستخدام" بما إذا كانت خطة Molina Dual Options لديها أي قواعد لتغطية الدواء الذي تريده.

**ملاحظة:** تعني العلامة \* الموجودة بجانب الدواء أن الدواء ليس من "أدوية الجزء D".

- ولهذه الأدوية قواعد مختلفة للاستئناف. يُعدُّ الاستئناف وسيلة رسمية لمطالبتنا بمراجعة قرار اتخذناه حول التغطية وتغييره إذا كنت تعتقد أننا ارتكبنا خطأً. على سبيل المثال، قد نقرر أن الدواء الذي تريده غير خاضع للتغطية أو لم يعد خاضعاً للتغطية من جانب Medicare أو Michigan Medicaid.
- فإذا لم تكن موافقاً أنت أو واصل الأدوية على قرارنا، فيمكنك طلب استئناف. لطلب تعليمات عن كيفية الاستئناف، يمكنك الاتصال بخدمات الأعضاء على الرقم 735-5604 (855)، بالنسبة لمستخدمي أجهزة الهواتف النسيبة (TTY): 711، من الإثنين إلى الجمعة، من 8 صباحاً إلى 8 مساءً، بالتوقيت الشرقي. يمكنك أيضاً قراءة الفصل 9 من دليل الأعضاء لمعرفة كيفية استئناف قرار ما.

## ج1 الأدوية المصنفة حسب الحالة الطبية

تم تصنيف الأدوية في هذا القسم إلى فئات وفقاً لنوع الحالات الصحية المستخدمة في علاجها. على سبيل المثال، إذا كانت لديك مشكلة بالقلب، يجب عليك النظر في فئة "قلبي وعائي". وستجد في هذه الفئة الأدوية التي تعالج مشاكل القلب.

في ما يلي معاني الرموز المستخدمة في عمود "الإجراءات الضرورية أو القيود أو حدود الاستخدام":

PA = التصريح (الموافقة) المسبق: يجب أن تحصل على موافقة قبل أن تتمكن من الحصول على هذا الدواء.

QL = حدود الكمية: كمية الدواء التي ستغطيها الخطة.

ST = معايير العلاج التدريجي: يجب أن تجرب دواءً آخر قبل أن تتمكن من الحصول على هذا الدواء.

NM = طلب غير بريدي: لا يمكن صرف هذا الدواء بطلب عن طريق البريد.

B/D = قد يتم تغطية هذا الدواء بموجب الجزء B أو D من برنامج Medicare حسب الظروف.

LA = الدواء محدود الوصول: قد يتوفر هذا الدواء فقط في صيدليات معينة.

(\*) = الأدوية غير المدرجة في الجزء D، أو العناصر التي تُصرف بدون وصفة طبية (OTC) والتي يغطيها برنامج Medicaid.

NDS = الإمداد لأيام غير ممتدة: ستقتصر على عدد الأيام التي يمكنك الحصول فيها على إمداد.

إذا كانت لديك أي أسئلة، يُرجى الاتصال بخطة Molina Dual Options على 735-5604 (855)، وبالنسبة إلى مستخدمي الهواتف النسيبة (TTY)، يرجى الاتصال على: 711، من الإثنين إلى الجمعة، من 8 صباحاً إلى 8 مساءً، بالتوقيت الشرقي. هذا الاتصال مجاني.

للاطلاع على مزيد من المعلومات، تفضل بزيارة [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

**MOLINA\_MI\_CY24\_2T\_MMP eff 12/01/2024**

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|

**ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION****GOUT - DRUGS TO TREAT GOUT**

|                                                |        |                         |
|------------------------------------------------|--------|-------------------------|
| <i>allopurinol</i> TABS 100mg, 300mg           | \$0(1) |                         |
| <i>colchicine</i> TABS .6mg                    | \$0(1) | QL (120 tabs / 30 days) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | \$0(1) |                         |
| MITIGARE CAPS .6mg                             | \$0(2) | QL (60 caps / 30 days)  |
| <i>probenecid</i> TABS 500mg                   | \$0(1) |                         |

**MISCELLANEOUS**

|                                                                                                                             |        |       |
|-----------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <i>acetaminophen</i> SOLN 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; SUPP 120mg; SUSP 160mg/5ml; TABS 325mg, 500mg; TBCR 650mg | \$0(3) | NM; * |
| ACETAMINOPHEN SUPP 650mg                                                                                                    | \$0(3) | NM; * |
| <i>acetaminophen extra stren</i> TABS 500mg                                                                                 | \$0(3) | NM; * |
| <i>adult aspirin regimen</i> TBEC 81mg                                                                                      | \$0(3) | NM; * |
| <i>arthritis pain relief</i> TBCR 650mg                                                                                     | \$0(3) | NM; * |
| <i>aspirin</i> CHEW 81mg; TABS 325mg; TBEC 325mg                                                                            | \$0(3) | NM; * |
| ASPIRIN SUPP 300mg                                                                                                          | \$0(3) | NM; * |
| <i>aspirin adult low dose</i> TBEC 81mg                                                                                     | \$0(3) | NM; * |
| <i>aspirin low dose</i> CHEW 81mg; TBEC 81mg                                                                                | \$0(3) | NM; * |
| <i>aspirin low strength</i> CHEW 81mg                                                                                       | \$0(3) | NM; * |
| <i>aspirin regimen</i> TBEC 81mg                                                                                            | \$0(3) | NM; * |
| <i>childrens acetaminophen</i> SUSP 160mg/5ml                                                                               | \$0(3) | NM; * |
| <i>ed-apap</i> LIQD 160mg/5ml                                                                                               | \$0(3) | NM; * |
| <i>feverall adults</i> SUPP 650mg                                                                                           | \$0(3) | NM; * |
| <i>feverall childrens</i> SUPP 120mg                                                                                        | \$0(3) | NM; * |
| FEVERALL INFANTS SUPP 80mg                                                                                                  | \$0(3) | NM; * |
| FEVERALL JUNIOR STRENGTH SUPP 325mg                                                                                         | \$0(3) | NM; * |
| <i>gnp 8 hour arthritis reli</i> TBCR 650mg                                                                                 | \$0(3) | NM; * |
| <i>gnp 8 hour pain relief</i> TBCR 650mg                                                                                    | \$0(3) | NM; * |
| <i>gnp 8 hour pain reliever</i> TBCR 650mg                                                                                  | \$0(3) | NM; * |
| <i>gnp acetaminophen</i> TABS 325mg                                                                                         | \$0(3) | NM; * |
| <i>gnp adult aspirin low str</i> CHEW 81mg                                                                                  | \$0(3) | NM; * |
| <i>gnp aspirin</i> TABS 325mg; TBEC 81mg                                                                                    | \$0(3) | NM; * |
| <i>gnp aspirin low dose</i> TBEC 81mg                                                                                       | \$0(3) | NM; * |
| <i>gnp infants pain/fever</i> SUSP 160mg/5ml                                                                                | \$0(3) | NM; * |
| <i>gnp pain &amp; fever children</i> SUSP 160mg/5ml                                                                         | \$0(3) | NM; * |
| <i>gnp pain relief</i> TABS 325mg                                                                                           | \$0(3) | NM; * |
| <i>gnp pain relief extra str</i> TABS 500mg                                                                                 | \$0(3) | NM; * |

| <b>Drug Name<br/>(By Medical Condition)</b>                     | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>goodsense arthritis pain</i> TBCR 650mg                      | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense aspirin</i> CHEW 81mg; TABS 325mg                  | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense aspirin adults</i> TABS 325mg                      | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense pain &amp; fever ch</i> SUSP 160mg/5ml             | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense pain &amp; fever in</i> SUSP 160mg/5ml             | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense pain relief</i> TABS 325mg                         | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense pain relief ext</i> TABS 500mg                     | \$0(3)                                                      | NM; *                                                          |
| <i>hm adult aspirin</i> TABS 325mg                              | \$0(3)                                                      | NM; *                                                          |
| <i>hm aspirin</i> TBEC 325mg                                    | \$0(3)                                                      | NM; *                                                          |
| <i>hm aspirin ec low dose</i> TBEC 81mg                         | \$0(3)                                                      | NM; *                                                          |
| <i>hm pain reliever</i> TABS 325mg                              | \$0(3)                                                      | NM; *                                                          |
| <i>m-pap</i> LIQD 160mg/5ml                                     | \$0(3)                                                      | NM; *                                                          |
| <i>mapap</i> CAPS 500mg                                         | \$0(3)                                                      | NM; *                                                          |
| <i>mapap arthritis pain</i> TBCR 650mg                          | \$0(3)                                                      | NM; *                                                          |
| <i>mapap childrens</i> CHEW 80mg                                | \$0(3)                                                      | NM; *                                                          |
| <i>pain &amp; fever childrens</i> SUSP 160mg/5ml                | \$0(3)                                                      | NM; *                                                          |
| <i>pain &amp; fever infants</i> SUSP 160mg/5ml                  | \$0(3)                                                      | NM; *                                                          |
| <i>qc acetaminophen infants</i> SUSP 160mg/5ml                  | \$0(3)                                                      | NM; *                                                          |
| <i>qc aspirin</i> TABS 325mg                                    | \$0(3)                                                      | NM; *                                                          |
| <i>qc aspirin low dose</i> CHEW 81mg; TBEC 81mg                 | \$0(3)                                                      | NM; *                                                          |
| <i>qc enteric aspirin</i> TBEC 325mg                            | \$0(3)                                                      | NM; *                                                          |
| <i>qc non-aspirin extra stre</i> TABS 500mg                     | \$0(3)                                                      | NM; *                                                          |
| <i>qc pain relief</i> TABS 325mg                                | \$0(3)                                                      | NM; *                                                          |
| <i>qc pain relief childrens</i> SUSP 160mg/5ml                  | \$0(3)                                                      | NM; *                                                          |
| <i>qc pain relief extra stre</i> TABS 500mg                     | \$0(3)                                                      | NM; *                                                          |
| <i>sm adult aspirin</i> TABS 325mg                              | \$0(3)                                                      | NM; *                                                          |
| <i>sm aspirin adult low stre</i> TBEC 81mg                      | \$0(3)                                                      | NM; *                                                          |
| <i>sm aspirin enteric coated</i> TBEC 325mg                     | \$0(3)                                                      | NM; *                                                          |
| <i>sm aspirin low dose</i> CHEW 81mg; TBEC 81mg                 | \$0(3)                                                      | NM; *                                                          |
| <i>sm pain &amp; fever childrens</i> SUSP 80mg/2.5ml, 160mg/5ml | \$0(3)                                                      | NM; *                                                          |
| <i>sm pain &amp; fever infants</i> SUSP 160mg/5ml               | \$0(3)                                                      | NM; *                                                          |
| <i>sm pain relief extra stre</i> TABS 500mg                     | \$0(3)                                                      | NM; *                                                          |
| <i>sm pain reliever</i> TABS 325mg                              | \$0(3)                                                      | NM; *                                                          |
| <i>sm pain reliever children</i> SUSP 160mg/5ml                 | \$0(3)                                                      | NM; *                                                          |
| <i>sm pain reliever extra st</i> TABS 500mg                     | \$0(3)                                                      | NM; *                                                          |
| <i>tension headache</i>                                         | \$0(3)                                                      | NM; *                                                          |
| <i>tri-buffered aspirin</i>                                     | \$0(3)                                                      | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|

### ***NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION***

|                                                                                |        |                         |
|--------------------------------------------------------------------------------|--------|-------------------------|
| <i>all day pain relief</i> TABS 220mg                                          | \$0(3) | NM; *                   |
| <i>all day relief</i> TABS 220mg                                               | \$0(3) | NM; *                   |
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg                                       | \$0(1) | QL (60 caps / 30 days)  |
| <i>celecoxib</i> CAPS 400mg                                                    | \$0(1) | QL (30 caps / 30 days)  |
| <i>childrens ibuprofen</i> SUSP 100mg/5ml, 200mg/10ml                          | \$0(3) | NM; *                   |
| <i>diclofenac potassium</i> TABS 50mg                                          | \$0(1) | QL (120 tabs / 30 days) |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg                     | \$0(1) |                         |
| <i>diflunisal</i> TABS 500mg                                                   | \$0(1) |                         |
| <i>ec-naproxen</i> TBEC 375mg                                                  | \$0(1) | QL (120 tabs / 30 days) |
| <i>ec-naproxen</i> TBEC 500mg                                                  | \$0(1) | QL (90 tabs / 30 days)  |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | \$0(1) |                         |
| <i>flurbiprofen</i> TABS 100mg                                                 | \$0(1) |                         |
| <i>gnp childrens ibuprofen</i> SUSP 100mg/5ml                                  | \$0(3) | NM; *                   |
| <i>gnp ibuprofen</i> CAPS 200mg; TABS 200mg                                    | \$0(3) | NM; *                   |
| <i>gnp ibuprofen childrens</i> CHEW 100mg                                      | \$0(3) | NM; *                   |
| <i>gnp ibuprofen infants</i> SUSP 50mg/1.25ml                                  | \$0(3) | NM; *                   |
| <i>gnp naproxen</i> TABS 220mg                                                 | \$0(3) | NM; *                   |
| <i>gnp naproxen sodium</i> CAPS 220mg                                          | \$0(3) | NM; *                   |
| <i>goodsense ibuprofen</i> CAPS 200mg; TABS 200mg                              | \$0(3) | NM; *                   |
| <i>goodsense ibuprofen child</i> SUSP 100mg/5ml                                | \$0(3) | NM; *                   |
| <i>goodsense ibuprofen infan</i> SUSP 50mg/1.25ml                              | \$0(3) | NM; *                   |
| <i>goodsense naproxen sodium</i> TABS 220mg                                    | \$0(3) | NM; *                   |
| <i>hm ibuprofen</i> TABS 200mg                                                 | \$0(3) | NM; *                   |
| <i>hm ibuprofen childrens</i> SUSP 100mg/5ml                                   | \$0(3) | NM; *                   |
| <i>hm naproxen sodium</i> CAPS 220mg                                           | \$0(3) | NM; *                   |
| <i>ibu</i> TABS 400mg, 600mg, 800mg                                            | \$0(1) |                         |
| <i>ibuprofen</i> CAPS 200mg; TABS 200mg                                        | \$0(3) | NM; *                   |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg                      | \$0(1) |                         |
| <i>ibuprofen childrens</i> SUSP 100mg/5ml                                      | \$0(3) | NM; *                   |
| <i>ibuprofen infants</i> SUSP 50mg/1.25ml                                      | \$0(3) | NM; *                   |
| <i>ibuprofen junior strength</i> CHEW 100mg                                    | \$0(3) | NM; *                   |
| <i>infants ibuprofen</i> SUSP 50mg/1.25ml                                      | \$0(3) | NM; *                   |
| <i>meloxicam</i> TABS 7.5mg, 15mg                                              | \$0(1) |                         |
| <i>nabumetone</i> TABS 500mg, 750mg                                            | \$0(1) |                         |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg                                       | \$0(1) |                         |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>naproxen</i> TBEC 375mg                                                                                 | \$0(1)                                                      | QL (120 tabs / 30 days)                                        |
| <i>naproxen dr</i> TBEC 500mg                                                                              | \$0(1)                                                      | QL (90 tabs / 30 days)                                         |
| <i>naproxen sodium</i> CAPS 220mg; TABS 220mg                                                              | \$0(3)                                                      | NM; *                                                          |
| <i>naproxen sodium</i> TABS 275mg, 550mg                                                                   | \$0(1)                                                      |                                                                |
| <i>piroxicam</i> CAPS 10mg, 20mg                                                                           | \$0(1)                                                      |                                                                |
| <i>qc ibuprofen</i> TABS 200mg                                                                             | \$0(3)                                                      | NM; *                                                          |
| <i>qc naproxen sodium</i> TABS 220mg                                                                       | \$0(3)                                                      | NM; *                                                          |
| <i>sm ibuprofen</i> CAPS 200mg; TABS 200mg                                                                 | \$0(3)                                                      | NM; *                                                          |
| <i>sm ibuprofen ib</i> TABS 200mg                                                                          | \$0(3)                                                      | NM; *                                                          |
| <i>sm ibuprofen ib childrens</i> CHEW 100mg                                                                | \$0(3)                                                      | NM; *                                                          |
| <i>sm infants ibuprofen</i> SUSP 50mg/1.25ml                                                               | \$0(3)                                                      | NM; *                                                          |
| <i>sm naproxen sodium</i> TABS 220mg                                                                       | \$0(3)                                                      | NM; *                                                          |
| <i>sulindac</i> TABS 150mg, 200mg                                                                          | \$0(1)                                                      |                                                                |
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                                      |                                                             |                                                                |
| <i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr                                 | \$0(1)                                                      | QL (4 patches / 28 days), PA                                   |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr | \$0(1)                                                      | QL (10 patches / 30 days), PA                                  |
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg                                                  | \$0(1)                                                      | QL (30 tabs / 30 days), PA                                     |
| <i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg                                                      | \$0(2)                                                      | QL (30 tabs / 30 days), PA                                     |
| <i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg                                         | \$0(2)                                                      | QL (30 tabs / 30 days), PA                                     |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml                                                                | \$0(1)                                                      | QL (450 mL / 30 days), PA                                      |
| <i>methadone hcl</i> TABS 5mg, 10mg                                                                        | \$0(1)                                                      | QL (90 tabs / 30 days), PA                                     |
| <i>methadone hydrochloride i</i> CONC 10mg/ml                                                              | \$0(1)                                                      | QL (90 mL / 30 days), PA                                       |
| <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg                                                | \$0(1)                                                      | QL (90 tabs / 30 days), PA                                     |
| <i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg                                             | \$0(2)                                                      | QL (60 tabs / 30 days), PA                                     |
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                                     |                                                             |                                                                |
| <i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml                                                         | \$0(1)                                                      | QL (2700 mL / 30 days)                                         |
| <i>acetaminophen w/ codeine tab</i> 300-15 mg                                                              | \$0(1)                                                      | QL (400 tabs / 30 days)                                        |
| <i>acetaminophen w/ codeine tab</i> 300-30 mg                                                              | \$0(1)                                                      | QL (360 tabs / 30 days)                                        |
| <i>acetaminophen w/ codeine tab</i> 300-60 mg                                                              | \$0(1)                                                      | QL (180 tabs / 30 days)                                        |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml                                                            | \$0(2)                                                      |                                                                |
| <i>endocet tab</i> 2.5-325mg                                                                               | \$0(1)                                                      | QL (360 tabs / 30 days)                                        |

| <b>Drug Name<br/>(By Medical Condition)</b>                            | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>endocet tab 5-325mg</i>                                             | \$0(1)                                                      | QL (360 tabs / 30 days)                                        |
| <i>endocet tab 7.5-325mg</i>                                           | \$0(1)                                                      | QL (240 tabs / 30 days)                                        |
| <i>endocet tab 10-325mg</i>                                            | \$0(1)                                                      | QL (180 tabs / 30 days)                                        |
| <i>fentanyl citrate</i> LPOP 200mcg                                    | \$0(1)                                                      | QL (120 lozenges / 30 days), PA                                |
| <i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg  | \$0(2)                                                      | NDS, QL (120 lozenges / 30 days), PA                           |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>                  | \$0(1)                                                      | QL (2700 mL / 30 days)                                         |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>                          | \$0(1)                                                      | QL (240 tabs / 30 days)                                        |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>                        | \$0(1)                                                      | QL (180 tabs / 30 days)                                        |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>                         | \$0(1)                                                      | QL (180 tabs / 30 days)                                        |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i>                            | \$0(1)                                                      | QL (150 tabs / 30 days)                                        |
| <i>hydromorphone hcl</i> LIQD 1mg/ml                                   | \$0(1)                                                      | QL (600 mL / 30 days)                                          |
| <i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg                            | \$0(1)                                                      | QL (180 tabs / 30 days)                                        |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml | \$0(2)                                                      | B/D                                                            |
| <i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml                   | \$0(2)                                                      | B/D                                                            |
| <i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml                        | \$0(1)                                                      | QL (900 mL / 30 days)                                          |
| <i>morphine sulfate</i> SOLN 100mg/5ml                                 | \$0(1)                                                      | QL (180 mL / 30 days)                                          |
| <i>morphine sulfate</i> TABS 15mg, 30mg                                | \$0(1)                                                      | QL (180 tabs / 30 days)                                        |
| MORPHINE SULFATE/SODIUM C SOLN 1mg/ml                                  | \$0(2)                                                      | B/D                                                            |
| <i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml                            | \$0(2)                                                      |                                                                |
| <i>oxycodone hcl</i> CAPS 5mg                                          | \$0(1)                                                      | QL (180 caps / 30 days)                                        |
| <i>oxycodone hcl</i> CONC 100mg/5ml                                    | \$0(1)                                                      | QL (180 mL / 30 days)                                          |
| <i>oxycodone hcl</i> SOLN 5mg/5ml                                      | \$0(1)                                                      | QL (900 mL / 30 days)                                          |
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg                  | \$0(1)                                                      | QL (180 tabs / 30 days)                                        |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>                       | \$0(1)                                                      | QL (360 tabs / 30 days)                                        |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>                         | \$0(1)                                                      | QL (360 tabs / 30 days)                                        |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>                       | \$0(1)                                                      | QL (240 tabs / 30 days)                                        |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>                        | \$0(1)                                                      | QL (180 tabs / 30 days)                                        |
| <i>tramadol hcl</i> TABS 50mg                                          | \$0(1)                                                      | QL (240 tabs / 30 days)                                        |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>                          | \$0(1)                                                      | QL (240 tabs / 30 days)                                        |

| Drug Name<br>(By Medical Condition) | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-------------------------------------|---------------------------------------------------|-------------------------------------------------------|
|-------------------------------------|---------------------------------------------------|-------------------------------------------------------|

## ANESTHETICS - DRUGS FOR NUMBING

### LOCAL ANESTHETICS

|                                                                |        |     |
|----------------------------------------------------------------|--------|-----|
| <i>lidocaine hcl (local anesth.)</i> SOLN .5%,<br>1%, 1.5%, 2% | \$0(1) | B/D |
|----------------------------------------------------------------|--------|-----|

## ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

### ANTI-INFECTIVES - MISCELLANEOUS

|                                                                        |        |                                  |
|------------------------------------------------------------------------|--------|----------------------------------|
| <i>albendazole</i> TABS 200mg                                          | \$0(2) | NDS, QL (672 tabs /<br>year), PA |
| <i>amikacin sulfate</i> SOLN 1gm/4ml,<br>500mg/2ml                     | \$0(1) |                                  |
| <i>atovaquone</i> SUSP 750mg/5ml                                       | \$0(1) |                                  |
| <i>aztreonam</i> SOLR 1gm, 2gm                                         | \$0(1) |                                  |
| BINAXNOW COV KIT HOME TES                                              | \$0(3) | QL (8 kits / 30 days),<br>NM; *  |
| CARESTART KIT COVID-19                                                 | \$0(3) | QL (8 kits / 30 days),<br>NM; *  |
| CAYSTON SOLR 75mg                                                      | \$0(2) | NDS, NM, LA, PA                  |
| <i>clindamycin hcl</i> CAPS 75mg, 150mg,<br>300mg                      | \$0(1) |                                  |
| <i>clindamycin palmitate hydrochloride</i> SOLR<br>75mg/5ml            | \$0(1) |                                  |
| <i>clindamycin phosphate</i> SOLN 600mg/4ml,<br>900mg/6ml, 9000mg/60ml | \$0(1) |                                  |
| <i>clindamycin phosphate in d5w iv soln 300<br/>mg/50ml</i>            | \$0(1) |                                  |
| <i>clindamycin phosphate in d5w iv soln 600<br/>mg/50ml</i>            | \$0(1) |                                  |
| <i>clindamycin phosphate in d5w iv soln 900<br/>mg/50ml</i>            | \$0(1) |                                  |
| CLINDMYC/NAC INJ 300/50ML                                              | \$0(2) |                                  |
| CLINDMYC/NAC INJ 600/50ML                                              | \$0(2) |                                  |
| CLINDMYC/NAC INJ 900/50ML                                              | \$0(2) |                                  |
| CLINITEST KIT SELF-TST                                                 | \$0(3) | QL (8 kits / 30 days),<br>NM; *  |
| <i>colistimethate sodium</i> SOLR 150mg                                | \$0(1) |                                  |
| COVID-19 AT- KIT 1-PACK                                                | \$0(3) | QL (8 kits / 30 days),<br>NM; *  |
| COVID-19 RAP KIT 1-PACK                                                | \$0(3) | QL (8 kits / 30 days),<br>NM; *  |
| COVID-19 RAP KIT 2-PACK                                                | \$0(3) | QL (8 kits / 30 days),<br>NM; *  |
| <i>dapsone</i> TABS 25mg, 100mg                                        | \$0(1) |                                  |
| DAPTOMYCIN SOLR 350mg                                                  | \$0(2) | NDS                              |
| <i>daptomycin</i> SOLR 350mg, 500mg                                    | \$0(2) | NDS                              |

| <b>Drug Name<br/>(By Medical Condition)</b>                      | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| DIATRUST KIT COVID-19                                            | \$0(3)                                                      | QL (8 kits / 30 days),<br>NM; *                                |
| ELLUME COV19 KIT HOME TES                                        | \$0(3)                                                      | QL (8 kits / 30 days),<br>NM; *                                |
| EMVERM CHEW 100mg                                                | \$0(2)                                                      | NDS, QL (12 tabs /<br>year)                                    |
| <i>ertapenem sodium</i> SOLR 1gm                                 | \$0(1)                                                      |                                                                |
| FLOWFLEX KIT TEST                                                | \$0(3)                                                      | QL (8 kits / 30 days),<br>NM; *                                |
| <i>gentamicin in saline inj 0.8 mg/ml</i>                        | \$0(1)                                                      |                                                                |
| <i>gentamicin in saline inj 1 mg/ml</i>                          | \$0(1)                                                      |                                                                |
| <i>gentamicin in saline inj 1.2 mg/ml</i>                        | \$0(1)                                                      |                                                                |
| <i>gentamicin in saline inj 1.6 mg/ml</i>                        | \$0(1)                                                      |                                                                |
| <i>gentamicin in saline inj 2 mg/ml</i>                          | \$0(1)                                                      |                                                                |
| <i>gentamicin sulfate</i> SOLN 10mg/ml,<br>40mg/ml               | \$0(1)                                                      |                                                                |
| IHEALTH 2-PK KIT COVID-19                                        | \$0(3)                                                      | QL (8 kits / 30 days),<br>NM; *                                |
| IHEALTH 5-PK KIT COVID-19                                        | \$0(3)                                                      | QL (8 kits / 30 days),<br>NM; *                                |
| IHEALTH 40PK KIT COVID-19                                        | \$0(3)                                                      | QL (8 kits / 30 days),<br>NM; *                                |
| <i>imipenem-cilastatin intravenous for soln</i><br><i>250 mg</i> | \$0(1)                                                      |                                                                |
| <i>imipenem-cilastatin intravenous for soln</i><br><i>500 mg</i> | \$0(1)                                                      |                                                                |
| INDICAID KIT COVID-19                                            | \$0(3)                                                      | QL (8 kits / 30 days),<br>NM; *                                |
| INTELISWAB KIT COVID-19                                          | \$0(3)                                                      | QL (8 kits / 30 days),<br>NM; *                                |
| <i>ivermectin</i> TABS 3mg                                       | \$0(1)                                                      | QL (12 tabs / 90 days),<br>PA                                  |
| <i>linezolid</i> SOLN 600mg/300ml                                | \$0(1)                                                      |                                                                |
| <i>linezolid</i> SUSR 100mg/5ml                                  | \$0(2)                                                      | NDS, QL (1800 mL / 30<br>days)                                 |
| <i>linezolid</i> TABS 600mg                                      | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| LINEZOLID INJ 2MG/ML                                             | \$0(1)                                                      |                                                                |
| LUCIRA CHECK KIT COVID-19                                        | \$0(3)                                                      | QL (8 kits / 30 days),<br>NM; *                                |
| <i>meropenem</i> SOLR 1gm, 500mg                                 | \$0(1)                                                      |                                                                |
| <i>methenamine hippurate</i> TABS 1gm                            | \$0(1)                                                      |                                                                |
| <i>metronidazole</i> SOLN 500mg/100ml; TABS<br>250mg, 500mg      | \$0(1)                                                      |                                                                |
| <i>neomycin sulfate</i> TABS 500mg                               | \$0(1)                                                      |                                                                |
| <i>nitazoxanide</i> TABS 500mg                                   | \$0(2)                                                      | NDS, QL (6 tabs / 30<br>days)                                  |

| Drug Name<br>(By Medical Condition)                                    | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg                    | \$0(2)                                            |                                                       |
| <i>nitrofurantoin monohyd macro</i> CAPS 100mg                         | \$0(2)                                            |                                                       |
| ON/GO COVID KIT ANTIGEN                                                | \$0(3)                                            | QL (8 kits / 30 days),<br>NM; *                       |
| ON/GO ONE KIT COVID-19                                                 | \$0(3)                                            | QL (8 kits / 30 days),<br>NM; *                       |
| <i>pentamidine isethionate inh</i> SOLR 300mg                          | \$0(1)                                            | B/D                                                   |
| <i>pentamidine isethionate inj</i> SOLR 300mg                          | \$0(1)                                            |                                                       |
| PILOT COVID KIT HOME TES                                               | \$0(3)                                            | QL (8 kits / 30 days),<br>NM; *                       |
| <i>praziquantel</i> TABS 600mg                                         | \$0(1)                                            |                                                       |
| QUICKVUE HOM KIT COVID-19                                              | \$0(3)                                            | QL (8 kits / 30 days),<br>NM; *                       |
| SIVEXTRO SOLR 200mg; TABS 200mg                                        | \$0(2)                                            | NDS                                                   |
| SPEEDY SWAB KIT COVID-19                                               | \$0(3)                                            | QL (8 kits / 30 days),<br>NM; *                       |
| <i>streptomycin sulfate</i> SOLR 1gm                                   | \$0(2)                                            | NDS                                                   |
| <i>sulfadiazine</i> TABS 500mg                                         | \$0(2)                                            | NDS                                                   |
| <i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml             | \$0(1)                                            |                                                       |
| <i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml                | \$0(1)                                            |                                                       |
| <i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg                     | \$0(1)                                            |                                                       |
| <i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg                    | \$0(1)                                            |                                                       |
| <i>tinidazole</i> TABS 250mg, 500mg                                    | \$0(1)                                            |                                                       |
| <i>tobramycin</i> NEBU 300mg/5ml                                       | \$0(2)                                            | NDS, NM, PA                                           |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml  | \$0(1)                                            |                                                       |
| <i>trimethoprim</i> TABS 100mg                                         | \$0(1)                                            |                                                       |
| <i>vancomycin hcl</i> CAPS 125mg                                       | \$0(1)                                            | QL (80 caps / 180 days)                               |
| <i>vancomycin hcl</i> CAPS 250mg                                       | \$0(1)                                            | QL (160 caps / 180 days)                              |
| <i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | \$0(1)                                            |                                                       |
| VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg                    | \$0(1)                                            |                                                       |
| VANCOMYCIN INJ 1 GM                                                    | \$0(2)                                            |                                                       |
| VANCOMYCIN INJ 500MG                                                   | \$0(2)                                            |                                                       |
| VANCOMYCIN INJ 750MG                                                   | \$0(2)                                            |                                                       |
| <b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>                  |                                                   |                                                       |
| ABELCET SUSP 5mg/ml                                                    | \$0(2)                                            | B/D                                                   |

| Drug Name<br>(By Medical Condition)                                         | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-----------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>amphotericin b</i> SOLR 50mg                                             | \$0(1)                                            | B/D                                                   |
| <i>amphotericin b liposome</i> SUSR 50mg                                    | \$0(2)                                            | NDS, B/D                                              |
| <i>caspofungin acetate</i> SOLR 50mg, 70mg                                  | \$0(1)                                            |                                                       |
| <i>fluconazole</i> SUSR 10mg/ml, 40mg/ml;<br>TABS 50mg, 100mg, 150mg, 200mg | \$0(1)                                            |                                                       |
| <i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml                            | \$0(1)                                            |                                                       |
| <i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml                            | \$0(1)                                            |                                                       |
| <i>flucytosine</i> CAPS 250mg, 500mg                                        | \$0(2)                                            | NDS, PA                                               |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml;<br>TABS 500mg                 | \$0(1)                                            |                                                       |
| <i>griseofulvin ultramicrosize</i> TABS 125mg,<br>250mg                     | \$0(1)                                            |                                                       |
| <i>itraconazole</i> CAPS 100mg                                              | \$0(1)                                            | PA                                                    |
| <i>ketoconazole</i> TABS 200mg                                              | \$0(1)                                            | PA                                                    |
| <i>micafungin sodium</i> SOLR 50mg, 100mg                                   | \$0(2)                                            | NDS                                                   |
| <i>nystatin</i> TABS 500000unit                                             | \$0(1)                                            |                                                       |
| <i>posaconazole</i> SUSP 40mg/ml                                            | \$0(2)                                            | NDS, QL (630 mL / 30<br>days), PA                     |
| <i>posaconazole</i> TBEC 100mg                                              | \$0(2)                                            | NDS, QL (93 tabs / 30<br>days), PA                    |
| <i>terbinafine hcl</i> TABS 250mg                                           | \$0(1)                                            | QL (90 tabs / year)                                   |
| <i>voriconazole</i> SOLR 200mg                                              | \$0(1)                                            | PA                                                    |
| <i>voriconazole</i> SUSR 40mg/ml                                            | \$0(2)                                            | NDS, PA                                               |
| <i>voriconazole</i> TABS 50mg                                               | \$0(1)                                            | QL (480 tabs / 30 days),<br>PA                        |
| <i>voriconazole</i> TABS 200mg                                              | \$0(1)                                            | QL (120 tabs / 30 days),<br>PA                        |
| <b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>                               |                                                   |                                                       |
| <i>atovaquone-proguanil hcl tab</i> 62.5-25 mg                              | \$0(1)                                            |                                                       |
| <i>atovaquone-proguanil hcl tab</i> 250-100 mg                              | \$0(1)                                            |                                                       |
| <i>chloroquine phosphate</i> TABS 250mg,<br>500mg                           | \$0(1)                                            |                                                       |
| COARTEM TAB 20-120MG                                                        | \$0(2)                                            |                                                       |
| <i>mefloquine hcl</i> TABS 250mg                                            | \$0(1)                                            |                                                       |
| <i>primaquine phosphate</i> TABS 26.3mg                                     | \$0(1)                                            |                                                       |
| PRIMAQUINE PHOSPHATE TABS 26.3mg                                            | \$0(2)                                            |                                                       |
| <i>quinine sulfate</i> CAPS 324mg                                           | \$0(1)                                            | PA                                                    |
| <b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>         |                                                   |                                                       |
| <i>abacavir sulfate</i> SOLN 20mg/ml; TABS<br>300mg                         | \$0(1)                                            | NM                                                    |
| APTIVUS CAPS 250mg                                                          | \$0(2)                                            | NDS, NM                                               |
| <i>atazanavir sulfate</i> CAPS 150mg, 200mg,<br>300mg                       | \$0(1)                                            | NM                                                    |

| <b>Drug Name<br/>(By Medical Condition)</b>                | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>darunavir</i> TABS 600mg                                | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM                                |
| <i>darunavir</i> TABS 800mg                                | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM                                |
| EDURANT TABS 25mg                                          | \$0(2)                                                      | NDS, NM                                                        |
| <i>efavirenz</i> TABS 600mg                                | \$0(1)                                                      | NM                                                             |
| <i>emtricitabine</i> CAPS 200mg                            | \$0(1)                                                      | NM                                                             |
| EMTRIVA SOLN 10mg/ml                                       | \$0(2)                                                      | NM                                                             |
| <i>etravirine</i> TABS 100mg, 200mg                        | \$0(2)                                                      | NDS, NM                                                        |
| <i>fosamprenavir calcium</i> TABS 700mg                    | \$0(2)                                                      | NDS, NM                                                        |
| FUZEON SOLR 90mg                                           | \$0(2)                                                      | NDS, NM, LA                                                    |
| INTELENCE TABS 25mg                                        | \$0(2)                                                      | NM                                                             |
| ISENTRESS CHEW 25mg                                        | \$0(2)                                                      | NM                                                             |
| ISENTRESS CHEW 100mg; PACK 100mg;<br>TABS 400mg            | \$0(2)                                                      | NDS, NM                                                        |
| ISENTRESS HD TABS 600mg                                    | \$0(2)                                                      | NDS, NM                                                        |
| <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg,<br>300mg       | \$0(1)                                                      | NM                                                             |
| <i>maraviroc</i> TABS 150mg, 300mg                         | \$0(2)                                                      | NDS, NM                                                        |
| <i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg;<br>TB24 400mg | \$0(1)                                                      | NM                                                             |
| NORVIR PACK 100mg                                          | \$0(2)                                                      | NM                                                             |
| PIFELTRO TABS 100mg                                        | \$0(2)                                                      | NDS, NM                                                        |
| PREZISTA SUSP 100mg/ml                                     | \$0(2)                                                      | NDS, QL (400 mL / 30 days), NM                                 |
| PREZISTA TABS 75mg                                         | \$0(2)                                                      | QL (480 tabs / 30 days), NM                                    |
| PREZISTA TABS 150mg                                        | \$0(2)                                                      | NDS, QL (240 tabs / 30 days), NM                               |
| REYATAZ PACK 50mg                                          | \$0(2)                                                      | NDS, NM                                                        |
| <i>ritonavir</i> TABS 100mg                                | \$0(1)                                                      | NM                                                             |
| RUKOBIA TB12 600mg                                         | \$0(2)                                                      | NDS, NM                                                        |
| SELZENTRY SOLN 20mg/ml; TABS 75mg                          | \$0(2)                                                      | NDS, NM                                                        |
| SELZENTRY TABS 25mg                                        | \$0(2)                                                      | NM                                                             |
| SUNLENCA TBPK 300mg                                        | \$0(2)                                                      | NDS, NM, LA                                                    |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg            | \$0(1)                                                      | NM                                                             |
| TIVICAY TABS 10mg                                          | \$0(2)                                                      | NM                                                             |
| TIVICAY TABS 25mg, 50mg                                    | \$0(2)                                                      | NDS, NM                                                        |
| TIVICAY PD TBSO 5mg                                        | \$0(2)                                                      | NDS, NM                                                        |
| TROGARZO SOLN 200mg/1.33ml                                 | \$0(2)                                                      | NDS, NM, LA                                                    |
| TYBOST TABS 150mg                                          | \$0(2)                                                      | NM                                                             |
| VIRACEPT TABS 250mg, 625mg                                 | \$0(2)                                                      | NDS, NM                                                        |
| VIREAD POWD 40mg/gm; TABS 150mg,<br>200mg, 250mg           | \$0(2)                                                      | NDS, NM                                                        |

| <b>Drug Name<br/>(By Medical Condition)</b>                                         | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>zidovudine</i> CAPS 100mg; SYRP<br>50mg/5ml; TABS 300mg                          | \$0(1)                                                      | NM                                                             |
| <b>ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS<br/>HIV/AIDS INFECTION</b> |                                                             |                                                                |
| <i>abacavir sulfate-lamivudine tab 600-300<br/>mg</i>                               | \$0(1)                                                      | NM                                                             |
| BIKTARVY TAB 30-120-15 MG                                                           | \$0(2)                                                      | NDS, NM                                                        |
| BIKTARVY TAB 50-200-25 MG                                                           | \$0(2)                                                      | NDS, NM                                                        |
| CIMDUO TAB 300-300                                                                  | \$0(2)                                                      | NDS, NM                                                        |
| COMPLERA TAB                                                                        | \$0(2)                                                      | NDS, NM                                                        |
| DELSTRIGO TAB                                                                       | \$0(2)                                                      | NDS, NM                                                        |
| DESCOVY TAB 120-15MG                                                                | \$0(2)                                                      | NDS, NM                                                        |
| DESCOVY TAB 200/25MG                                                                | \$0(2)                                                      | NDS, NM                                                        |
| DOVATO TAB 50-300MG                                                                 | \$0(2)                                                      | NDS, NM                                                        |
| <i>efavirenz-emtricitabine-tenofovir df tab<br/>600-200-300 mg</i>                  | \$0(2)                                                      | NDS, NM                                                        |
| <i>efavirenz-lamivudine-tenofovir df tab 400-<br/>300-300 mg</i>                    | \$0(2)                                                      | NDS, NM                                                        |
| <i>efavirenz-lamivudine-tenofovir df tab 600-<br/>300-300 mg</i>                    | \$0(2)                                                      | NDS, NM                                                        |
| <i>emtricitabine-tenofovir disoproxil fumarate<br/>tab 100-150 mg</i>               | \$0(2)                                                      | NDS, NM                                                        |
| <i>emtricitabine-tenofovir disoproxil fumarate<br/>tab 133-200 mg</i>               | \$0(2)                                                      | NDS, NM                                                        |
| <i>emtricitabine-tenofovir disoproxil fumarate<br/>tab 167-250 mg</i>               | \$0(2)                                                      | NDS, NM                                                        |
| <i>emtricitabine-tenofovir disoproxil fumarate<br/>tab 200-300 mg</i>               | \$0(1)                                                      | NM                                                             |
| EVOTAZ TAB 300-150                                                                  | \$0(2)                                                      | NDS, NM                                                        |
| GENVOYA TAB                                                                         | \$0(2)                                                      | NDS, NM                                                        |
| JULUCA TAB 50-25MG                                                                  | \$0(2)                                                      | NDS, NM                                                        |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                                         | \$0(1)                                                      | NM                                                             |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml<br/>(80-20 mg/ml)</i>                    | \$0(1)                                                      | NM                                                             |
| <i>lopinavir-ritonavir tab 100-25 mg</i>                                            | \$0(1)                                                      | NM                                                             |
| <i>lopinavir-ritonavir tab 200-50 mg</i>                                            | \$0(1)                                                      | NM                                                             |
| ODEFSEY TAB                                                                         | \$0(2)                                                      | NDS, NM                                                        |
| PREZCOBIX TAB 800-150                                                               | \$0(2)                                                      | NDS, NM                                                        |
| STRIBILD TAB                                                                        | \$0(2)                                                      | NDS, NM                                                        |
| SYMTUZA TAB                                                                         | \$0(2)                                                      | NDS, NM                                                        |
| TRIUMEQ PD TAB                                                                      | \$0(2)                                                      | NDS, NM                                                        |
| TRIUMEQ TAB                                                                         | \$0(2)                                                      | NDS, NM                                                        |
| <b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>                          |                                                             |                                                                |
| <i>cycloserine</i> CAPS 250mg                                                       | \$0(2)                                                      | NDS                                                            |

| Drug Name<br>(By Medical Condition)                            | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|----------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>ethambutol hcl</i> TABS 100mg, 400mg                        | \$0(1)                                            |                                                       |
| <i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg              | \$0(1)                                            |                                                       |
| PRIFTIN TABS 150mg                                             | \$0(2)                                            |                                                       |
| <i>pyrazinamide</i> TABS 500mg                                 | \$0(1)                                            |                                                       |
| <i>rifabutin</i> CAPS 150mg                                    | \$0(1)                                            |                                                       |
| <i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg                  | \$0(1)                                            |                                                       |
| SIRTURO TABS 20mg, 100mg                                       | \$0(2)                                            | NDS, NM, LA, PA                                       |
| TRECTOR TABS 250mg                                             | \$0(2)                                            |                                                       |
| <b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>            |                                                   |                                                       |
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | \$0(1)                                            |                                                       |
| <i>acyclovir sodium</i> SOLN 50mg/ml                           | \$0(1)                                            | B/D                                                   |
| <i>adefovir dipivoxil</i> TABS 10mg                            | \$0(1)                                            | NM                                                    |
| BARACLUDE SOLN .05mg/ml                                        | \$0(2)                                            | NDS, NM                                               |
| <i>entecavir</i> TABS .5mg, 1mg                                | \$0(1)                                            | NM                                                    |
| EPCLUSA PAK 150-37.5                                           | \$0(2)                                            | NDS, NM, PA                                           |
| EPCLUSA PAK 200-50MG                                           | \$0(2)                                            | NDS, NM, PA                                           |
| EPCLUSA TAB 200-50MG                                           | \$0(2)                                            | NDS, NM, PA                                           |
| EPCLUSA TAB 400-100                                            | \$0(2)                                            | NDS, NM, PA                                           |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg                    | \$0(1)                                            |                                                       |
| <i>ganciclovir sodium</i> SOLR 500mg                           | \$0(1)                                            | B/D                                                   |
| HARVONI PAK 33.75-150MG                                        | \$0(2)                                            | NDS, NM, PA                                           |
| HARVONI PAK 45-200MG                                           | \$0(2)                                            | NDS, NM, PA                                           |
| HARVONI TAB 45-200MG                                           | \$0(2)                                            | NDS, NM, PA                                           |
| HARVONI TAB 90-400MG                                           | \$0(2)                                            | NDS, NM, PA                                           |
| <i>lamivudine (hbv)</i> TABS 100mg                             | \$0(1)                                            | NM                                                    |
| MAVYRET PAK 50-20MG                                            | \$0(2)                                            | NDS, NM, PA                                           |
| MAVYRET TAB 100-40MG                                           | \$0(2)                                            | NDS, NM, PA                                           |
| <i>oseltamivir phosphate</i> CAPS 30mg                         | \$0(1)                                            | QL (168 caps / year)                                  |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg                   | \$0(1)                                            | QL (84 caps / year)                                   |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml                       | \$0(1)                                            | QL (1080 mL / year)                                   |
| PAXLOVID TAB 150-100                                           | \$0(2)                                            | QL (40 tabs / 30 days);<br>\$0 Cost Share             |
| PAXLOVID TAB 300-100                                           | \$0(2)                                            | QL (60 tabs / 30 days);<br>\$0 Cost Share             |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml                      | \$0(2)                                            | NDS, NM, PA                                           |
| PREVYMIS TABS 240mg, 480mg                                     | \$0(2)                                            | NDS, QL (28 tabs / 28 days), PA                       |
| RELENZA DISKHALER AEPB 5mg/blister                             | \$0(2)                                            | QL (6 inhalers / year)                                |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg          | \$0(1)                                            | NM                                                    |

| Drug Name<br>(By Medical Condition)                                                           | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>rimantadine hydrochloride</i> TABS 100mg                                                   | \$0(1)                                            |                                                       |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg                                                       | \$0(1)                                            |                                                       |
| <i>valganciclovir hcl</i> SOLR 50mg/ml                                                        | \$0(2)                                            | NDS                                                   |
| <i>valganciclovir hcl</i> TABS 450mg                                                          | \$0(1)                                            |                                                       |
| VEMLIDY TABS 25mg                                                                             | \$0(2)                                            | NDS, NM                                               |
| VOSEVI TAB                                                                                    | \$0(2)                                            | NDS, NM, PA                                           |
| XOFLUZA TBPK 40mg, 80mg                                                                       | \$0(2)                                            | QL (1 tab / 180 days)                                 |
| <b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>                                             |                                                   |                                                       |
| <i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml                                             | \$0(1)                                            |                                                       |
| CEFACLOR ER TB12 500mg                                                                        | \$0(2)                                            |                                                       |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml                                       | \$0(1)                                            |                                                       |
| CEFAZOLIN SOLR 2gm, 3gm                                                                       | \$0(2)                                            |                                                       |
| CEFAZOLIN INJ 1GM/50ML                                                                        | \$0(2)                                            |                                                       |
| CEFAZOLIN INJ 3GM/150ML-4%                                                                    | \$0(2)                                            |                                                       |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg                                       | \$0(1)                                            |                                                       |
| CEFAZOLIN SOLN 2GM/100ML-4%                                                                   | \$0(2)                                            |                                                       |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml                                         | \$0(1)                                            |                                                       |
| <i>cefepime hcl</i> SOLR 1gm, 2gm                                                             | \$0(1)                                            |                                                       |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml                                         | \$0(1)                                            |                                                       |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm                                                   | \$0(1)                                            |                                                       |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg                       | \$0(1)                                            |                                                       |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg                                 | \$0(1)                                            |                                                       |
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm                                                         | \$0(1)                                            |                                                       |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg                                   | \$0(1)                                            |                                                       |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg                                                    | \$0(1)                                            |                                                       |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg                                                    | \$0(1)                                            |                                                       |
| <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml                                | \$0(1)                                            |                                                       |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                                             | \$0(1)                                            |                                                       |
| TEFLARO SOLR 400mg, 600mg                                                                     | \$0(2)                                            | NDS                                                   |
| <b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>                                   |                                                   |                                                       |
| <i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg | \$0(1)                                            |                                                       |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg                | \$0(1)                                            |                                                       |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                          | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| DIFICID SUSR 40mg/ml; TABS 200mg                                                                                     | \$0(2)                                                      | NDS                                                            |
| e.e.s. 400 TABS 400mg                                                                                                | \$0(1)                                                      |                                                                |
| ery-tab TBEC 250mg, 333mg, 500mg                                                                                     | \$0(1)                                                      |                                                                |
| ERYTHROCIN LACTOBIONATE SOLR 500mg                                                                                   | \$0(2)                                                      |                                                                |
| erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg                                            | \$0(1)                                                      |                                                                |
| erythromycin ethylsuccinate TABS 400mg                                                                               | \$0(1)                                                      |                                                                |
| erythromycin lactobionate SOLR 500mg                                                                                 | \$0(1)                                                      |                                                                |
| <b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>                                                                  |                                                             |                                                                |
| CIPRO SUSR 500mg/5ml                                                                                                 | \$0(2)                                                      |                                                                |
| ciprofloxacin 200 mg/100ml in d5w                                                                                    | \$0(1)                                                      |                                                                |
| ciprofloxacin 400 mg/200ml in d5w                                                                                    | \$0(1)                                                      |                                                                |
| ciprofloxacin hcl TABS 250mg, 500mg, 750mg                                                                           | \$0(1)                                                      |                                                                |
| levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg                                                                  | \$0(1)                                                      |                                                                |
| levofloxacin in d5w iv soln 250 mg/50ml                                                                              | \$0(1)                                                      |                                                                |
| levofloxacin in d5w iv soln 500 mg/100ml                                                                             | \$0(1)                                                      |                                                                |
| levofloxacin in d5w iv soln 750 mg/150ml                                                                             | \$0(1)                                                      |                                                                |
| moxifloxacin hcl TABS 400mg                                                                                          | \$0(1)                                                      |                                                                |
| moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj                                                            | \$0(1)                                                      |                                                                |
| <b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>                                                                       |                                                             |                                                                |
| amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | \$0(1)                                                      |                                                                |
| amoxicillin & k clavulanate chew tab 400-57 mg                                                                       | \$0(1)                                                      |                                                                |
| amoxicillin & k clavulanate for susp 200-28.5 mg/5ml                                                                 | \$0(1)                                                      |                                                                |
| amoxicillin & k clavulanate for susp 250-62.5 mg/5ml                                                                 | \$0(1)                                                      |                                                                |
| amoxicillin & k clavulanate for susp 400-57 mg/5ml                                                                   | \$0(1)                                                      |                                                                |
| amoxicillin & k clavulanate for susp 600-42.9 mg/5ml                                                                 | \$0(1)                                                      |                                                                |
| amoxicillin & k clavulanate tab 250-125 mg                                                                           | \$0(1)                                                      |                                                                |
| amoxicillin & k clavulanate tab 500-125 mg                                                                           | \$0(1)                                                      |                                                                |
| amoxicillin & k clavulanate tab 875-125 mg                                                                           | \$0(1)                                                      |                                                                |
| amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg                                                                 | \$0(1)                                                      |                                                                |
| ampicillin CAPS 500mg                                                                                                | \$0(1)                                                      |                                                                |

| Drug Name<br>(By Medical Condition)                                                      | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>                          | \$0(1)                                            |                                                       |
| <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>                              | \$0(1)                                            |                                                       |
| <i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>                      | \$0(1)                                            |                                                       |
| <i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>                          | \$0(1)                                            |                                                       |
| <i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>                        | \$0(1)                                            |                                                       |
| <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>                        | \$0(1)                                            |                                                       |
| <i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>                 | \$0(2)                                            |                                                       |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i>                                            | \$0(1)                                            |                                                       |
| <i>nafcillin sodium SOLR 1gm, 2gm</i>                                                    | \$0(1)                                            |                                                       |
| <i>nafcillin sodium SOLR 10gm</i>                                                        | \$0(2)                                            | NDS                                                   |
| <i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>                                              | \$0(1)                                            |                                                       |
| <i>PEN GK/DEXTR INJ 40000/ML</i>                                                         | \$0(2)                                            |                                                       |
| <i>PEN GK/DEXTR INJ 60000/ML</i>                                                         | \$0(2)                                            |                                                       |
| <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>                             | \$0(1)                                            |                                                       |
| <i>penicillin g sodium SOLR 5000000unit</i>                                              | \$0(1)                                            |                                                       |
| <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>               | \$0(1)                                            |                                                       |
| <i>pfizerpen SOLR 5000000unit, 20000000unit</i>                                          | \$0(1)                                            |                                                       |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>                      | \$0(1)                                            |                                                       |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>                       | \$0(1)                                            |                                                       |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>                         | \$0(1)                                            |                                                       |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>                       | \$0(1)                                            |                                                       |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>                       | \$0(1)                                            |                                                       |
| <b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>                                         |                                                   |                                                       |
| <i>doxy 100 SOLR 100mg</i>                                                               | \$0(1)                                            |                                                       |
| <i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i> | \$0(1)                                            |                                                       |
| <i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>                | \$0(1)                                            |                                                       |
| <i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>                                            | \$0(1)                                            |                                                       |

| Drug Name<br>(By Medical Condition)                                             | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|---------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| NUZYRA SOLR 100mg; TABS 150mg                                                   | \$0(2)                                            | NDS, NM, LA                                           |
| tetracycline hcl CAPS 250mg, 500mg                                              | \$0(1)                                            | PA                                                    |
| tigecycline SOLR 50mg                                                           | \$0(2)                                            | NDS                                                   |
| <b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>                            |                                                   |                                                       |
| <b>ALKYLATING AGENTS</b>                                                        |                                                   |                                                       |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml                                        | \$0(2)                                            | NDS, B/D, NM                                          |
| BENDEKA SOLN 100mg/4ml                                                          | \$0(2)                                            | NDS, B/D, NM, LA                                      |
| carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml                   | \$0(1)                                            | B/D                                                   |
| cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml                              | \$0(1)                                            | B/D                                                   |
| cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg                               | \$0(1)                                            | B/D                                                   |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml | \$0(2)                                            | NDS, B/D                                              |
| cyclophosphamide SOLR 2gm                                                       | \$0(2)                                            | NDS, B/D                                              |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg                                                | \$0(2)                                            | B/D                                                   |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml                                         | \$0(2)                                            | NDS, B/D                                              |
| GLEOSTINE CAPS 10mg, 40mg                                                       | \$0(2)                                            | NM                                                    |
| GLEOSTINE CAPS 100mg                                                            | \$0(2)                                            | NDS, NM                                               |
| LEUKERAN TABS 2mg                                                               | \$0(2)                                            | NDS                                                   |
| oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg                   | \$0(1)                                            | B/D                                                   |
| oxaliplatin SOLR 100mg                                                          | \$0(2)                                            | NDS, B/D                                              |
| paraplatin SOLN 1000mg/100ml                                                    | \$0(1)                                            | B/D                                                   |
| <b>ANTIBIOTICS</b>                                                              |                                                   |                                                       |
| doxorubicin hcl SOLN 2mg/ml                                                     | \$0(1)                                            | B/D                                                   |
| doxorubicin hcl liposomal SUSP 2mg/ml                                           | \$0(2)                                            | NDS, B/D                                              |
| DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml                                           | \$0(1)                                            | B/D                                                   |
| ELLENCES SOLN 50mg/25ml, 200mg/100ml                                            | \$0(2)                                            | B/D                                                   |
| <b>ANTIMETABOLITES</b>                                                          |                                                   |                                                       |
| azacitidine SUSP 100mg                                                          | \$0(2)                                            | NDS, B/D, NM                                          |
| cytarabine SOLN 20mg/ml                                                         | \$0(1)                                            | B/D                                                   |
| fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml                   | \$0(1)                                            | B/D                                                   |
| gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | \$0(1)                                            | B/D                                                   |
| INQOVI TAB 35-100MG                                                             | \$0(2)                                            | NDS, QL (5 tabs / 28 days), NM, LA, PA                |

| <b>Drug Name<br/>(By Medical Condition)</b>                              | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| LONSURF TAB 15-6.14                                                      | \$0(2)                                                      | NDS, QL (100 tabs / 28 days), NM, LA, PA                       |
| LONSURF TAB 20-8.19                                                      | \$0(2)                                                      | NDS, QL (80 tabs / 28 days), NM, LA, PA                        |
| <i>mercaptopurine</i> TABS 50mg                                          | \$0(1)                                                      |                                                                |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | \$0(1)                                                      | B/D                                                            |
| ONUREG TABS 200mg, 300mg                                                 | \$0(2)                                                      | NDS, QL (14 tabs / 28 days), NM, LA, PA                        |
| <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg              | \$0(2)                                                      | NDS, B/D                                                       |
| PURIXAN SUSP 2000mg/100ml                                                | \$0(2)                                                      | NDS, NM, LA                                                    |
| TABLOID TABS 40mg                                                        | \$0(2)                                                      |                                                                |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                    |                                                             |                                                                |
| <i>abiraterone acetate</i> TABS 250mg                                    | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, PA                           |
| <i>abiraterone acetate</i> TABS 500mg                                    | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, PA                            |
| AKEEGA TAB 50/500MG                                                      | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| AKEEGA TAB 100/500                                                       | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| <i>anastrozole</i> TABS 1mg                                              | \$0(1)                                                      |                                                                |
| <i>bicalutamide</i> TABS 50mg                                            | \$0(1)                                                      |                                                                |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg                                    | \$0(2)                                                      | NM, PA                                                         |
| ERLEADA TABS 60mg                                                        | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| ERLEADA TABS 240mg                                                       | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| EULEXIN CAPS 125mg                                                       | \$0(2)                                                      | NDS                                                            |
| <i>exemestane</i> TABS 25mg                                              | \$0(1)                                                      |                                                                |
| FIRMAGON SOLR 80mg                                                       | \$0(2)                                                      | NM, PA                                                         |
| FIRMAGON SOLR 120mg/vial                                                 | \$0(2)                                                      | NDS, NM, PA                                                    |
| <i>fulvestrant</i> SOSY 250mg/5ml                                        | \$0(2)                                                      | NDS, B/D                                                       |
| <i>letrozole</i> TABS 2.5mg                                              | \$0(1)                                                      |                                                                |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml                                  | \$0(1)                                                      | NM, PA                                                         |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg                                        | \$0(2)                                                      | NDS, NM, PA                                                    |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg                                       | \$0(2)                                                      | NDS, NM, PA                                                    |
| LYSODREN TABS 500mg                                                      | \$0(2)                                                      | NDS, NM, LA                                                    |
| <i>megestrol acetate</i> TABS 20mg, 40mg                                 | \$0(2)                                                      |                                                                |
| <i>nilutamide</i> TABS 150mg                                             | \$0(2)                                                      | NDS                                                            |
| NUBEQA TABS 300mg                                                        | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| ORGOVYX TABS 120mg                                                       | \$0(2)                                                      | NDS, NM, LA, PA                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                            | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| ORSERDU TABS 86mg                                                      | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |
| ORSERDU TABS 345mg                                                     | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| SOLTAMOX SOLN 10mg/5ml                                                 | \$0(2)                                                      | NDS                                                            |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg                               | \$0(1)                                                      |                                                                |
| <i>toremifene citrate</i> TABS 60mg                                    | \$0(1)                                                      |                                                                |
| XTANDI CAPS 40mg                                                       | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| XTANDI TABS 40mg                                                       | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| XTANDI TABS 80mg                                                       | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| <b>IMMUNOMODULATORS</b>                                                |                                                             |                                                                |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg                        | \$0(2)                                                      | NDS, QL (28 caps / 28 days), NM, LA, PA                        |
| <i>lenalidomide</i> CAPS 20mg, 25mg                                    | \$0(2)                                                      | NDS, QL (21 caps / 28 days), NM, LA, PA                        |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg                                       | \$0(2)                                                      | NDS, QL (21 caps / 28 days), NM, LA, PA                        |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg                                   | \$0(2)                                                      | NDS, QL (28 caps / 28 days), NM, LA, PA                        |
| REVLIMID CAPS 20mg, 25mg                                               | \$0(2)                                                      | NDS, QL (21 caps / 28 days), NM, LA, PA                        |
| THALOMID CAPS 50mg                                                     | \$0(2)                                                      | NDS, QL (84 caps / 28 days), NM, LA, PA                        |
| THALOMID CAPS 100mg                                                    | \$0(2)                                                      | NDS, QL (112 caps / 28 days), NM, LA, PA                       |
| THALOMID CAPS 150mg, 200mg                                             | \$0(2)                                                      | NDS, QL (56 caps / 28 days), NM, LA, PA                        |
| <b>MISCELLANEOUS</b>                                                   |                                                             |                                                                |
| BESREMI SOSY 500mcg/ml                                                 | \$0(2)                                                      | NDS, QL (2 syringes / 28 days), NM, LA, PA                     |
| <i>bexarotene</i> CAPS 75mg                                            | \$0(2)                                                      | NDS, QL (300 caps / 30 days), NM, PA                           |
| <i>hydroxyurea</i> CAPS 500mg                                          | \$0(1)                                                      |                                                                |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml | \$0(1)                                                      | B/D                                                            |
| IWILFIN TABS 192mg                                                     | \$0(2)                                                      | NDS, QL (240 tabs / 30 days), NM, LA, PA                       |
| KISQALI 200 PAK FEMARA                                                 | \$0(2)                                                      | NDS, QL (49 tabs / 28 days), NM, PA                            |
| KISQALI 400 PAK FEMARA                                                 | \$0(2)                                                      | NDS, QL (70 tabs / 28 days), NM, PA                            |
| KISQALI 600 PAK FEMARA                                                 | \$0(2)                                                      | NDS, QL (91 tabs / 28 days), NM, PA                            |

| Drug Name<br>(By Medical Condition)                                               | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-----------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| MATULANE CAPS 50mg                                                                | \$0(2)                                            | NDS, NM, LA                                           |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg                                         | \$0(2)                                            | NDS                                                   |
| WELIREG TABS 40mg                                                                 | \$0(2)                                            | NDS, QL (90 tabs / 30 days), NM, LA, PA               |
| <b>MITOTIC INHIBITORS</b>                                                         |                                                   |                                                       |
| <i>docetaxel</i> CONC 20mg/ml                                                     | \$0(1)                                            | B/D                                                   |
| <i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml;<br>SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | \$0(2)                                            | NDS, B/D                                              |
| DOCETAXEL CONC 80mg/4ml,<br>160mg/8ml; SOLN 20mg/2ml, 80mg/8ml,<br>160mg/16ml     | \$0(2)                                            | NDS, B/D                                              |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml,<br>500mg/25ml                          | \$0(1)                                            | B/D                                                   |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml,<br>150mg/25ml, 300mg/50ml                | \$0(1)                                            | B/D                                                   |
| <i>paclitaxel protein-bound particles for iv<br/>susp 100 mg</i>                  | \$0(2)                                            | NDS, B/D, NM                                          |
| <i>vincristine sulfate</i> SOLN 1mg/ml                                            | \$0(1)                                            | B/D                                                   |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml,<br>50mg/5ml                             | \$0(1)                                            | B/D                                                   |
| <b>MOLECULAR TARGET AGENTS</b>                                                    |                                                   |                                                       |
| ALECENSA CAPS 150mg                                                               | \$0(2)                                            | NDS, QL (240 caps / 30 days), NM, LA, PA              |
| ALUNBRIG TABS 30mg                                                                | \$0(2)                                            | NDS, QL (120 tabs / 30 days), NM, LA, PA              |
| ALUNBRIG TABS 90mg, 180mg                                                         | \$0(2)                                            | NDS, QL (30 tabs / 30 days), NM, LA, PA               |
| ALUNBRIG PAK                                                                      | \$0(2)                                            | NDS, QL (30 tabs / 30 days), NM, LA, PA               |
| AUGTYRO CAPS 40mg                                                                 | \$0(2)                                            | NDS, QL (240 caps / 30 days), NM, LA, PA              |
| AYVAKIT TABS 25mg, 50mg, 100mg,<br>200mg, 300mg                                   | \$0(2)                                            | NDS, QL (30 tabs / 30 days), NM, LA, PA               |
| BALVERSA TABS 3mg                                                                 | \$0(2)                                            | NDS, QL (84 tabs / 28 days), NM, LA, PA               |
| BALVERSA TABS 4mg                                                                 | \$0(2)                                            | NDS, QL (56 tabs / 28 days), NM, LA, PA               |
| BALVERSA TABS 5mg                                                                 | \$0(2)                                            | NDS, QL (28 tabs / 28 days), NM, LA, PA               |
| BORTEZOMIB SOLR 1mg, 2.5mg                                                        | \$0(2)                                            | NDS, NM, PA                                           |
| <i>bortezomib</i> SOLR 3.5mg                                                      | \$0(2)                                            | NDS, NM, PA                                           |
| BOSULIF CAPS 50mg                                                                 | \$0(2)                                            | NDS, QL (360 caps / 30 days), NM, PA                  |
| BOSULIF CAPS 100mg                                                                | \$0(2)                                            | NDS, QL (150 caps / 25 days), NM, PA                  |

| <b>Drug Name<br/>(By Medical Condition)</b>          | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| BOSULIF TABS 100mg                                   | \$0(2)                                                      | NDS, QL (180 tabs / 30 days), NM, PA                           |
| BOSULIF TABS 400mg, 500mg                            | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, PA                            |
| BRAFTOVI CAPS 75mg                                   | \$0(2)                                                      | NDS, QL (180 caps / 30 days), NM, LA, PA                       |
| BRUKINSA CAPS 80mg                                   | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| CABOMETYX TABS 20mg, 40mg, 60mg                      | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| CALQUENCE CAPS 100mg                                 | \$0(2)                                                      | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| CALQUENCE TABS 100mg                                 | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| CAPRELSA TABS 100mg                                  | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| CAPRELSA TABS 300mg                                  | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| COMETRIQ (60MG DOSE) KIT 20mg                        | \$0(2)                                                      | NDS, QL (84 caps / 28 days), NM, LA, PA                        |
| COMETRIQ KIT 100MG                                   | \$0(2)                                                      | NDS, QL (56 caps / 28 days), NM, LA, PA                        |
| COMETRIQ KIT 140MG                                   | \$0(2)                                                      | NDS, QL (112 caps / 28 days), NM, LA, PA                       |
| COPIKTRA CAPS 15mg, 25mg                             | \$0(2)                                                      | NDS, QL (56 caps / 28 days), NM, LA, PA                        |
| COTELLIC TABS 20mg                                   | \$0(2)                                                      | NDS, QL (63 tabs / 28 days), NM, LA, PA                        |
| <i>dasatinib</i> TABS 20mg                           | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, PA                            |
| <i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, PA                            |
| DAURISMO TABS 25mg                                   | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| DAURISMO TABS 100mg                                  | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| ERIVEDGE CAPS 150mg                                  | \$0(2)                                                      | NDS, QL (30 caps / 30 days), NM, LA, PA                        |
| <i>erlotinib hcl</i> TABS 25mg                       | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, PA                            |
| <i>erlotinib hcl</i> TABS 100mg, 150mg               | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, PA                            |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg       | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, PA                            |
| <i>everolimus</i> TBSO 2mg                           | \$0(2)                                                      | NDS, QL (150 tabs / 30 days), NM, PA                           |

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|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>everolimus</i> TBSO 3mg                  | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, PA                            |
| <i>everolimus</i> TBSO 5mg                  | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, PA                            |
| FOTIVDA CAPS .89mg, 1.34mg                  | \$0(2)                                                      | NDS, QL (21 caps / 28 days), NM, LA, PA                        |
| FRUZAQLA CAPS 1mg                           | \$0(2)                                                      | NDS, QL (84 caps / 28 days), NM, LA, PA                        |
| FRUZAQLA CAPS 5mg                           | \$0(2)                                                      | NDS, QL (21 caps / 28 days), NM, LA, PA                        |
| GAVRETO CAPS 100mg                          | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| <i>gefitinib</i> TABS 250mg                 | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, PA                            |
| GILOTRIF TABS 20mg, 30mg, 40mg              | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| HERCEP HYLEC SOL 60-10000                   | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| HERCEPTIN SOLR 150mg                        | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| HERZUMA SOLR 150mg, 420mg                   | \$0(2)                                                      | NDS, NM, PA                                                    |
| IBRANCE CAPS 75mg, 100mg, 125mg             | \$0(2)                                                      | NDS, QL (21 caps / 28 days), NM, LA, PA                        |
| IBRANCE TABS 75mg, 100mg, 125mg             | \$0(2)                                                      | NDS, QL (21 tabs / 28 days), NM, LA, PA                        |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg         | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| IDHIFA TABS 50mg, 100mg                     | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| <i>imatinib mesylate</i> TABS 100mg         | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, PA                            |
| <i>imatinib mesylate</i> TABS 400mg         | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, PA                            |
| IMBRUVICA CAPS 70mg                         | \$0(2)                                                      | NDS, QL (30 caps / 30 days), NM, LA, PA                        |
| IMBRUVICA CAPS 140mg                        | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| IMBRUVICA SUSP 70mg/ml                      | \$0(2)                                                      | NDS, QL (216 mL / 27 days), NM, LA, PA                         |
| IMBRUVICA TABS 140mg, 280mg, 420mg          | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| INLYTA TABS 1mg                             | \$0(2)                                                      | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| INLYTA TABS 5mg                             | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| INREBIC CAPS 100mg                          | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, LA, PA                       |

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|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg     | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| JAYPIRCA TABS 50mg                          | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| JAYPIRCA TABS 100mg                         | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| KADCYLA SOLR 100mg, 160mg                   | \$0(2)                                                      | NDS, B/D, NM, LA                                               |
| KANJINTI SOLR 150mg, 420mg                  | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| KEYTRUDA SOLN 100mg/4ml                     | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| KISQALI 200 DOSE TBPK 200mg                 | \$0(2)                                                      | NDS, QL (21 tabs / 28 days), NM, PA                            |
| KISQALI 400 DOSE TBPK 200mg                 | \$0(2)                                                      | NDS, QL (42 tabs / 28 days), NM, PA                            |
| KISQALI 600 DOSE TBPK 200mg                 | \$0(2)                                                      | NDS, QL (63 tabs / 28 days), NM, PA                            |
| KOSELUGO CAPS 10mg                          | \$0(2)                                                      | NDS, QL (240 caps / 30 days), NM, LA, PA                       |
| KOSELUGO CAPS 25mg                          | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| KRAZATI TABS 200mg                          | \$0(2)                                                      | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| <i>lapatinib ditosylate</i> TABS 250mg      | \$0(2)                                                      | NDS, QL (180 tabs / 30 days), NM, PA                           |
| LAZCLUZE TABS 80mg                          | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| LAZCLUZE TABS 240mg                         | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg            | \$0(2)                                                      | NDS, QL (30 caps / 30 days), NM, LA, PA                        |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg            | \$0(2)                                                      | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg          | \$0(2)                                                      | NDS, QL (30 caps / 30 days), NM, LA, PA                        |
| LENVIMA 12MG DAILY DOSE CPPK 4mg            | \$0(2)                                                      | NDS, QL (90 caps / 30 days), NM, LA, PA                        |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg          | \$0(2)                                                      | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| LENVIMA CAP 14 MG                           | \$0(2)                                                      | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| LENVIMA CAP 18 MG                           | \$0(2)                                                      | NDS, QL (90 caps / 30 days), NM, LA, PA                        |
| LENVIMA CAP 24 MG                           | \$0(2)                                                      | NDS, QL (90 caps / 30 days), NM, LA, PA                        |
| LORBRENA TABS 25mg                          | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |

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|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| LORBRENA TABS 100mg                         | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| LUMAKRAS TABS 120mg                         | \$0(2)                                                      | NDS, QL (240 tabs / 30 days), NM, LA, PA                       |
| LUMAKRAS TABS 320mg                         | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |
| LYNPARZA TABS 100mg, 150mg                  | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg         | \$0(2)                                                      | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg         | \$0(2)                                                      | NDS, QL (112 tabs / 28 days), NM, LA, PA                       |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg         | \$0(2)                                                      | NDS, QL (140 tabs / 28 days), NM, LA, PA                       |
| MEKINIST SOLR .05mg/ml                      | \$0(2)                                                      | NDS, QL (1260 mL / 30 days), NM, LA, PA                        |
| MEKINIST TABS 2mg                           | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| MEKINIST TABS .5mg                          | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |
| MEKTOVI TABS 15mg                           | \$0(2)                                                      | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| MONJUVI SOLR 200mg                          | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| NERLYNX TABS 40mg                           | \$0(2)                                                      | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| NEXAVAR TABS 200mg                          | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| NINLARO CAPS 2.3mg, 3mg, 4mg                | \$0(2)                                                      | NDS, QL (3 caps / 28 days), NM, PA                             |
| ODOMZO CAPS 200mg                           | \$0(2)                                                      | NDS, QL (30 caps / 30 days), NM, LA, PA                        |
| OGIVRI SOLR 150mg, 420mg                    | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| OGSIVEO TABS 50mg                           | \$0(2)                                                      | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| OGSIVEO TABS 100mg, 150mg                   | \$0(2)                                                      | NDS, QL (56 tabs / 28 days), NM, LA, PA                        |
| OJEMDA SUSR 25mg/ml                         | \$0(2)                                                      | NDS, QL (96 mL / 28 days), NM, LA, PA                          |
| OJEMDA TABS 100mg                           | \$0(2)                                                      | NDS, QL (24 tabs / 28 days), NM, LA, PA                        |
| OJJAARA TABS 100mg, 150mg, 200mg            | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| ONTRUZANT SOLR 150mg, 420mg                 | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| pazopanib hcl TABS 200mg                    | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, PA                           |

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|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg            | \$0(2)                                                      | NDS, QL (28 tabs / 28 days), NM, LA, PA                        |
| PHESGO SOL                                  | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| PIQRAY 200MG DAILY DOSE TBPk 200mg          | \$0(2)                                                      | NDS, QL (28 tabs / 28 days), NM, PA                            |
| PIQRAY 250MG TAB DOSE                       | \$0(2)                                                      | NDS, QL (56 tabs / 28 days), NM, PA                            |
| PIQRAY 300MG DAILY DOSE TBPk 150mg          | \$0(2)                                                      | NDS, QL (56 tabs / 28 days), NM, PA                            |
| QINLOCK TABS 50mg                           | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |
| RETEVMO CAPS 40mg                           | \$0(2)                                                      | NDS, QL (180 caps / 30 days), NM, LA, PA                       |
| RETEVMO CAPS 80mg                           | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| RETEVMO TABS 40mg                           | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |
| RETEVMO TABS 80mg, 120mg, 160mg             | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| REZLIDHIA CAPS 150mg                        | \$0(2)                                                      | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| ROZLYTREK CAPS 100mg                        | \$0(2)                                                      | NDS, QL (150 caps / 30 days), NM, LA, PA                       |
| ROZLYTREK CAPS 200mg                        | \$0(2)                                                      | NDS, QL (90 caps / 30 days), NM, LA, PA                        |
| ROZLYTREK PACK 50mg                         | \$0(2)                                                      | NDS, QL (336 packets / 28 days), NM, LA, PA                    |
| RUBRACA TABS 200mg, 250mg, 300mg            | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| RYDAPT CAPS 25mg                            | \$0(2)                                                      | NDS, QL (224 caps / 28 days), NM, PA                           |
| SCEMBLIX TABS 20mg                          | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, PA                            |
| SCEMBLIX TABS 40mg                          | \$0(2)                                                      | NDS, QL (300 tabs / 30 days), NM, PA                           |
| SCEMBLIX TABS 100mg                         | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, PA                           |
| <i>sorafenib tosylate</i> TABS 200mg        | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, PA                           |
| SPRYCEL TABS 20mg                           | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, PA                            |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, PA                            |
| STIVARGA TABS 40mg                          | \$0(2)                                                      | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |

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|---------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg | \$0(2)                                                      | NDS, QL (30 caps / 30 days), NM, PA                            |
| TABRECTA TABS 150mg, 200mg                              | \$0(2)                                                      | NDS, QL (112 tabs / 28 days), NM, PA                           |
| TAFINLAR CAPS 50mg, 75mg                                | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| TAFINLAR TBSO 10mg                                      | \$0(2)                                                      | NDS, QL (900 tabs / 30 days), NM, LA, PA                       |
| TAGRISSO TABS 40mg, 80mg                                | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg             | \$0(2)                                                      | NDS, QL (30 caps / 30 days), NM, LA, PA                        |
| TALZENNA CAPS .25mg                                     | \$0(2)                                                      | NDS, QL (90 caps / 30 days), NM, LA, PA                        |
| TASIGNA CAPS 50mg                                       | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, PA                           |
| TASIGNA CAPS 150mg, 200mg                               | \$0(2)                                                      | NDS, QL (112 caps / 28 days), NM, PA                           |
| TAZVERIK TABS 200mg                                     | \$0(2)                                                      | NDS, QL (240 tabs / 30 days), NM, LA, PA                       |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml                  | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| TEPMETKO TABS 225mg                                     | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| TIBSOVO TABS 250mg                                      | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| <i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg             | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| TRAZIMERA SOLR 150mg, 420mg                             | \$0(2)                                                      | NDS, NM, PA                                                    |
| TRUQAP TABS 160mg, 200mg                                | \$0(2)                                                      | NDS, QL (64 tabs / 28 days), NM, LA, PA                        |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml                     | \$0(2)                                                      | NDS, NM, PA                                                    |
| TUKYSA TABS 50mg, 150mg                                 | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, LA, PA                       |
| TURALIO CAPS 125mg                                      | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| VANFLYTA TABS 17.7mg, 26.5mg                            | \$0(2)                                                      | NDS, QL (56 tabs / 28 days), NM, LA, PA                        |
| VENCLEXTA TABS 10mg                                     | \$0(2)                                                      | QL (112 tabs / 28 days), NM, LA, PA                            |
| VENCLEXTA TABS 50mg                                     | \$0(2)                                                      | NDS, QL (112 tabs / 28 days), NM, LA, PA                       |
| VENCLEXTA TABS 100mg                                    | \$0(2)                                                      | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |

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|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| VENCLEXTA TAB START PK                      | \$0(2)                                                      | NDS, QL (42 tabs / 28 days), NM, LA, PA                        |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg     | \$0(2)                                                      | NDS, QL (56 tabs / 28 days), NM, LA, PA                        |
| VITRAKVI CAPS 25mg                          | \$0(2)                                                      | NDS, QL (180 caps / 30 days), NM, LA, PA                       |
| VITRAKVI CAPS 100mg                         | \$0(2)                                                      | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| VITRAKVI SOLN 20mg/ml                       | \$0(2)                                                      | NDS, QL (300 mL / 30 days), NM, LA, PA                         |
| VIZIMPRO TABS 15mg, 30mg, 45mg              | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| VONJO CAPS 100mg                            | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| VORANIGO TABS 10mg                          | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| VORANIGO TABS 40mg                          | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| XALKORI CAPS 200mg, 250mg; CPSP 50mg        | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| XALKORI CPSP 20mg                           | \$0(2)                                                      | NDS, QL (240 caps / 30 days), NM, LA, PA                       |
| XALKORI CPSP 150mg                          | \$0(2)                                                      | NDS, QL (180 caps / 30 days), NM, LA, PA                       |
| XOSPATA TABS 40mg                           | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, LA, PA                        |
| XPOVIO 40 MG ONCE WEEKLY TBPk 40mg          | \$0(2)                                                      | NDS, QL (4 tabs / 28 days), NM, LA, PA                         |
| XPOVIO 40 MG TWICE WEEKLY TBPk 40mg         | \$0(2)                                                      | NDS, QL (8 tabs / 28 days), NM, LA, PA                         |
| XPOVIO 60 MG ONCE WEEKLY TBPk 60mg          | \$0(2)                                                      | NDS, QL (4 tabs / 28 days), NM, LA, PA                         |
| XPOVIO 60 MG TWICE WEEKLY TBPk 20mg         | \$0(2)                                                      | NDS, QL (24 tabs / 28 days), NM, LA, PA                        |
| XPOVIO 80 MG ONCE WEEKLY TBPk 40mg          | \$0(2)                                                      | NDS, QL (8 tabs / 28 days), NM, LA, PA                         |
| XPOVIO 80 MG TWICE WEEKLY TBPk 20mg         | \$0(2)                                                      | NDS, QL (32 tabs / 28 days), NM, LA, PA                        |
| XPOVIO 100 MG ONCE WEEKLY TBPk 50mg         | \$0(2)                                                      | NDS, QL (8 tabs / 28 days), NM, LA, PA                         |
| ZEJULA TABS 100mg, 200mg, 300mg             | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, LA, PA                        |
| ZELBORAF TABS 240mg                         | \$0(2)                                                      | NDS, QL (240 tabs / 30 days), NM, LA, PA                       |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml          | \$0(2)                                                      | NDS, NM, LA, PA                                                |

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| ZOLINZA CAPS 100mg                          | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, PA                           |
| ZYDELIG TABS 100mg, 150mg                   | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| ZYKADIA TABS 150mg                          | \$0(2)                                                      | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |

### **PROTECTIVE AGENTS**

|                                                                                        |        |     |
|----------------------------------------------------------------------------------------|--------|-----|
| <i>leucovorin calcium</i> SOLN 500mg/50ml;<br>SOLR 50mg, 100mg, 200mg, 350mg,<br>500mg | \$0(1) | B/D |
| <i>leucovorin calcium</i> TABS 5mg, 10mg,<br>15mg, 25mg                                | \$0(1) |     |
| MESNEX TABS 400mg                                                                      | \$0(2) | NDS |

### **CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

#### **ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

|                                                                 |        |                        |
|-----------------------------------------------------------------|--------|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 2.5-<br/>10 mg</i>    | \$0(1) | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-<br/>10 mg</i>      | \$0(1) | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-<br/>20 mg</i>      | \$0(1) | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-<br/>40 mg</i>      | \$0(1) | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-<br/>20 mg</i>     | \$0(1) | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-<br/>40 mg</i>     | \$0(1) | QL (30 caps / 30 days) |
| <i>benazepril &amp; hydrochlorothiazide tab 5-<br/>6.25mg</i>   | \$0(1) |                        |
| <i>benazepril &amp; hydrochlorothiazide tab 10-<br/>12.5 mg</i> | \$0(1) |                        |
| <i>benazepril &amp; hydrochlorothiazide tab 20-<br/>12.5 mg</i> | \$0(1) |                        |
| <i>benazepril &amp; hydrochlorothiazide tab 20-25<br/>mg</i>    | \$0(1) |                        |
| <i>captopril &amp; hydrochlorothiazide tab 25-15<br/>mg</i>     | \$0(1) |                        |
| <i>captopril &amp; hydrochlorothiazide tab 25-25<br/>mg</i>     | \$0(1) |                        |
| <i>captopril &amp; hydrochlorothiazide tab 50-15<br/>mg</i>     | \$0(1) |                        |
| <i>captopril &amp; hydrochlorothiazide tab 50-25<br/>mg</i>     | \$0(1) |                        |

| Drug Name<br>(By Medical Condition)                                          | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>             | \$0(1)                                            |                                                       |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>              | \$0(1)                                            |                                                       |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>            | \$0(1)                                            |                                                       |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>            | \$0(1)                                            |                                                       |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>                   | \$0(1)                                            |                                                       |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>                   | \$0(1)                                            |                                                       |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>                     | \$0(1)                                            |                                                       |
| <b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                   |                                                   |                                                       |
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>                             | \$0(1)                                            |                                                       |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>                              | \$0(1)                                            |                                                       |
| <i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>                         | \$0(1)                                            |                                                       |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>                               | \$0(1)                                            |                                                       |
| <i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>                    | \$0(1)                                            |                                                       |
| <i>moexipril hcl TABS 7.5mg, 15mg</i>                                        | \$0(1)                                            |                                                       |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>                               | \$0(1)                                            |                                                       |
| <i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>                              | \$0(1)                                            |                                                       |
| <i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>                                | \$0(1)                                            |                                                       |
| <i>trandolapril TABS 1mg, 2mg, 4mg</i>                                       | \$0(1)                                            |                                                       |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b> |                                                   |                                                       |
| <i>eplerenone TABS 25mg, 50mg</i>                                            | \$0(1)                                            |                                                       |
| KERENDIA TABS 10mg, 20mg                                                     | \$0(2)                                            | QL (30 tabs / 30 days)                                |
| <i>spironolactone TABS 25mg, 50mg, 100mg</i>                                 | \$0(1)                                            |                                                       |
| <b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                   |                                                   |                                                       |
| <i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>                            | \$0(1)                                            |                                                       |
| <i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>                                       | \$0(1)                                            |                                                       |
| <i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>                                | \$0(1)                                            |                                                       |

| Drug Name<br>(By Medical Condition) | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-------------------------------------|---------------------------------------------------|-------------------------------------------------------|
|-------------------------------------|---------------------------------------------------|-------------------------------------------------------|

### **ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

|                                                                     |        |                         |
|---------------------------------------------------------------------|--------|-------------------------|
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>         | \$0(1) | QL (30 tabs / 30 days)  |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>         | \$0(1) | QL (30 tabs / 30 days)  |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>        | \$0(1) | QL (30 tabs / 30 days)  |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>        | \$0(1) | QL (30 tabs / 30 days)  |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i>                   | \$0(1) | QL (30 tabs / 30 days)  |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i>                   | \$0(1) | QL (30 tabs / 30 days)  |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i>                  | \$0(1) | QL (30 tabs / 30 days)  |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i>                  | \$0(1) | QL (30 tabs / 30 days)  |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>     | \$0(1) | QL (60 tabs / 30 days)  |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>     | \$0(1) | QL (30 tabs / 30 days)  |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>       | \$0(1) | QL (30 tabs / 30 days)  |
| ENTRESTO CAP 6-6MG                                                  | \$0(2) | QL (240 caps / 30 days) |
| ENTRESTO CAP 15-16MG                                                | \$0(2) | QL (240 caps / 30 days) |
| ENTRESTO TAB 24-26MG                                                | \$0(2) | QL (60 tabs / 30 days)  |
| ENTRESTO TAB 49-51MG                                                | \$0(2) | QL (60 tabs / 30 days)  |
| ENTRESTO TAB 97-103MG                                               | \$0(2) | QL (60 tabs / 30 days)  |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>               | \$0(1) | QL (60 tabs / 30 days)  |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>               | \$0(1) | QL (30 tabs / 30 days)  |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>  | \$0(1) |                         |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> | \$0(1) |                         |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>   | \$0(1) |                         |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>      | \$0(1) | QL (30 tabs / 30 days)  |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>      | \$0(1) | QL (30 tabs / 30 days)  |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>        | \$0(1) | QL (30 tabs / 30 days)  |

| <b>Drug Name<br/>(By Medical Condition)</b>                                     | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>               | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>               | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>                 | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>              | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>                | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>telmisartan-amlodipine tab 40-5 mg</i>                                       | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>telmisartan-amlodipine tab 40-10 mg</i>                                      | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>telmisartan-amlodipine tab 80-5 mg</i>                                       | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>telmisartan-amlodipine tab 80-10 mg</i>                                      | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>                           | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>                           | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>                             | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>                             | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>                            | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>                              | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>                            | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>                              | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b> |                                                             |                                                                |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>                                | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>candesartan cilexetil TABS 32mg</i>                                          | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i>                                       | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i>                                | \$0(1)                                                      |                                                                |
| <i>olmesartan medoxomil TABS 5mg</i>                                            | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>olmesartan medoxomil TABS 20mg, 40mg</i>                                     | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i>                                        | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>valsartan TABS 40mg, 80mg, 160mg</i>                                         | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>valsartan TABS 320mg</i>                                                     | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |

| Drug Name<br>(By Medical Condition) | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-------------------------------------|---------------------------------------------------|-------------------------------------------------------|
|-------------------------------------|---------------------------------------------------|-------------------------------------------------------|

### **ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM**

|                                                                                |        |    |
|--------------------------------------------------------------------------------|--------|----|
| <i>amiodarone hcl</i> SOLN 50mg/ml,<br>900mg/18ml; TABS 100mg, 200mg,<br>400mg | \$0(1) |    |
| <i>disopyramide phosphate</i> CAPS 100mg,<br>150mg                             | \$0(2) |    |
| <i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg                                  | \$0(1) | NM |
| <i>flecainide acetate</i> TABS 50mg, 100mg,<br>150mg                           | \$0(1) |    |
| <i>MULTAQ</i> TABS 400mg                                                       | \$0(2) |    |
| <i>NORPACE CR</i> CP12 100mg, 150mg                                            | \$0(2) |    |
| <i>pacerone</i> TABS 100mg, 200mg, 400mg                                       | \$0(1) |    |
| <i>propafenone hcl</i> CP12 225mg, 325mg,<br>425mg; TABS 150mg, 225mg, 300mg   | \$0(1) |    |
| <i>quinidine sulfate</i> TABS 200mg, 300mg                                     | \$0(1) |    |
| <i>sorine</i> TABS 80mg, 120mg, 160mg,<br>240mg                                | \$0(1) |    |
| <i>sotalol hcl</i> TABS 80mg, 120mg, 160mg,<br>240mg                           | \$0(1) |    |
| <i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg,<br>160mg                       | \$0(1) |    |

### **ANTILIPEMICS, FIBRATES**

|                                                          |        |  |
|----------------------------------------------------------|--------|--|
| <i>fenofibrate</i> TABS 48mg, 54mg, 145mg,<br>160mg      | \$0(1) |  |
| <i>fenofibrate micronized</i> CAPS 67mg,<br>134mg, 200mg | \$0(1) |  |
| <i>gemfibrozil</i> TABS 600mg                            | \$0(1) |  |

### **ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL**

|                                                            |        |                        |
|------------------------------------------------------------|--------|------------------------|
| <i>atorvastatin calcium</i> TABS 10mg, 20mg,<br>40mg, 80mg | \$0(1) | QL (30 tabs / 30 days) |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg                    | \$0(1) | QL (60 tabs / 30 days) |
| <i>pravastatin sodium</i> TABS 10mg, 20mg,<br>40mg, 80mg   | \$0(1) | QL (30 tabs / 30 days) |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg,<br>20mg, 40mg  | \$0(1) | QL (30 tabs / 30 days) |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg,<br>40mg, 80mg     | \$0(1) | QL (30 tabs / 30 days) |

### **ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL**

|                                                        |        |  |
|--------------------------------------------------------|--------|--|
| <i>cholestyramine</i> PACK 4gm; POWD<br>4gm/dose       | \$0(1) |  |
| <i>cholestyramine light</i> PACK 4gm; POWD<br>4gm/dose | \$0(1) |  |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                         | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg                                                      | \$0(1)                                                      |                                                                |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm                                                  | \$0(1)                                                      |                                                                |
| <i>ezetimibe</i> TABS 10mg                                                                          | \$0(1)                                                      |                                                                |
| <i>ezetimibe-simvastatin tab 10-10 mg</i>                                                           | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>ezetimibe-simvastatin tab 10-20 mg</i>                                                           | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>ezetimibe-simvastatin tab 10-40 mg</i>                                                           | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>ezetimibe-simvastatin tab 10-80 mg</i>                                                           | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| NEXLETOL TABS 180mg                                                                                 | \$0(2)                                                      | QL (30 tabs / 30 days)                                         |
| NEXLIZET TAB 180/10MG                                                                               | \$0(2)                                                      | QL (30 tabs / 30 days)                                         |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg                                        | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                                                           | \$0(1)                                                      | PA                                                             |
| <i>prevalite</i> PACK 4gm; POWD 4gm/dose                                                            | \$0(1)                                                      |                                                                |
| REPATHA SOSY 140mg/ml                                                                               | \$0(2)                                                      | NM, PA                                                         |
| REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml                                                          | \$0(2)                                                      | NM, PA                                                         |
| REPATHA SURECLICK SOAJ 140mg/ml                                                                     | \$0(2)                                                      | NM, PA                                                         |
| VASCEPA CAPS .5gm, 1gm                                                                              | \$0(2)                                                      |                                                                |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b> |                                                             |                                                                |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>                                                   | \$0(1)                                                      |                                                                |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>                                                  | \$0(1)                                                      |                                                                |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>                                         | \$0(1)                                                      |                                                                |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>                                           | \$0(1)                                                      |                                                                |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>                                          | \$0(1)                                                      |                                                                |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>                                            | \$0(1)                                                      |                                                                |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>                                           | \$0(1)                                                      |                                                                |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>                                           | \$0(1)                                                      |                                                                |
| <b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>                      |                                                             |                                                                |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg                                                             | \$0(1)                                                      |                                                                |
| <i>atenolol</i> TABS 25mg, 50mg, 100mg                                                              | \$0(1)                                                      |                                                                |
| <i>betaxolol hcl</i> TABS 10mg, 20mg                                                                | \$0(1)                                                      |                                                                |
| <i>bisoprolol fumarate</i> TABS 5mg, 10mg                                                           | \$0(1)                                                      |                                                                |
| <i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg                                                | \$0(1)                                                      |                                                                |

| Drug Name<br>(By Medical Condition)                                                                                                        | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>labetalol hcl</i> TABS 100mg, 200mg, 300mg                                                                                              | \$0(1)                                            |                                                       |
| <i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg                                                                                  | \$0(1)                                            |                                                       |
| <i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg                                                                            | \$0(1)                                            |                                                       |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg                                                                                                       | \$0(1)                                            |                                                       |
| <i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg                                                                                                 | \$0(1)                                            | QL (30 tabs / 30 days)                                |
| <i>nebivolol hcl</i> TABS 20mg                                                                                                             | \$0(1)                                            | QL (60 tabs / 30 days)                                |
| <i>pindolol</i> TABS 5mg, 10mg                                                                                                             | \$0(1)                                            |                                                       |
| <i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg                           | \$0(1)                                            |                                                       |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg                                                                                                | \$0(1)                                            |                                                       |
| <b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>                                                  |                                                   |                                                       |
| <i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg                                                                                           | \$0(1)                                            |                                                       |
| <i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg                                                                                           | \$0(1)                                            |                                                       |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg                                                                                                    | \$0(1)                                            |                                                       |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg                            | \$0(1)                                            |                                                       |
| <i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg                                                                   | \$0(1)                                            |                                                       |
| <i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                                                  | \$0(1)                                            |                                                       |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg                                                                                                    | \$0(1)                                            |                                                       |
| <i>isradipine</i> CAPS 2.5mg, 5mg                                                                                                          | \$0(1)                                            |                                                       |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg                                                                                                     | \$0(1)                                            |                                                       |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg                                                                                                    | \$0(1)                                            |                                                       |
| <i>nimodipine</i> CAPS 30mg                                                                                                                | \$0(1)                                            |                                                       |
| NYMALIZE SOLN 6mg/ml                                                                                                                       | \$0(2)                                            | NDS                                                   |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                                                                            | \$0(1)                                            |                                                       |
| <i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | \$0(1)                                            |                                                       |
| <b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>                                                                                         |                                                   |                                                       |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg                                                                                         | \$0(1)                                            |                                                       |

| Drug Name<br>(By Medical Condition)                               | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>            | \$0(1)                                            |                                                       |
| <i>amiloride hcl TABS 5mg</i>                                     | \$0(1)                                            |                                                       |
| <i>bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg</i>              | \$0(1)                                            |                                                       |
| <i>chlorthalidone TABS 25mg, 50mg</i>                             | \$0(1)                                            |                                                       |
| <i>furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg</i>   | \$0(1)                                            |                                                       |
| <i>furosemide inj SOLN 10mg/ml</i>                                | \$0(1)                                            |                                                       |
| <i>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</i>   | \$0(1)                                            |                                                       |
| <i>indapamide TABS 1.25mg, 2.5mg</i>                              | \$0(1)                                            |                                                       |
| <i>methazolamide TABS 25mg, 50mg</i>                              | \$0(1)                                            |                                                       |
| <i>metolazone TABS 2.5mg, 5mg, 10mg</i>                           | \$0(1)                                            |                                                       |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>      | \$0(1)                                            |                                                       |
| <i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>                      | \$0(1)                                            |                                                       |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>       | \$0(1)                                            |                                                       |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>       | \$0(1)                                            |                                                       |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>         | \$0(1)                                            |                                                       |
| <b>MISCELLANEOUS</b>                                              |                                                   |                                                       |
| <i>aliskiren fumarate TABS 150mg, 300mg</i>                       | \$0(1)                                            |                                                       |
| <i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>             | \$0(1)                                            |                                                       |
| <i>clonidine hcl TABS .1mg, .2mg, .3mg</i>                        | \$0(1)                                            |                                                       |
| <i>CORLANOR SOLN 5mg/5ml</i>                                      | \$0(2)                                            | QL (450 mL / 30 days)                                 |
| <i>CORLANOR TABS 5mg, 7.5mg</i>                                   | \$0(2)                                            | QL (60 tabs / 30 days)                                |
| <i>digoxin SOLN .05mg/ml, .25mg/ml</i>                            | \$0(1)                                            |                                                       |
| <i>digoxin TABS 125mcg, 250mcg</i>                                | \$0(1)                                            | QL (30 tabs / 30 days)                                |
| <i>droxidopa CAPS 100mg</i>                                       | \$0(2)                                            | NDS, QL (90 caps / 30 days), NM, PA                   |
| <i>droxidopa CAPS 200mg, 300mg</i>                                | \$0(2)                                            | NDS, QL (180 caps / 30 days), NM, PA                  |
| <i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>                      | \$0(1)                                            |                                                       |
| <i>guanfacine hcl TABS 1mg, 2mg</i>                               | \$0(2)                                            | PA; PA if 70 years and older                          |
| <i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i> | \$0(1)                                            |                                                       |
| <i>ivabradine hcl TABS 5mg, 7.5mg</i>                             | \$0(1)                                            | QL (60 tabs / 30 days)                                |
| <i>metyrosine CAPS 250mg</i>                                      | \$0(2)                                            | NDS, NM, PA                                           |
| <i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>                        | \$0(1)                                            |                                                       |

| Drug Name<br>(By Medical Condition)                                                                  | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>minoxidil</i> TABS 2.5mg, 10mg                                                                    | \$0(1)                                            |                                                       |
| <i>ranolazine</i> TB12 500mg, 1000mg                                                                 | \$0(1)                                            |                                                       |
| VERQUVO TABS 2.5mg, 5mg, 10mg                                                                        | \$0(2)                                            | QL (30 tabs / 30 days)                                |
| <b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>                                                    |                                                   |                                                       |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg                                               | \$0(1)                                            |                                                       |
| <i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg                                | \$0(1)                                            |                                                       |
| NITRO-BID OINT 2%                                                                                    | \$0(2)                                            |                                                       |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg | \$0(1)                                            |                                                       |
| <b>PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION</b>                       |                                                   |                                                       |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg                                                            | \$0(2)                                            | NDS, QL (90 tabs / 30 days), NM, LA, PA               |
| <i>ambrisentan</i> TABS 5mg, 10mg                                                                    | \$0(2)                                            | NDS, QL (30 tabs / 30 days), NM, LA, PA               |
| <i>bosentan</i> TABS 62.5mg, 125mg                                                                   | \$0(2)                                            | NDS, QL (60 tabs / 30 days), NM, LA, PA               |
| OPSUMIT TABS 10mg                                                                                    | \$0(2)                                            | NDS, QL (30 tabs / 30 days), NM, LA, PA               |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg                                         | \$0(1)                                            | QL (360 tabs / 30 days), NM, PA                       |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml                                | \$0(2)                                            | NDS, NM, LA, PA                                       |
| VENTAVIS SOLN 10mcg/ml, 20mcg/ml                                                                     | \$0(2)                                            | NDS, NM, LA, PA                                       |
| <b>CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>                              |                                                   |                                                       |
| <b>ANTIANXIETY - DRUGS TO TREAT ANXIETY</b>                                                          |                                                   |                                                       |
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg                                                         | \$0(1)                                            | QL (150 tabs / 30 days)                               |
| <i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg                                               | \$0(1)                                            |                                                       |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg                                                    | \$0(1)                                            |                                                       |
| <i>lorazepam</i> CONC 2mg/ml                                                                         | \$0(1)                                            | QL (150 mL / 30 days)                                 |
| <i>lorazepam</i> SOLN 2mg/ml, 4mg/ml                                                                 | \$0(1)                                            |                                                       |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg                                                                 | \$0(1)                                            | QL (150 tabs / 30 days)                               |
| <i>lorazepam intensol</i> CONC 2mg/ml                                                                | \$0(1)                                            | QL (150 mL / 30 days)                                 |
| <b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>                                        |                                                   |                                                       |
| <i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg                                                    | \$0(1)                                            | QL (30 tabs / 30 days)                                |
| <i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg                                                  | \$0(1)                                            |                                                       |

| <b>Drug Name<br/>(By Medical Condition)</b>                                  | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg                         | \$0(1)                                                      | QL (30 caps / 30 days)                                         |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml                                  | \$0(1)                                                      | QL (200 mL / 30 days)                                          |
| <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg                          | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg | \$0(1)                                                      | PA; PA applies if 29 years and younger                         |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>           | \$0(2)                                                      | PA; PA applies if 29 years and younger                         |
| NAMZARIC CAP 7-10MG                                                          | \$0(2)                                                      |                                                                |
| NAMZARIC CAP 14-10MG                                                         | \$0(2)                                                      |                                                                |
| NAMZARIC CAP 21-10MG                                                         | \$0(2)                                                      |                                                                |
| NAMZARIC CAP 28-10MG                                                         | \$0(2)                                                      |                                                                |
| NAMZARIC CAP PACK                                                            | \$0(2)                                                      |                                                                |
| <i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr                 | \$0(1)                                                      | QL (30 patches / 30 days)                                      |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg                     | \$0(1)                                                      | QL (60 caps / 30 days)                                         |
| <b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>                           |                                                             |                                                                |
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg           | \$0(2)                                                      |                                                                |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg                               | \$0(2)                                                      |                                                                |
| AUVELITY TAB 45-105MG                                                        | \$0(2)                                                      | QL (60 tabs / 30 days), PA                                     |
| <i>bupropion hcl</i> TABS 75mg, 100mg                                        | \$0(1)                                                      |                                                                |
| <i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg                    | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>bupropion hcl</i> TB24 300mg                                              | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg          | \$0(1)                                                      |                                                                |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg                                | \$0(2)                                                      | PA                                                             |
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg             | \$0(2)                                                      |                                                                |
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg                       | \$0(1)                                                      | QL (30 tabs / 30 days), PA                                     |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml   | \$0(2)                                                      |                                                                |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg                                | \$0(2)                                                      | QL (60 caps / 30 days), PA                                     |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg                                  | \$0(1)                                                      | QL (60 caps / 30 days)                                         |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr                                     | \$0(2)                                                      | NDS, QL (30 patches / 30 days), PA                             |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                 | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>escitalopram oxalate</i> SOLN 5mg/5ml;<br>TABS 5mg, 10mg, 20mg                           | \$0(1)                                                      |                                                                |
| FETZIMA CP24 20mg, 40mg                                                                     | \$0(2)                                                      | QL (60 caps / 30 days),<br>PA                                  |
| FETZIMA CP24 80mg, 120mg                                                                    | \$0(2)                                                      | QL (30 caps / 30 days),<br>PA                                  |
| FETZIMA CAP TITRATIO                                                                        | \$0(2)                                                      | QL (2 packs / year), PA                                        |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg;<br>SOLN 20mg/5ml                               | \$0(1)                                                      |                                                                |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg                                                 | \$0(2)                                                      |                                                                |
| MARPLAN TABS 10mg                                                                           | \$0(2)                                                      | QL (180 tabs / 30 days)                                        |
| <i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg,<br>45mg; TBDP 15mg, 30mg, 45mg                   | \$0(1)                                                      |                                                                |
| <i>nefazodone hcl</i> TABS 50mg, 100mg,<br>150mg, 200mg, 250mg                              | \$0(1)                                                      |                                                                |
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg,<br>50mg, 75mg; SOLN 10mg/5ml                      | \$0(2)                                                      |                                                                |
| <i>paroxetine hcl</i> SUSP 10mg/5ml                                                         | \$0(2)                                                      | QL (900 mL / 30 days),<br>PA                                   |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg,<br>40mg                                        | \$0(2)                                                      |                                                                |
| <i>phenelzine sulfate</i> TABS 15mg                                                         | \$0(1)                                                      |                                                                |
| <i>protriptyline hcl</i> TABS 5mg, 10mg                                                     | \$0(2)                                                      |                                                                |
| <i>sertraline hcl</i> CONC 20mg/ml; TABS<br>25mg, 50mg, 100mg                               | \$0(1)                                                      |                                                                |
| <i>tranylcypromine sulfate</i> TABS 10mg                                                    | \$0(1)                                                      |                                                                |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg                                                | \$0(1)                                                      |                                                                |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg                                                 | \$0(2)                                                      | QL (120 caps / 30 days)                                        |
| <i>trimipramine maleate</i> CAPS 100mg                                                      | \$0(2)                                                      | QL (60 caps / 30 days)                                         |
| TRINTELLIX TABS 5mg, 10mg, 20mg                                                             | \$0(2)                                                      | QL (30 tabs / 30 days)                                         |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg,<br>150mg; TABS 25mg, 37.5mg, 50mg,<br>75mg, 100mg | \$0(1)                                                      |                                                                |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg                                                 | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| ZURZUVAE CAPS 20mg, 25mg                                                                    | \$0(2)                                                      | NDS, QL (28 caps / 14<br>days), NM, LA, PA                     |
| ZURZUVAE CAPS 30mg                                                                          | \$0(2)                                                      | NDS, QL (14 caps / 14<br>days), NM, LA, PA                     |
| <b>ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS<br/>DISEASE</b>                      |                                                             |                                                                |
| <i>amantadine hcl</i> CAPS 100mg                                                            | \$0(1)                                                      | QL (120 caps / 30 days)                                        |
| <i>amantadine hcl</i> SOLN 50mg/5ml; TABS<br>100mg                                          | \$0(1)                                                      |                                                                |
| <i>benztropine mesylate</i> SOLN 1mg/ml                                                     | \$0(1)                                                      |                                                                |

| Drug Name<br>(By Medical Condition)                                            | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|--------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg                                | \$0(2)                                            | PA; PA if 70 years and older                          |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg                             | \$0(1)                                            |                                                       |
| <i>carb/levo orally disintegrating tab 10-100mg</i>                            | \$0(1)                                            |                                                       |
| <i>carb/levo orally disintegrating tab 25-100mg</i>                            | \$0(1)                                            |                                                       |
| <i>carb/levo orally disintegrating tab 25-250mg</i>                            | \$0(1)                                            |                                                       |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>                                  | \$0(1)                                            |                                                       |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>                                  | \$0(1)                                            |                                                       |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                                  | \$0(1)                                            |                                                       |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                               | \$0(1)                                            |                                                       |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                               | \$0(1)                                            |                                                       |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>                       | \$0(1)                                            |                                                       |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>                      | \$0(1)                                            |                                                       |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>                        | \$0(1)                                            |                                                       |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>                     | \$0(1)                                            |                                                       |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>                      | \$0(1)                                            |                                                       |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>                        | \$0(1)                                            |                                                       |
| <i>entacapone</i> TABS 200mg                                                   | \$0(1)                                            |                                                       |
| INBRIJA CAPS 42mg                                                              | \$0(2)                                            | NDS, QL (300 caps / 30 days), NM, LA, PA              |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr         | \$0(2)                                            |                                                       |
| <i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg | \$0(1)                                            |                                                       |
| <i>rasagiline mesylate</i> TABS .5mg, 1mg                                      | \$0(1)                                            | QL (30 tabs / 30 days)                                |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg      | \$0(1)                                            |                                                       |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg                                       | \$0(1)                                            |                                                       |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg                         | \$0(2)                                            | PA; PA if 70 years and older                          |
| <b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>                               |                                                   |                                                       |
| ABILIFY MAINTENA PRSY 300mg, 400mg                                             | \$0(2)                                            | NDS, QL (1 syringe / 28 days)                         |
| ABILIFY MAINTENA SRER 300mg, 400mg                                             | \$0(2)                                            | NDS, QL (1 injection / 28 days)                       |

| Drug Name<br>(By Medical Condition)                                                                           | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>aripiprazole</i> SOLN 1mg/ml                                                                               | \$0(1)                                            | QL (900 mL / 30 days)                                 |
| <i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg                                                     | \$0(1)                                            | QL (30 tabs / 30 days)                                |
| <i>aripiprazole</i> TBDP 10mg, 15mg                                                                           | \$0(1)                                            | QL (60 tabs / 30 days)                                |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml                                                           | \$0(2)                                            | NDS, QL (1 syringe / 28 days)                         |
| ARISTADA PRSY 1064mg/3.9ml                                                                                    | \$0(2)                                            | NDS, QL (1 syringe / 56 days)                         |
| ARISTADA INITIO PRSY 675mg/2.4ml                                                                              | \$0(2)                                            | NDS                                                   |
| <i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg                                                                | \$0(1)                                            | QL (60 tabs / 30 days)                                |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg                                                                               | \$0(2)                                            | NDS, QL (30 caps / 30 days)                           |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | \$0(1)                                            |                                                       |
| <i>clozapine</i> TABS 25mg, 50mg                                                                              | \$0(1)                                            |                                                       |
| <i>clozapine</i> TABS 100mg                                                                                   | \$0(1)                                            | QL (270 tabs / 30 days)                               |
| <i>clozapine</i> TABS 200mg                                                                                   | \$0(1)                                            | QL (120 tabs / 30 days)                               |
| <i>clozapine</i> TBDP 12.5mg, 25mg                                                                            | \$0(1)                                            | PA                                                    |
| <i>clozapine</i> TBDP 100mg                                                                                   | \$0(1)                                            | QL (270 tabs / 30 days), PA                           |
| <i>clozapine</i> TBDP 150mg                                                                                   | \$0(1)                                            | QL (180 tabs / 30 days), PA                           |
| <i>clozapine</i> TBDP 200mg                                                                                   | \$0(2)                                            | NDS, QL (120 tabs / 30 days), PA                      |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg                                                               | \$0(2)                                            | NDS, QL (60 tabs / 30 days), PA                       |
| FANAPT PAK                                                                                                    | \$0(2)                                            | QL (2 packs / year), PA                               |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml                                                                    | \$0(1)                                            |                                                       |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg                | \$0(1)                                            |                                                       |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg                                                       | \$0(1)                                            |                                                       |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml                                                           | \$0(1)                                            |                                                       |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml                                                           | \$0(1)                                            |                                                       |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml                                                                  | \$0(2)                                            | NDS, QL (1 injection / 180 days)                      |
| INVEGA SUSTENNA SUSY 39mg/0.25ml                                                                              | \$0(2)                                            | QL (1 syringe / 28 days)                              |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml                                          | \$0(2)                                            | NDS, QL (1 syringe / 28 days)                         |

| <b>Drug Name<br/>(By Medical Condition)</b>                                     | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| INVEGA TRINZA SUSY 273mg/0.88ml,<br>410mg/1.32ml, 546mg/1.75ml,<br>819mg/2.63ml | \$0(2)                                                      | NDS, QL (1 syringe / 90<br>days)                               |
| <i>loxapine succinate</i> CAPS 5mg, 10mg,<br>25mg, 50mg                         | \$0(1)                                                      |                                                                |
| <i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg,<br>120mg                           | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>lurasidone hcl</i> TABS 80mg                                                 | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg                                       | \$0(1)                                                      |                                                                |
| NUPLAZID CAPS 34mg                                                              | \$0(2)                                                      | NDS, QL (30 caps / 30<br>days), NM, LA, PA                     |
| NUPLAZID TABS 10mg                                                              | \$0(2)                                                      | NDS, QL (30 tabs / 30<br>days), NM, LA, PA                     |
| <i>olanzapine</i> SOLR 10mg                                                     | \$0(1)                                                      | QL (3 vials / 1 day)                                           |
| <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg;<br>TBDP 10mg                           | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>olanzapine</i> TABS 7.5mg, 15mg, 20mg;<br>TBDP 5mg, 15mg, 20mg               | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 9mg                                        | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>paliperidone</i> TB24 6mg                                                    | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg,<br>16mg                                 | \$0(1)                                                      |                                                                |
| PERSERIS PRSY 90mg, 120mg                                                       | \$0(2)                                                      | NDS, QL (1 syringe / 30<br>days)                               |
| <i>pimozide</i> TABS 1mg, 2mg                                                   | \$0(1)                                                      |                                                                |
| <i>quetiapine fumarate</i> TABS 25mg                                            | \$0(1)                                                      | QL (180 tabs / 30 days)                                        |
| <i>quetiapine fumarate</i> TABS 50mg, 100mg,<br>150mg, 200mg                    | \$0(1)                                                      | QL (90 tabs / 30 days)                                         |
| <i>quetiapine fumarate</i> TABS 300mg, 400mg                                    | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>quetiapine fumarate</i> TB24 50mg, 300mg,<br>400mg                           | \$0(1)                                                      | QL (60 tabs / 30 days),<br>PA                                  |
| <i>quetiapine fumarate</i> TB24 150mg, 200mg                                    | \$0(1)                                                      | QL (30 tabs / 30 days),<br>PA                                  |
| REXULTI TABS 3mg, 4mg                                                           | \$0(2)                                                      | NDS, QL (30 tabs / 30<br>days)                                 |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg                                              | \$0(2)                                                      | NDS, QL (60 tabs / 30<br>days)                                 |
| <i>risperidone</i> SOLN 1mg/ml                                                  | \$0(1)                                                      | QL (240 mL / 30 days)                                          |
| <i>risperidone</i> TABS .25mg, .5mg, 1mg,<br>2mg, 3mg, 4mg                      | \$0(1)                                                      |                                                                |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg                                           | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>risperidone</i> TBDP 4mg                                                     | \$0(1)                                                      | QL (120 tabs / 30 days)                                        |
| <i>risperidone</i> TBDP .25mg, .5mg                                             | \$0(1)                                                      | QL (90 tabs / 30 days)                                         |
| <i>risperidone microspheres</i> SRER 12.5mg,<br>25mg                            | \$0(1)                                                      | QL (2 injections / 28<br>days)                                 |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                     | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>risperidone microspheres</i> SRER 37.5mg, 50mg                                                               | \$0(2)                                                      | NDS, QL (2 injections / 28 days)                               |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr                                                                 | \$0(2)                                                      | NDS, QL (30 patches / 30 days)                                 |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg                                                            | \$0(1)                                                      |                                                                |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg                                                                     | \$0(1)                                                      |                                                                |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg                                                             | \$0(1)                                                      |                                                                |
| VERSACLOZ SUSP 50mg/ml                                                                                          | \$0(2)                                                      | NDS, QL (600 mL / 30 days), PA                                 |
| VRAYLAR CAPS 1.5mg                                                                                              | \$0(2)                                                      | NDS, QL (60 caps / 30 days)                                    |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg                                                                                    | \$0(2)                                                      | NDS, QL (30 caps / 30 days)                                    |
| VRAYLAR CAP 1.5-3MG                                                                                             | \$0(2)                                                      | QL (2 packs / year)                                            |
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg                                                              | \$0(1)                                                      | QL (60 caps / 30 days)                                         |
| <i>ziprasidone mesylate</i> SOLR 20mg                                                                           | \$0(1)                                                      | QL (6 injections / 3 days)                                     |
| ZYPREXA RELPREVV SUSR 210mg, 300mg                                                                              | \$0(2)                                                      | NDS, QL (2 vials / 28 days), NM, PA                            |
| ZYPREXA RELPREVV SUSR 405mg                                                                                     | \$0(2)                                                      | NDS, QL (1 vial / 28 days), NM, PA                             |
| <b>ANTISEIZURE AGENTS</b>                                                                                       |                                                             |                                                                |
| APTiom TABS 200mg, 400mg                                                                                        | \$0(2)                                                      | NDS, QL (30 tabs / 30 days)                                    |
| APTiom TABS 600mg, 800mg                                                                                        | \$0(2)                                                      | NDS, QL (60 tabs / 30 days)                                    |
| BRIVIACT SOLN 10mg/ml                                                                                           | \$0(2)                                                      | NDS, QL (600 mL / 30 days), PA                                 |
| BRIVIACT SOLN 50mg/5ml                                                                                          | \$0(2)                                                      | PA                                                             |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg                                                                     | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), PA                                |
| <i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | \$0(1)                                                      |                                                                |
| <i>clobazam</i> SUSP 2.5mg/ml                                                                                   | \$0(1)                                                      | QL (480 mL / 30 days), PA                                      |
| <i>clobazam</i> TABS 10mg, 20mg                                                                                 | \$0(1)                                                      | QL (60 tabs / 30 days), PA                                     |
| <i>clonazepam</i> TABS 2mg; TBDP 2mg                                                                            | \$0(1)                                                      | QL (300 tabs / 30 days)                                        |
| <i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg                                                 | \$0(1)                                                      | QL (90 tabs / 30 days)                                         |

| Drug Name<br>(By Medical Condition)                                              | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE                                                 |
|----------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg                          | \$0(1)                                            | QL (180 tabs / 30 days), PA; PA if 65 years and older                                                 |
| DIACOMIT CAPS 250mg                                                              | \$0(2)                                            | NDS, QL (360 caps / 30 days), NM, LA, PA                                                              |
| DIACOMIT CAPS 500mg                                                              | \$0(2)                                            | NDS, QL (180 caps / 30 days), NM, LA, PA                                                              |
| DIACOMIT PACK 250mg                                                              | \$0(2)                                            | NDS, QL (360 packets / 30 days), NM, LA, PA                                                           |
| DIACOMIT PACK 500mg                                                              | \$0(2)                                            | NDS, QL (180 packets / 30 days), NM, LA, PA                                                           |
| <i>diazepam</i> SOLN 5mg/5ml                                                     | \$0(1)                                            | QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year  |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg                                              | \$0(1)                                            | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg                           | \$0(1)                                            |                                                                                                       |
| <i>diazepam inj</i> SOLN 5mg/ml                                                  | \$0(1)                                            |                                                                                                       |
| <i>diazepam intensol</i> CONC 5mg/ml                                             | \$0(1)                                            | QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year   |
| DILANTIN CAPS 30mg, 100mg                                                        | \$0(2)                                            |                                                                                                       |
| DILANTIN INFATABS CHEW 50mg                                                      | \$0(2)                                            |                                                                                                       |
| DILANTIN-125 SUSP 125mg/5ml                                                      | \$0(2)                                            |                                                                                                       |
| <i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg | \$0(1)                                            |                                                                                                       |
| EPIDIOLEX SOLN 100mg/ml                                                          | \$0(2)                                            | NDS, QL (600 mL / 30 days), NM, LA, PA                                                                |
| <i>epitol</i> TABS 200mg                                                         | \$0(1)                                            |                                                                                                       |
| EPRONTIA SOLN 25mg/ml                                                            | \$0(2)                                            | QL (480 mL / 30 days), PA                                                                             |
| <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml                                   | \$0(1)                                            |                                                                                                       |
| <i>felbamate</i> SUSP 600mg/5ml                                                  | \$0(2)                                            | NDS                                                                                                   |
| <i>felbamate</i> TABS 400mg, 600mg                                               | \$0(1)                                            |                                                                                                       |
| FINTEPLA SOLN 2.2mg/ml                                                           | \$0(2)                                            | NDS, QL (360 mL / 30 days), NM, LA, PA                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                    | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| FYCOMPA SUSP .5mg/ml                                                                                           | \$0(2)                                                      | NDS, QL (720 mL / 30 days), PA                                 |
| FYCOMPA TABS 2mg                                                                                               | \$0(2)                                                      | QL (60 tabs / 30 days), PA                                     |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg                                                                         | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), PA                                |
| <i>gabapentin</i> CAPS 100mg, 300mg, 400mg                                                                     | \$0(1)                                                      | QL (180 caps / 30 days)                                        |
| <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml                                                                    | \$0(1)                                                      | QL (2160 mL / 30 days)                                         |
| <i>gabapentin</i> TABS 600mg                                                                                   | \$0(1)                                                      | QL (180 tabs / 30 days)                                        |
| <i>gabapentin</i> TABS 800mg                                                                                   | \$0(1)                                                      | QL (120 tabs / 30 days)                                        |
| <i>lacosamide</i> SOLN 200mg/20ml                                                                              | \$0(1)                                                      |                                                                |
| <i>lacosamide</i> TABS 50mg                                                                                    | \$0(1)                                                      | QL (120 tabs / 30 days)                                        |
| <i>lacosamide</i> TABS 100mg, 150mg, 200mg                                                                     | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>lacosamide oral</i> SOLN 10mg/ml                                                                            | \$0(1)                                                      | QL (1200 mL / 30 days)                                         |
| <i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | \$0(1)                                                      |                                                                |
| <i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg             | \$0(1)                                                      |                                                                |
| <i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml                                                   | \$0(1)                                                      |                                                                |
| <i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml                                                  | \$0(1)                                                      |                                                                |
| <i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml                                                  | \$0(1)                                                      |                                                                |
| LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg                                                                  | \$0(2)                                                      |                                                                |
| <i>methsuximide</i> CAPS 300mg                                                                                 | \$0(1)                                                      |                                                                |
| NAYZILAM SOLN 5mg/0.1ml                                                                                        | \$0(2)                                                      |                                                                |
| <i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg                                                  | \$0(1)                                                      |                                                                |
| <i>phenobarbital</i> ELIX 20mg/5ml                                                                             | \$0(2)                                                      | QL (1500 mL / 30 days), PA; PA if 70 years and older           |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg                              | \$0(2)                                                      | QL (120 tabs / 30 days), PA; PA if 70 years and older          |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml                                                             | \$0(2)                                                      | PA; PA if 70 years and older                                   |
| <i>phenytek</i> CAPS 200mg, 300mg                                                                              | \$0(1)                                                      |                                                                |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml                                                                     | \$0(1)                                                      |                                                                |
| <i>phenytoin sodium</i> SOLN 50mg/ml                                                                           | \$0(1)                                                      |                                                                |
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg                                                      | \$0(1)                                                      |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                      | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg            | \$0(1)                                                      | QL (120 caps / 30 days), PA                                    |
| <i>pregabalin</i> CAPS 200mg                                     | \$0(1)                                                      | QL (90 caps / 30 days), PA                                     |
| <i>pregabalin</i> CAPS 225mg, 300mg                              | \$0(1)                                                      | QL (60 caps / 30 days), PA                                     |
| <i>pregabalin</i> SOLN 20mg/ml                                   | \$0(1)                                                      | QL (900 mL / 30 days), PA                                      |
| <i>primidone</i> TABS 50mg, 125mg, 250mg                         | \$0(1)                                                      |                                                                |
| <i>roweepra</i> TABS 500mg                                       | \$0(1)                                                      |                                                                |
| <i>rufinamide</i> SUSP 40mg/ml                                   | \$0(2)                                                      | NDS, QL (2400 mL / 30 days), PA                                |
| <i>rufinamide</i> TABS 200mg                                     | \$0(1)                                                      | QL (480 tabs / 30 days), PA                                    |
| <i>rufinamide</i> TABS 400mg                                     | \$0(2)                                                      | NDS, QL (240 tabs / 30 days), PA                               |
| SPRITAM TB3D 250mg                                               | \$0(2)                                                      | QL (360 tabs / 30 days)                                        |
| SPRITAM TB3D 500mg                                               | \$0(2)                                                      | QL (180 tabs / 30 days)                                        |
| SPRITAM TB3D 750mg                                               | \$0(2)                                                      | QL (120 tabs / 30 days)                                        |
| SPRITAM TB3D 1000mg                                              | \$0(2)                                                      | QL (90 tabs / 30 days)                                         |
| <i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg                  | \$0(1)                                                      |                                                                |
| SYMPAZAN FILM 5mg, 10mg, 20mg                                    | \$0(2)                                                      | NDS, QL (60 films / 30 days), PA                               |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg                   | \$0(1)                                                      |                                                                |
| <i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg | \$0(1)                                                      |                                                                |
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml                 | \$0(1)                                                      |                                                                |
| <i>valproic acid</i> CAPS 250mg                                  | \$0(1)                                                      |                                                                |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml                                 | \$0(2)                                                      |                                                                |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml                               | \$0(2)                                                      |                                                                |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml                              | \$0(2)                                                      |                                                                |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml                               | \$0(2)                                                      |                                                                |
| <i>vigabatrin</i> PACK 500mg                                     | \$0(2)                                                      | NDS, QL (180 packets / 30 days), NM, LA, PA                    |
| <i>vigabatrin</i> TABS 500mg                                     | \$0(2)                                                      | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| <i>vigadrone</i> PACK 500mg                                      | \$0(2)                                                      | NDS, QL (180 packets / 30 days), NM, LA, PA                    |
| <i>vigadrone</i> TABS 500mg                                      | \$0(2)                                                      | NDS, QL (180 tabs / 30 days), NM, LA, PA                       |
| VIGAFYDE SOLN 100mg/ml                                           | \$0(2)                                                      | NDS, QL (900 mL / 30 days), NM, LA, PA                         |

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>vigpoder</i> PACK 500mg                  | \$0(2)                                                      | NDS, QL (180 packets / 30 days), NM, LA, PA                    |
| XCOPRI TABS 25mg, 50mg, 100mg               | \$0(2)                                                      | NDS, QL (30 tabs / 30 days)                                    |
| XCOPRI TABS 150mg, 200mg                    | \$0(2)                                                      | NDS, QL (60 tabs / 30 days)                                    |
| XCOPRI PAK 12.5-25                          | \$0(2)                                                      | QL (28 tabs / 28 days)                                         |
| XCOPRI PAK 50-100MG                         | \$0(2)                                                      | NDS, QL (28 tabs / 28 days)                                    |
| XCOPRI PAK 100-150                          | \$0(2)                                                      | NDS, QL (56 tabs / 28 days)                                    |
| XCOPRI PAK 150-200MG (MAINTENANCE)          | \$0(2)                                                      | NDS, QL (56 tabs / 28 days)                                    |
| XCOPRI PAK 150-200MG (TITRATION)            | \$0(2)                                                      | NDS, QL (28 tabs / 28 days)                                    |
| ZONISADE SUSP 100mg/5ml                     | \$0(2)                                                      | NDS, QL (900 mL / 30 days), PA                                 |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg    | \$0(1)                                                      |                                                                |
| ZTALMY SUSP 50mg/ml                         | \$0(2)                                                      | NDS, QL (1100 mL / 30 days), NM, LA, PA                        |

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD**

|                                                        |        |                            |
|--------------------------------------------------------|--------|----------------------------|
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>  | \$0(1) | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | \$0(1) | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | \$0(1) | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | \$0(1) | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | \$0(1) | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | \$0(1) | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 5 mg</i>          | \$0(1) | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i>        | \$0(1) | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 10 mg</i>         | \$0(1) | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>       | \$0(1) | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 15 mg</i>         | \$0(1) | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>         | \$0(1) | QL (90 tabs / 30 days), PA |

| Drug Name<br>(By Medical Condition)                   | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE                                                             |
|-------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <i>amphetamine-dextroamphetamine tab 30 mg</i>        | \$0(1)                                            | QL (60 tabs / 30 days),<br>PA                                                                                     |
| <i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>          | \$0(1)                                            | QL (120 caps / 30 days)                                                                                           |
| <i>atomoxetine hcl CAPS 40mg</i>                      | \$0(1)                                            | QL (60 caps / 30 days)                                                                                            |
| <i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>         | \$0(1)                                            | QL (30 caps / 30 days)                                                                                            |
| <i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>         | \$0(1)                                            | QL (120 tabs / 30 days),<br>PA                                                                                    |
| <i>dexmethylphenidate hcl TABS 10mg</i>               | \$0(1)                                            | QL (60 tabs / 30 days),<br>PA                                                                                     |
| <i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>       | \$0(2)                                            | QL (30 tabs / 30 days),<br>PA; PA if 70 years and<br>older                                                        |
| <i>guanfacine hcl (adhd) TB24 3mg</i>                 | \$0(2)                                            | QL (60 tabs / 30 days),<br>PA; PA if 70 years and<br>older                                                        |
| <i>methylphenidate hcl SOLN 5mg/5ml</i>               | \$0(1)                                            | QL (1800 mL / 30 days),<br>PA                                                                                     |
| <i>methylphenidate hcl SOLN 10mg/5ml</i>              | \$0(1)                                            | QL (900 mL / 30 days),<br>PA                                                                                      |
| <i>methylphenidate hcl TABS 5mg, 10mg</i>             | \$0(1)                                            | QL (180 tabs / 30 days),<br>PA                                                                                    |
| <i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i> | \$0(1)                                            | QL (90 tabs / 30 days),<br>PA                                                                                     |
| <b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>            |                                                   |                                                                                                                   |
| <i>DAYVIGO TABS 5mg, 10mg</i>                         | \$0(2)                                            | QL (30 tabs / 30 days)                                                                                            |
| <i>doxepin hcl (sleep) TABS 3mg, 6mg</i>              | \$0(1)                                            | QL (30 tabs / 30 days)                                                                                            |
| <i>eszopiclone TABS 1mg, 2mg, 3mg</i>                 | \$0(2)                                            | QL (30 tabs / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>90 day supply in a<br>calendar year |
| <i>tasimelteon CAPS 20mg</i>                          | \$0(2)                                            | NDS, QL (30 caps / 30<br>days), NM, PA                                                                            |
| <i>temazepam CAPS 7.5mg, 30mg</i>                     | \$0(1)                                            | QL (30 caps / 30 days),<br>PA; PA if 65 years and<br>older                                                        |
| <i>temazepam CAPS 15mg</i>                            | \$0(1)                                            | QL (60 caps / 30 days),<br>PA; PA if 65 years and<br>older                                                        |
| <i>zaleplon CAPS 5mg</i>                              | \$0(2)                                            | QL (30 caps / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>90 day supply in a<br>calendar year |

| Drug Name<br>(By Medical Condition)                                            | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE                                                             |
|--------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <i>zaleplon</i> CAPS 10mg                                                      | \$0(2)                                            | QL (60 caps / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>90 day supply in a<br>calendar year |
| <i>zolpidem tartrate</i> TABS 5mg, 10mg                                        | \$0(2)                                            | QL (30 tabs / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>90 day supply in a<br>calendar year |
| <b>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</b>                              |                                                   |                                                                                                                   |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml                                                 | \$0(2)                                            | QL (1 pen / 30 days),<br>NM, PA                                                                                   |
| <i>dihydroergotamine mesylate</i> SOLN<br>1mg/ml                               | \$0(2)                                            | NDS                                                                                                               |
| <i>dihydroergotamine mesylate</i> SOLN<br>4mg/ml                               | \$0(2)                                            | NDS, QL (8 mL / 30<br>days), PA                                                                                   |
| <i>ergotamine w/ caffeine tab</i> 1-100 mg                                     | \$0(1)                                            | QL (40 tabs / 28 days),<br>PA                                                                                     |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg                                         | \$0(1)                                            | QL (12 tabs / 30 days)                                                                                            |
| NURTEC TBDP 75mg                                                               | \$0(2)                                            | QL (16 tabs / 30 days),<br>PA                                                                                     |
| QULIPTA TABS 10mg, 30mg, 60mg                                                  | \$0(2)                                            | QL (30 tabs / 30 days),<br>PA                                                                                     |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg;<br>TBDP 5mg, 10mg                  | \$0(1)                                            | QL (18 tabs / 30 days)                                                                                            |
| <i>sumatriptan</i> SOLN 5mg/act                                                | \$0(1)                                            | QL (24 units / 30 days)                                                                                           |
| <i>sumatriptan</i> SOLN 20mg/act                                               | \$0(1)                                            | QL (12 units / 30 days)                                                                                           |
| <i>sumatriptan succinate</i> SOAJ 4mg/0.5ml;<br>SOCT 4mg/0.5ml                 | \$0(1)                                            | QL (18 injections / 30<br>days)                                                                                   |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml;<br>SOCT 6mg/0.5ml; SOLN 6mg/0.5ml | \$0(1)                                            | QL (12 injections / 30<br>days)                                                                                   |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg,<br>100mg                         | \$0(1)                                            | QL (12 tabs / 30 days)                                                                                            |
| UBRELVY TABS 50mg, 100mg                                                       | \$0(2)                                            | QL (16 tabs / 30 days),<br>PA                                                                                     |
| <b>MISCELLANEOUS</b>                                                           |                                                   |                                                                                                                   |
| AUSTEDO TABS 6mg                                                               | \$0(2)                                            | NDS, QL (60 tabs / 30<br>days), NM, LA, PA                                                                        |
| AUSTEDO TABS 9mg, 12mg                                                         | \$0(2)                                            | NDS, QL (120 tabs / 30<br>days), NM, LA, PA                                                                       |
| AUSTEDO XR TB24 6mg                                                            | \$0(2)                                            | NDS, QL (90 tabs / 30<br>days), NM, PA                                                                            |
| AUSTEDO XR TB24 12mg                                                           | \$0(2)                                            | NDS, QL (120 tabs / 30<br>days), NM, PA                                                                           |

| <b>Drug Name<br/>(By Medical Condition)</b>                                      | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| AUSTEDO XR TB24 18mg, 24mg                                                       | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, PA                            |
| AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg                                           | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, PA                            |
| AUSTEDO XR TAB TITR KIT                                                          | \$0(2)                                                      | NDS, QL (2 packs / year), NM, PA                               |
| <i>lithium</i> SOLN 8meq/5ml                                                     | \$0(1)                                                      |                                                                |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg | \$0(1)                                                      |                                                                |
| NUEDEXTA CAP 20-10MG                                                             | \$0(2)                                                      | QL (60 caps / 30 days), PA                                     |
| <i>pyridostigmine bromide</i> TABS 60mg                                          | \$0(1)                                                      |                                                                |
| <i>riluzole</i> TABS 50mg                                                        | \$0(1)                                                      |                                                                |
| <i>tetrabenazine</i> TABS 12.5mg                                                 | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, PA                            |
| <i>tetrabenazine</i> TABS 25mg                                                   | \$0(2)                                                      | NDS, QL (120 tabs / 30 days), NM, PA                           |
| <b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>             |                                                             |                                                                |
| BAFIERTAM CPDR 95mg                                                              | \$0(2)                                                      | NDS, QL (120 caps / 30 days), NM, LA, PA                       |
| BETASERON KIT .3mg                                                               | \$0(2)                                                      | NDS, QL (14 syringes / 28 days), NM, PA                        |
| <i>dalfampridine</i> TB12 10mg                                                   | \$0(1)                                                      | QL (60 tabs / 30 days), NM, PA                                 |
| <i> fingolimod hcl</i> CAPS .5mg                                                 | \$0(2)                                                      | NDS, QL (30 caps / 30 days), NM, PA                            |
| <i>glatiramer acetate</i> SOSY 20mg/ml                                           | \$0(2)                                                      | NDS, QL (30 syringes / 30 days), NM, PA                        |
| <i>glatiramer acetate</i> SOSY 40mg/ml                                           | \$0(2)                                                      | NDS, QL (12 syringes / 28 days), NM, PA                        |
| <i>glatopa</i> SOSY 20mg/ml                                                      | \$0(2)                                                      | NDS, QL (30 syringes / 30 days), NM, PA                        |
| <i>glatopa</i> SOSY 40mg/ml                                                      | \$0(2)                                                      | NDS, QL (12 syringes / 28 days), NM, PA                        |
| KESIMPTA SOAJ 20mg/0.4ml                                                         | \$0(2)                                                      | NDS, QL (16 pens / year), NM, LA, PA                           |
| <b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b>             |                                                             |                                                                |
| <i>baclofen</i> TABS 5mg                                                         | \$0(1)                                                      | QL (90 tabs / 30 days)                                         |
| <i>baclofen</i> TABS 10mg, 20mg                                                  | \$0(1)                                                      |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                              | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b>                                                     |
|--------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <i>carisoprodol</i> TABS 350mg                                           | \$0(2)                                                      | QL (120 tabs / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>30 day supply in a<br>calendar year |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg                                | \$0(2)                                                      | QL (90 tabs / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>30 day supply in a<br>calendar year  |
| <i>dantrolene sodium</i> CAPS 25mg, 50mg,<br>100mg                       | \$0(1)                                                      |                                                                                                                    |
| <i>methocarbamol</i> TABS 500mg                                          | \$0(2)                                                      | QL (360 tabs / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>30 day supply in a<br>calendar year |
| <i>methocarbamol</i> TABS 750mg                                          | \$0(2)                                                      | QL (240 tabs / 30 days),<br>PA; PA applies if 70<br>years and older after a<br>30 day supply in a<br>calendar year |
| <i>tizanidine hcl</i> TABS 2mg, 4mg                                      | \$0(1)                                                      |                                                                                                                    |
| <b><i>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</i></b>           |                                                             |                                                                                                                    |
| <i>armodafinil</i> TABS 50mg                                             | \$0(1)                                                      | QL (60 tabs / 30 days),<br>PA                                                                                      |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg                              | \$0(1)                                                      | QL (30 tabs / 30 days),<br>PA                                                                                      |
| <i>modafinil</i> TABS 100mg                                              | \$0(1)                                                      | QL (30 tabs / 30 days),<br>PA                                                                                      |
| <i>modafinil</i> TABS 200mg                                              | \$0(1)                                                      | QL (60 tabs / 30 days),<br>PA                                                                                      |
| SODIUM OXYBATE SOLN 500mg/ml                                             | \$0(2)                                                      | NDS, QL (540 mL / 30<br>days), NM, LA, PA                                                                          |
| <b><i>PSYCHOTHERAPEUTIC-MISC</i></b>                                     |                                                             |                                                                                                                    |
| <i>acamprosate calcium</i> TBEC 333mg                                    | \$0(1)                                                      |                                                                                                                    |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg                                   | \$0(1)                                                      | QL (90 tabs / 30 days),<br>PA                                                                                      |
| <i>buprenorphine hcl-naloxone hcl sl film 2-<br/>0.5 mg (base equiv)</i> | \$0(1)                                                      | QL (90 films / 30 days)                                                                                            |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1<br/>mg (base equiv)</i>    | \$0(1)                                                      | QL (90 films / 30 days)                                                                                            |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2<br/>mg (base equiv)</i>    | \$0(1)                                                      | QL (90 films / 30 days)                                                                                            |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3<br/>mg (base equiv)</i>   | \$0(1)                                                      | QL (60 films / 30 days)                                                                                            |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                     | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>                              | \$0(1)                                                      | QL (90 tabs / 30 days)                                         |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>                                | \$0(1)                                                      | QL (90 tabs / 30 days)                                         |
| <i>bupropion hcl (smoking deterrent) TB12 150mg</i>                                             | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>disulfiram TABS 250mg, 500mg</i>                                                             | \$0(1)                                                      |                                                                |
| <i>gnp nicotine gum GUM 4mg</i>                                                                 | \$0(3)                                                      | NM; *                                                          |
| <i>gnp nicotine mini lozenge LOZG 2mg, 4mg</i>                                                  | \$0(3)                                                      | NM; *                                                          |
| <i>gnp nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>                                      | \$0(3)                                                      | NM; *                                                          |
| <i>gnp nicotine polacrilex m LOZG 4mg</i>                                                       | \$0(3)                                                      | NM; *                                                          |
| <i>gnp nicotine transdermal PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>                             | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense nicotine LOZG 2mg, 4mg</i>                                                         | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense nicotine gum GUM 4mg</i>                                                           | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense nicotine polacr GUM 2mg, 4mg; LOZG 4mg</i>                                         | \$0(3)                                                      | NM; *                                                          |
| <i>hm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg</i>                                            | \$0(3)                                                      | NM; *                                                          |
| <i>hm nicotine transdermal s PT24 7mg/24hr, 21mg/24hr</i>                                       | \$0(3)                                                      | NM; *                                                          |
| <i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml</i> | \$0(1)                                                      |                                                                |
| <i>naltrexone hcl TABS 50mg</i>                                                                 | \$0(1)                                                      |                                                                |
| <i>nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>                                             | \$0(3)                                                      | NM; *                                                          |
| <i>nicotine mini lozenge LOZG 2mg, 4mg</i>                                                      | \$0(3)                                                      | NM; *                                                          |
| <i>nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>                                          | \$0(3)                                                      | NM; *                                                          |
| <i>nicotine polacrilex mini LOZG 2mg</i>                                                        | \$0(3)                                                      | NM; *                                                          |
| <i>NICOTINE SYS KIT TRANSDER</i>                                                                | \$0(3)                                                      | NM; *                                                          |
| <i>nicotine transdermal syst PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>                            | \$0(3)                                                      | NM; *                                                          |
| <i>NICOTROL INHALER INHA 10mg</i>                                                               | \$0(2)                                                      |                                                                |
| <i>NICOTROL NS SOLN 10mg/ml</i>                                                                 | \$0(2)                                                      |                                                                |
| <i>sm nicotine GUM 4mg; LOZG 2mg</i>                                                            | \$0(3)                                                      | NM; *                                                          |
| <i>sm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>                                       | \$0(3)                                                      | NM; *                                                          |
| <i>sm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>                            | \$0(3)                                                      | NM; *                                                          |
| <i>varenicline tartrate TABS .5mg, 1mg</i>                                                      | \$0(1)                                                      | QL (56 tabs / 28 days), PA                                     |

| Drug Name<br>(By Medical Condition)                                            | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|--------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>         | \$0(1)                                            | QL (2 packs / year), PA                               |
| VIVITROL SUSR 380mg                                                            | \$0(2)                                            | NDS, NM                                               |
| <b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b> |                                                   |                                                       |
| <b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>                             |                                                   |                                                       |
| <i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>                               | \$0(1)                                            | PA                                                    |
| <i>methyltestosterone CAPS 10mg</i>                                            | \$0(2)                                            | NDS, QL (600 caps / 30 days), PA                      |
| <i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>                               | \$0(1)                                            | QL (300 gm / 30 days), PA                             |
| <i>testosterone GEL 1.62%</i>                                                  | \$0(1)                                            | QL (150 gm / 30 days), PA                             |
| <i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>                          | \$0(1)                                            | PA                                                    |
| <i>testosterone enanthate SOLN 200mg/ml</i>                                    | \$0(1)                                            | PA                                                    |
| <b>ANTIDIABETICS</b>                                                           |                                                   |                                                       |
| <i>acarbose TABS 25mg, 50mg, 100mg</i>                                         | \$0(1)                                            |                                                       |
| BYDUREON BCISE AUIJ 2mg/0.85ml                                                 | \$0(2)                                            | QL (4 pens / 28 days), PA                             |
| BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml                                          | \$0(2)                                            | QL (1 pen / 30 days), PA                              |
| FARXIGA TABS 5mg, 10mg                                                         | \$0(2)                                            | QL (30 tabs / 30 days)                                |
| <i>glimepiride TABS 1mg, 2mg</i>                                               | \$0(1)                                            | QL (90 tabs / 30 days)                                |
| <i>glimepiride TABS 4mg</i>                                                    | \$0(1)                                            | QL (60 tabs / 30 days)                                |
| <i>glipizide TABS 5mg</i>                                                      | \$0(1)                                            | QL (240 tabs / 30 days)                               |
| <i>glipizide TABS 10mg</i>                                                     | \$0(1)                                            | QL (120 tabs / 30 days)                               |
| <i>glipizide TB24 2.5mg, 5mg</i>                                               | \$0(1)                                            | QL (90 tabs / 30 days)                                |
| <i>glipizide TB24 10mg</i>                                                     | \$0(1)                                            | QL (60 tabs / 30 days)                                |
| <i>glipizide xl TB24 2.5mg, 5mg</i>                                            | \$0(1)                                            | QL (90 tabs / 30 days)                                |
| <i>glipizide xl TB24 10mg</i>                                                  | \$0(1)                                            | QL (60 tabs / 30 days)                                |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i>                                  | \$0(1)                                            | QL (240 tabs / 30 days)                               |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i>                                  | \$0(1)                                            | QL (120 tabs / 30 days)                               |
| <i>glipizide-metformin hcl tab 5-500 mg</i>                                    | \$0(1)                                            | QL (120 tabs / 30 days)                               |
| GLYXAMBI TAB 10-5 MG                                                           | \$0(2)                                            | QL (30 tabs / 30 days)                                |
| GLYXAMBI TAB 25-5 MG                                                           | \$0(2)                                            | QL (30 tabs / 30 days)                                |
| JANUMET TAB 50-500MG                                                           | \$0(2)                                            | QL (60 tabs / 30 days)                                |
| JANUMET TAB 50-1000                                                            | \$0(2)                                            | QL (60 tabs / 30 days)                                |
| JANUMET XR TAB 50-500MG                                                        | \$0(2)                                            | QL (60 tabs / 30 days)                                |
| JANUMET XR TAB 50-1000                                                         | \$0(2)                                            | QL (60 tabs / 30 days)                                |
| JANUMET XR TAB 100-1000                                                        | \$0(2)                                            | QL (30 tabs / 30 days)                                |
| JANUVIA TABS 25mg, 50mg, 100mg                                                 | \$0(2)                                            | QL (30 tabs / 30 days)                                |
| JARDIANCE TABS 10mg, 25mg                                                      | \$0(2)                                            | QL (30 tabs / 30 days)                                |

| Drug Name<br>(By Medical Condition)                                                           | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE     |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
| JENTADUETO TAB 2.5-500                                                                        | \$0(2)                                            | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB 2.5-850                                                                        | \$0(2)                                            | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB 2.5-1000                                                                       | \$0(2)                                            | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB XR 2.5-1000MG                                                                  | \$0(2)                                            | QL (60 tabs / 30 days)                                    |
| JENTADUETO TAB XR 5-1000MG                                                                    | \$0(2)                                            | QL (30 tabs / 30 days)                                    |
| <i>metformin hcl</i> TABS 500mg                                                               | \$0(1)                                            | QL (150 tabs / 30 days)                                   |
| <i>metformin hcl</i> TABS 850mg                                                               | \$0(1)                                            | QL (90 tabs / 30 days)                                    |
| <i>metformin hcl</i> TABS 1000mg                                                              | \$0(1)                                            | QL (75 tabs / 30 days)                                    |
| <i>metformin hcl</i> TB24 500mg                                                               | \$0(1)                                            | QL (120 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR) |
| <i>metformin hcl</i> TB24 750mg                                                               | \$0(1)                                            | QL (60 tabs / 30 days);<br>(generic of<br>GLUCOPHAGE XR)  |
| MOUNJARO SOAJ 2.5mg/0.5ml,<br>5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml,<br>12.5mg/0.5ml, 15mg/0.5ml | \$0(2)                                            | QL (4 pens / 28 days),<br>PA                              |
| <i>nateglinide</i> TABS 60mg, 120mg                                                           | \$0(1)                                            | QL (90 tabs / 30 days)                                    |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN<br>2mg/1.5ml                                               | \$0(2)                                            | QL (1 pen / 28 days), PA                                  |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN<br>2mg/3ml                                                  | \$0(2)                                            | QL (1 pen / 28 days), PA                                  |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml                                                               | \$0(2)                                            | QL (1 pen / 28 days), PA                                  |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml                                                               | \$0(2)                                            | QL (1 pen / 28 days), PA                                  |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg                                                 | \$0(1)                                            | QL (30 tabs / 30 days)                                    |
| <i>pioglitazone hcl-metformin hcl tab 15-500<br/>mg</i>                                       | \$0(1)                                            | QL (90 tabs / 30 days)                                    |
| <i>pioglitazone hcl-metformin hcl tab 15-850<br/>mg</i>                                       | \$0(1)                                            | QL (90 tabs / 30 days)                                    |
| <i>repaglinide</i> TABS 2mg                                                                   | \$0(1)                                            | QL (240 tabs / 30 days)                                   |
| <i>repaglinide</i> TABS .5mg, 1mg                                                             | \$0(1)                                            | QL (120 tabs / 30 days)                                   |
| RYBELSUS TABS 3mg, 7mg, 14mg                                                                  | \$0(2)                                            | QL (30 tabs / 30 days),<br>PA                             |
| SYNJARDY TAB 5-500MG                                                                          | \$0(2)                                            | QL (120 tabs / 30 days)                                   |
| SYNJARDY TAB 5-1000MG                                                                         | \$0(2)                                            | QL (60 tabs / 30 days)                                    |
| SYNJARDY TAB 12.5-500                                                                         | \$0(2)                                            | QL (60 tabs / 30 days)                                    |
| SYNJARDY TAB 12.5-1000MG                                                                      | \$0(2)                                            | QL (60 tabs / 30 days)                                    |
| SYNJARDY XR TAB 5-1000MG                                                                      | \$0(2)                                            | QL (60 tabs / 30 days)                                    |
| SYNJARDY XR TAB 10-1000                                                                       | \$0(2)                                            | QL (60 tabs / 30 days)                                    |
| SYNJARDY XR TAB 12.5-1000                                                                     | \$0(2)                                            | QL (60 tabs / 30 days)                                    |
| SYNJARDY XR TAB 25-1000                                                                       | \$0(2)                                            | QL (30 tabs / 30 days)                                    |
| TRADJENTA TABS 5mg                                                                            | \$0(2)                                            | QL (30 tabs / 30 days)                                    |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG                                                          | \$0(2)                                            | QL (60 tabs / 30 days)                                    |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG                                                           | \$0(2)                                            | QL (30 tabs / 30 days)                                    |

| <b>Drug Name<br/>(By Medical Condition)</b>                     | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG                         | \$0(2)                                                      | QL (60 tabs / 30 days)                                         |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG                             | \$0(2)                                                      | QL (30 tabs / 30 days)                                         |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | \$0(2)                                                      | QL (4 pens / 28 days), PA                                      |
| XIGDUO XR TAB 2.5-1000                                          | \$0(2)                                                      | QL (60 tabs / 30 days)                                         |
| XIGDUO XR TAB 5-500MG                                           | \$0(2)                                                      | QL (60 tabs / 30 days)                                         |
| XIGDUO XR TAB 5-1000MG                                          | \$0(2)                                                      | QL (60 tabs / 30 days)                                         |
| XIGDUO XR TAB 10-500MG                                          | \$0(2)                                                      | QL (30 tabs / 30 days)                                         |
| XIGDUO XR TAB 10-1000                                           | \$0(2)                                                      | QL (30 tabs / 30 days)                                         |
| <b>ANTIDIABETICS, INSULINS</b>                                  |                                                             |                                                                |
| ADMELOG SOLN 100unit/ml                                         | \$0(2)                                                      |                                                                |
| ADMELOG SOLOSTAR SOPN 100unit/ml                                | \$0(2)                                                      |                                                                |
| BASAGLAR KWIKPEN SOPN 100unit/ml                                | \$0(2)                                                      |                                                                |
| BD ALCOHOL SWABS                                                | \$0(2)                                                      |                                                                |
| FIASP SOLN 100unit/ml                                           | \$0(2)                                                      |                                                                |
| FIASP FLEXTOUCH SOPN 100unit/ml                                 | \$0(2)                                                      |                                                                |
| FIASP PENFILL SOCT 100unit/ml                                   | \$0(2)                                                      |                                                                |
| FIASP PUMPCART SOCT 100unit/ml                                  | \$0(2)                                                      | B/D                                                            |
| GAUZE PADS 2" X 2"                                              | \$0(2)                                                      |                                                                |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml                       | \$0(2)                                                      | NDS, B/D                                                       |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml                         | \$0(2)                                                      | NDS                                                            |
| INSULIN PEN NEEDLES: BD/NOVO                                    | \$0(2)                                                      |                                                                |
| INSULIN SAFETY NEEDLES                                          | \$0(2)                                                      |                                                                |
| INSULIN SYRINGES: BD                                            | \$0(2)                                                      |                                                                |
| LANTUS SOLN 100unit/ml                                          | \$0(2)                                                      |                                                                |
| LANTUS SOLOSTAR SOPN 100unit/ml                                 | \$0(2)                                                      |                                                                |
| NOVOLIN INJ 70/30                                               | \$0(2)                                                      | (brand RELION not covered)                                     |
| NOVOLIN INJ 70/30 FP                                            | \$0(2)                                                      | (brand RELION not covered)                                     |
| NOVOLIN N SUSP 100unit/ml                                       | \$0(2)                                                      | (brand RELION not covered)                                     |
| NOVOLIN N FLEXPEN SUPN 100unit/ml                               | \$0(2)                                                      | (brand RELION not covered)                                     |
| NOVOLIN R SOLN 100unit/ml                                       | \$0(2)                                                      | (brand RELION not covered)                                     |
| NOVOLIN R FLEXPEN SOPN 100unit/ml                               | \$0(2)                                                      | (brand RELION not covered)                                     |
| NOVOLOG MIX INJ 70/30                                           | \$0(2)                                                      | (brand RELION not covered)                                     |
| NOVOLOG MIX INJ FLEXPEN                                         | \$0(2)                                                      | (brand RELION not covered)                                     |

| Drug Name<br>(By Medical Condition)               | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|---------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| OMNIPOD 5 DX KIT INT G7G6                         | \$0(2)                                            | QL (1 kit / year), PA                                 |
| OMNIPOD 5 DX MIS POD G7G6                         | \$0(2)                                            | QL (15 pods / 30 days),<br>PA                         |
| OMNIPOD 5 G7 KIT INTRO                            | \$0(2)                                            | QL (1 kit / year), PA                                 |
| OMNIPOD 5 G7 MIS PODS                             | \$0(2)                                            | QL (15 pods / 30 days),<br>PA                         |
| OMNIPOD DASH KIT INTRO                            | \$0(2)                                            | QL (1 kit / year), PA                                 |
| OMNIPOD DASH MIS PODS                             | \$0(2)                                            | QL (15 pods / 30 days),<br>PA                         |
| OMNIPOD GO KIT 10UNT/DY                           | \$0(2)                                            | QL (15 pods / 30 days),<br>PA                         |
| OMNIPOD GO KIT 15UNT/DY                           | \$0(2)                                            | QL (15 pods / 30 days),<br>PA                         |
| OMNIPOD GO KIT 20UNT/DY                           | \$0(2)                                            | QL (15 pods / 30 days),<br>PA                         |
| OMNIPOD GO KIT 25UNT/DY                           | \$0(2)                                            | QL (15 pods / 30 days),<br>PA                         |
| OMNIPOD GO KIT 30UNT/DY                           | \$0(2)                                            | QL (15 pods / 30 days),<br>PA                         |
| OMNIPOD GO KIT 35UNT/DY                           | \$0(2)                                            | QL (15 pods / 30 days),<br>PA                         |
| OMNIPOD GO KIT 40UNT/DY                           | \$0(2)                                            | QL (15 pods / 30 days),<br>PA                         |
| OMNIPOD MIS CLASSIC                               | \$0(2)                                            | QL (15 pods / 30 days),<br>PA                         |
| SOLIQUA INJ 100/33                                | \$0(2)                                            | QL (5 pens / 25 days)                                 |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml               | \$0(2)                                            |                                                       |
| TOUJEO SOLOSTAR SOPN 300unit/ml                   | \$0(2)                                            |                                                       |
| TRESIBA SOLN 100unit/ml                           | \$0(2)                                            |                                                       |
| TRESIBA FLEXTOUCH SOPN 100unit/ml,<br>200unit/ml  | \$0(2)                                            |                                                       |
| V-GO 20 KIT                                       | \$0(2)                                            | QL (30 devices / 30<br>days), PA                      |
| V-GO 30 KIT                                       | \$0(2)                                            | QL (30 devices / 30<br>days), PA                      |
| V-GO 40 KIT                                       | \$0(2)                                            | QL (30 devices / 30<br>days), PA                      |
| XULTOPHY INJ 100/3.6                              | \$0(2)                                            | QL (5 pens / 30 days)                                 |
| <b>ANTIOBESITY AGENTS</b>                         |                                                   |                                                       |
| ADIPEX-P CAPS 37.5mg; TABS 37.5mg                 | \$0(3)                                            | NM, PA; *                                             |
| <i>benzphetamine hcl</i> TABS 50mg                | \$0(3)                                            | NM, PA; *                                             |
| CONTRACE TAB 8-90MG                               | \$0(3)                                            | NM, PA; *                                             |
| <i>diethylpropion hcl</i> TABS 25mg; TB24<br>75mg | \$0(3)                                            | NM, PA; *                                             |
| IMCIVREE SOLN 10mg/ml                             | \$0(3)                                            | NM, PA; *                                             |

| Drug Name<br>(By Medical Condition)                                           | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| LOMAIRA TABS 8mg                                                              | \$0(3)                                            | NM, PA; *                                             |
| orlistat CAPS 120mg                                                           | \$0(3)                                            | NM, PA; *                                             |
| phendimetrazine tartrate TABS 35mg                                            | \$0(3)                                            | NM, PA; *                                             |
| phentermine hcl CAPS 15mg, 30mg,<br>37.5mg; TABS 37.5mg                       | \$0(3)                                            | NM, PA; *                                             |
| QSYMIA CAP 3.75-23                                                            | \$0(3)                                            | NM, PA; *                                             |
| QSYMIA CAP 7.5-46MG                                                           | \$0(3)                                            | NM, PA; *                                             |
| QSYMIA CAP 11.25-69                                                           | \$0(3)                                            | NM, PA; *                                             |
| QSYMIA CAP 15-92MG                                                            | \$0(3)                                            | NM, PA; *                                             |
| SAXENDA SOPN 18mg/3ml                                                         | \$0(3)                                            | NM, PA; *                                             |
| WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml,<br>1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml | \$0(3)                                            | NM, PA; *                                             |
| XENICAL CAPS 120mg                                                            | \$0(3)                                            | NM, PA; *                                             |
| <b>CALCIUM REGULATORS</b>                                                     |                                                   |                                                       |
| alendronate sodium SOLN 70mg/75ml;<br>TABS 10mg, 35mg, 70mg                   | \$0(1)                                            |                                                       |
| calcitonin (salmon) spray SOLN<br>200unit/act                                 | \$0(1)                                            | B/D                                                   |
| ibandronate sodium TABS 150mg                                                 | \$0(1)                                            | B/D                                                   |
| NATPARA CART 25mcg, 50mcg, 75mcg,<br>100mcg                                   | \$0(2)                                            | NDS, LA, PA                                           |
| PAMIDRONATE DISODIUM SOLN 6mg/ml                                              | \$0(2)                                            | B/D                                                   |
| pamidronate disodium SOLN 30mg/10ml,<br>90mg/10ml                             | \$0(1)                                            | B/D                                                   |
| PROLIA SOSY 60mg/ml                                                           | \$0(2)                                            | QL (1 syringe / 180<br>days), NM                      |
| risedronate sodium TABS 5mg, 35mg,<br>150mg; TBEC 35mg                        | \$0(1)                                            |                                                       |
| TERIPARATIDE SOPN 620mcg/2.48ml                                               | \$0(2)                                            | NDS, NM, PA                                           |
| XGEVA SOLN 120mg/1.7ml                                                        | \$0(2)                                            | NDS, NM, PA                                           |
| zoledronic acid CONC 4mg/5ml; SOLN<br>5mg/100ml                               | \$0(1)                                            | B/D, NM                                               |
| <b>CHELATING AGENTS</b>                                                       |                                                   |                                                       |
| CHEMET CAPS 100mg                                                             | \$0(2)                                            | NDS                                                   |
| deferasirox PACK 90mg, 180mg, 360mg;<br>TABS 180mg, 360mg                     | \$0(2)                                            | NDS, NM, PA                                           |
| deferasirox TABS 90mg                                                         | \$0(1)                                            | NM, PA                                                |
| kionex SUSP 15gm/60ml                                                         | \$0(1)                                            |                                                       |
| LOKELMA PACK 5gm, 10gm                                                        | \$0(2)                                            |                                                       |
| penicillamine TABS 250mg                                                      | \$0(2)                                            | NDS, NM                                               |
| sodium polystyrene sulfonate powder                                           | \$0(1)                                            |                                                       |
| sps SUSP 15gm/60ml                                                            | \$0(1)                                            |                                                       |
| trientine hcl CAPS 250mg                                                      | \$0(2)                                            | NDS, NM, PA                                           |
| VELTASSA PACK 8.4gm, 16.8gm, 25.2gm                                           | \$0(2)                                            |                                                       |

| Drug Name<br>(By Medical Condition)                                          | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>                              |                                                   |                                                       |
| <i>afirmelle</i>                                                             | \$0(1)                                            |                                                       |
| <i>altavera</i>                                                              | \$0(1)                                            |                                                       |
| <i>alyacen 1/35</i>                                                          | \$0(1)                                            |                                                       |
| <i>alyacen 7/7/7</i>                                                         | \$0(1)                                            |                                                       |
| <i>amethia</i>                                                               | \$0(1)                                            |                                                       |
| <i>apri</i>                                                                  | \$0(1)                                            |                                                       |
| <i>aranelle</i>                                                              | \$0(1)                                            |                                                       |
| <i>ashlyna</i>                                                               | \$0(1)                                            |                                                       |
| <i>aubra eq</i>                                                              | \$0(1)                                            |                                                       |
| <i>aurovela 1/20</i>                                                         | \$0(1)                                            |                                                       |
| <i>aurovela 24 fe</i>                                                        | \$0(1)                                            |                                                       |
| <i>aurovela fe 1.5/30</i>                                                    | \$0(1)                                            |                                                       |
| <i>aurovela fe 1/20</i>                                                      | \$0(1)                                            |                                                       |
| <i>aviane</i>                                                                | \$0(1)                                            |                                                       |
| <i>ayuna</i>                                                                 | \$0(1)                                            |                                                       |
| <i>azurette</i>                                                              | \$0(1)                                            |                                                       |
| <i>balziva</i>                                                               | \$0(1)                                            |                                                       |
| <i>blisovi 24 fe</i>                                                         | \$0(1)                                            |                                                       |
| <i>blisovi fe 1.5/30</i>                                                     | \$0(1)                                            |                                                       |
| <i>briellyn</i>                                                              | \$0(1)                                            |                                                       |
| <i>camila TABS .35mg</i>                                                     | \$0(1)                                            |                                                       |
| <i>camrese</i>                                                               | \$0(1)                                            |                                                       |
| <i>camrese lo</i>                                                            | \$0(1)                                            |                                                       |
| <i>chateal eq</i>                                                            | \$0(1)                                            |                                                       |
| <i>cryselle-28</i>                                                           | \$0(1)                                            |                                                       |
| <i>cyred eq</i>                                                              | \$0(1)                                            |                                                       |
| <i>dasetta 1/35</i>                                                          | \$0(1)                                            |                                                       |
| <i>dasetta 7/7/7</i>                                                         | \$0(1)                                            |                                                       |
| <i>daysee</i>                                                                | \$0(1)                                            |                                                       |
| <i>deblitane TABS .35mg</i>                                                  | \$0(1)                                            |                                                       |
| DEPO-SUBQ PROVERA 104 SUSY<br>104mg/0.65ml                                   | \$0(2)                                            |                                                       |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-<br/>0.02/0.01 mg(21/5)</i> | \$0(1)                                            |                                                       |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15<br/>mg-30 mcg</i>            | \$0(1)                                            |                                                       |
| <i>drospirenone-ethinyl estrad-levomefolate<br/>tab 3-0.03-0.451 mg</i>      | \$0(1)                                            |                                                       |
| <i>drospirenone-ethinyl estradiol tab 3-0.02<br/>mg</i>                      | \$0(1)                                            |                                                       |
| <i>drospirenone-ethinyl estradiol tab 3-0.03<br/>mg</i>                      | \$0(1)                                            |                                                       |
| <i>econtra ez TABS 1.5mg</i>                                                 | \$0(3)                                            | NM; *                                                 |

| Drug Name<br>(By Medical Condition)                                           | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>econtra one-step</i> TABS 1.5mg                                            | \$0(3)                                            | NM; *                                                 |
| <i>elinet</i>                                                                 | \$0(1)                                            |                                                       |
| <i>eluryng</i>                                                                | \$0(1)                                            |                                                       |
| <i>emzahh</i> TABS .35mg                                                      | \$0(1)                                            |                                                       |
| <i>enilloring</i>                                                             | \$0(1)                                            |                                                       |
| <i>enpresse-28</i>                                                            | \$0(1)                                            |                                                       |
| <i>enskyce</i>                                                                | \$0(1)                                            |                                                       |
| <i>errin</i> TABS .35mg                                                       | \$0(1)                                            |                                                       |
| <i>estarylla</i>                                                              | \$0(1)                                            |                                                       |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab</i><br><i>1 mg-35 mcg</i> | \$0(1)                                            |                                                       |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab</i><br><i>1 mg-50 mcg</i> | \$0(1)                                            |                                                       |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-</i><br><i>0.015 mg/24hr</i>   | \$0(1)                                            |                                                       |
| <i>falmina</i>                                                                | \$0(1)                                            |                                                       |
| <i>finzala</i>                                                                | \$0(1)                                            |                                                       |
| <i>hailey 1.5/30</i>                                                          | \$0(1)                                            |                                                       |
| <i>hailey 24 fe</i>                                                           | \$0(1)                                            |                                                       |
| <i>haloette</i>                                                               | \$0(1)                                            |                                                       |
| <i>heather</i> TABS .35mg                                                     | \$0(1)                                            |                                                       |
| <i>iclevia</i>                                                                | \$0(1)                                            |                                                       |
| <i>incassia</i> TABS .35mg                                                    | \$0(1)                                            |                                                       |
| <i>introvale</i>                                                              | \$0(1)                                            |                                                       |
| <i>isibloom</i>                                                               | \$0(1)                                            |                                                       |
| <i>jasmiel</i>                                                                | \$0(1)                                            |                                                       |
| <i>jolessa</i>                                                                | \$0(1)                                            |                                                       |
| <i>juleber</i>                                                                | \$0(1)                                            |                                                       |
| <i>junel 1.5/30</i>                                                           | \$0(1)                                            |                                                       |
| <i>junel 1/20</i>                                                             | \$0(1)                                            |                                                       |
| <i>junel fe 1.5/30</i>                                                        | \$0(1)                                            |                                                       |
| <i>junel fe 1/20</i>                                                          | \$0(1)                                            |                                                       |
| <i>junel fe 24</i>                                                            | \$0(1)                                            |                                                       |
| <i>kaitlib fe</i>                                                             | \$0(1)                                            |                                                       |
| <i>kariva</i>                                                                 | \$0(1)                                            |                                                       |
| <i>kelnor 1/35</i>                                                            | \$0(1)                                            |                                                       |
| <i>kelnor 1/50</i>                                                            | \$0(1)                                            |                                                       |
| <i>kurvelo</i>                                                                | \$0(1)                                            |                                                       |
| <i>larin 1.5/30</i>                                                           | \$0(1)                                            |                                                       |
| <i>larin 1/20</i>                                                             | \$0(1)                                            |                                                       |
| <i>larin 24 fe</i>                                                            | \$0(1)                                            |                                                       |
| <i>larin fe 1.5/30</i>                                                        | \$0(1)                                            |                                                       |
| <i>larin fe 1/20</i>                                                          | \$0(1)                                            |                                                       |
| <i>layolis fe</i>                                                             | \$0(1)                                            |                                                       |

| Drug Name<br>(By Medical Condition)                                                     | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-----------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>leena</i>                                                                            | \$0(1)                                            |                                                       |
| <i>lessina</i>                                                                          | \$0(1)                                            |                                                       |
| <i>levonest</i>                                                                         | \$0(1)                                            |                                                       |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03<br/>mg &amp;eth est 0.01 mg</i>             | \$0(1)                                            |                                                       |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth<br/>est tab 0.01mg(7)</i>              | \$0(1)                                            |                                                       |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp;<br/>eth est tab 0.01mg(7)</i>             | \$0(1)                                            |                                                       |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day)<br/>tab 0.15-0.03 mg</i>             | \$0(1)                                            |                                                       |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1<br/>mg-20 mcg</i>                     | \$0(1)                                            |                                                       |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15<br/>mg-30 mcg</i>                    | \$0(1)                                            |                                                       |
| <i>levonorgestrel (emergency oc) TABS<br/>1.5mg</i>                                     | \$0(3)                                            | NM; *                                                 |
| <i>levonorgestrel-eth estra tab 0.05-<br/>30/0.075-40/0.125-30mg-mcg</i>                | \$0(1)                                            |                                                       |
| <i>levora 0.15/30-28</i>                                                                | \$0(1)                                            |                                                       |
| <i>loestrin 1.5/30-21</i>                                                               | \$0(1)                                            |                                                       |
| <i>loestrin 1/20-21</i>                                                                 | \$0(1)                                            |                                                       |
| <i>loestrin fe 1.5/30</i>                                                               | \$0(1)                                            |                                                       |
| <i>loestrin fe 1/20</i>                                                                 | \$0(1)                                            |                                                       |
| <i>loryna</i>                                                                           | \$0(1)                                            |                                                       |
| <i>low-ogestrel</i>                                                                     | \$0(1)                                            |                                                       |
| <i>lutra</i>                                                                            | \$0(1)                                            |                                                       |
| <i>lyleq TABS .35mg</i>                                                                 | \$0(1)                                            |                                                       |
| <i>lyza TABS .35mg</i>                                                                  | \$0(1)                                            |                                                       |
| <i>marlissa</i>                                                                         | \$0(1)                                            |                                                       |
| <i>medroxyprogesterone acetate<br/>(contraceptive) SUSP 150mg/ml; SUSY<br/>150mg/ml</i> | \$0(1)                                            |                                                       |
| <i>mibelas 24 fe</i>                                                                    | \$0(1)                                            |                                                       |
| <i>microgestin 1.5/30</i>                                                               | \$0(1)                                            |                                                       |
| <i>microgestin 1/20</i>                                                                 | \$0(1)                                            |                                                       |
| <i>microgestin 24 fe</i>                                                                | \$0(1)                                            |                                                       |
| <i>microgestin fe 1.5/30</i>                                                            | \$0(1)                                            |                                                       |
| <i>microgestin fe 1/20</i>                                                              | \$0(1)                                            |                                                       |
| <i>mili</i>                                                                             | \$0(1)                                            |                                                       |
| <i>mono-lynyah</i>                                                                      | \$0(1)                                            |                                                       |
| <i>my choice TABS 1.5mg</i>                                                             | \$0(3)                                            | NM; *                                                 |
| <i>my way TABS 1.5mg</i>                                                                | \$0(3)                                            | NM; *                                                 |
| <i>necon 0.5/35-28</i>                                                                  | \$0(1)                                            |                                                       |
| <i>new day TABS 1.5mg</i>                                                               | \$0(3)                                            | NM; *                                                 |

| Drug Name<br>(By Medical Condition)                                              | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|----------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>nikki</i>                                                                     | \$0(1)                                            |                                                       |
| <i>nora-be</i> TABS .35mg                                                        | \$0(1)                                            |                                                       |
| <i>norelgestromin-ethinyl estradiol td ptwk</i><br><i>150-35 mcg/24hr</i>        | \$0(1)                                            |                                                       |
| <i>norethindrone &amp; ethinyl estradiol-fe chew</i><br><i>tab 0.4 mg-35 mcg</i> | \$0(1)                                            |                                                       |
| <i>norethindrone &amp; ethinyl estradiol-fe chew</i><br><i>tab 0.8 mg-25 mcg</i> | \$0(1)                                            |                                                       |
| <i>norethindrone (contraceptive) TABS</i><br><i>.35mg</i>                        | \$0(1)                                            |                                                       |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-</i><br><i>20/1-30/1-35 mg-mcg</i>   | \$0(1)                                            |                                                       |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1</i><br><i>mg-20 mcg</i>       | \$0(1)                                            |                                                       |
| <i>norethindrone ace &amp; ethinyl estradiol tab</i><br><i>1.5 mg-30 mcg</i>     | \$0(1)                                            |                                                       |
| <i>norethindrone ace &amp; ethinyl estradiol-fe</i><br><i>tab 1 mg-20 mcg</i>    | \$0(1)                                            |                                                       |
| <i>norethindrone ace-eth estradiol-fe chew</i><br><i>tab 1 mg-20 mcg (24)</i>    | \$0(1)                                            |                                                       |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25</i><br><i>mg-35 mcg</i>         | \$0(1)                                            |                                                       |
| <i>norgestimate-eth estrad tab 0.18-</i><br><i>25/0.215-25/0.25-25 mg-mcg</i>    | \$0(1)                                            |                                                       |
| <i>norgestimate-eth estrad tab 0.18-</i><br><i>35/0.215-35/0.25-35 mg-mcg</i>    | \$0(1)                                            |                                                       |
| <i>norlyroc</i> TABS .35mg                                                       | \$0(1)                                            |                                                       |
| <i>nortrel 0.5/35 (28)</i>                                                       | \$0(1)                                            |                                                       |
| <i>nortrel 1/35 (21)</i>                                                         | \$0(1)                                            |                                                       |
| <i>nortrel 1/35 (28)</i>                                                         | \$0(1)                                            |                                                       |
| <i>nortrel 7/7/7</i>                                                             | \$0(1)                                            |                                                       |
| <i>nylia 1/35</i>                                                                | \$0(1)                                            |                                                       |
| <i>nylia 7/7/7</i>                                                               | \$0(1)                                            |                                                       |
| <i>nymyo</i>                                                                     | \$0(1)                                            |                                                       |
| <i>ocella</i>                                                                    | \$0(1)                                            |                                                       |
| <i>opcicon one-step</i> TABS 1.5mg                                               | \$0(3)                                            | NM; *                                                 |
| <i>option 2</i> TABS 1.5mg                                                       | \$0(3)                                            | NM; *                                                 |
| <i>philith</i>                                                                   | \$0(1)                                            |                                                       |
| <i>pimtrea</i>                                                                   | \$0(1)                                            |                                                       |
| <i>portia-28</i>                                                                 | \$0(1)                                            |                                                       |
| <i>reclipsen</i>                                                                 | \$0(1)                                            |                                                       |
| <i>rivelsa</i>                                                                   | \$0(1)                                            |                                                       |
| <i>setlakin</i>                                                                  | \$0(1)                                            |                                                       |
| <i>sharobel</i> TABS .35mg                                                       | \$0(1)                                            |                                                       |
| <i>simliya</i>                                                                   | \$0(1)                                            |                                                       |

| Drug Name<br>(By Medical Condition)                                               | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-----------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>simpesse</i>                                                                   | \$0(1)                                            |                                                       |
| <i>sprintec 28</i>                                                                | \$0(1)                                            |                                                       |
| <i>sronyx</i>                                                                     | \$0(1)                                            |                                                       |
| <i>syeda</i>                                                                      | \$0(1)                                            |                                                       |
| <i>tarina 24 fe</i>                                                               | \$0(1)                                            |                                                       |
| <i>tarina fe 1/20 eq</i>                                                          | \$0(1)                                            |                                                       |
| <i>tilia fe</i>                                                                   | \$0(1)                                            |                                                       |
| <i>tri-estarylla</i>                                                              | \$0(1)                                            |                                                       |
| <i>tri-legest fe</i>                                                              | \$0(1)                                            |                                                       |
| <i>tri-linyah</i>                                                                 | \$0(1)                                            |                                                       |
| <i>tri-lo-estarylla</i>                                                           | \$0(1)                                            |                                                       |
| <i>tri-lo-marzia</i>                                                              | \$0(1)                                            |                                                       |
| <i>tri-lo-mili</i>                                                                | \$0(1)                                            |                                                       |
| <i>tri-lo-sprintec</i>                                                            | \$0(1)                                            |                                                       |
| <i>tri-mili</i>                                                                   | \$0(1)                                            |                                                       |
| <i>tri-nymyo</i>                                                                  | \$0(1)                                            |                                                       |
| <i>tri-sprintec</i>                                                               | \$0(1)                                            |                                                       |
| <i>tri-vylibra</i>                                                                | \$0(1)                                            |                                                       |
| <i>tri-vylibra lo</i>                                                             | \$0(1)                                            |                                                       |
| <i>trivora-28</i>                                                                 | \$0(1)                                            |                                                       |
| <i>turqoz</i>                                                                     | \$0(1)                                            |                                                       |
| <i>tydemy</i>                                                                     | \$0(1)                                            |                                                       |
| <i>velivet</i>                                                                    | \$0(1)                                            |                                                       |
| <i>vestura</i>                                                                    | \$0(1)                                            |                                                       |
| <i>vienva</i>                                                                     | \$0(1)                                            |                                                       |
| <i>viorele</i>                                                                    | \$0(1)                                            |                                                       |
| <i>vyfemla</i>                                                                    | \$0(1)                                            |                                                       |
| <i>vylibra</i>                                                                    | \$0(1)                                            |                                                       |
| <i>wera</i>                                                                       | \$0(1)                                            |                                                       |
| <i>wymzya fe</i>                                                                  | \$0(1)                                            |                                                       |
| <i>xulane</i>                                                                     | \$0(1)                                            |                                                       |
| <i>zafemy</i>                                                                     | \$0(1)                                            |                                                       |
| <i>zovia 1/35</i>                                                                 | \$0(1)                                            |                                                       |
| <i>zumandimine</i>                                                                | \$0(1)                                            |                                                       |
| <b>ENDOMETRIOSIS</b>                                                              |                                                   |                                                       |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg                                            | \$0(1)                                            |                                                       |
| SYNAREL SOLN 2mg/ml                                                               | \$0(2)                                            | NDS, PA                                               |
| <b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>                              |                                                   |                                                       |
| <i>dotti</i> PTTW .025mg/24hr, .037mg/24hr,<br>.05mg/24hr, .075mg/24hr, .1mg/24hr | \$0(2)                                            |                                                       |

| Drug Name<br>(By Medical Condition)                                                                                                                                                                    | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>estradiol</i> PTTW .025mg/24hr,<br>.037mg/24hr, .05mg/24hr, .075mg/24hr,<br>.1mg/24hr; PTWK .025mg/24hr,<br>.05mg/24hr, .06mg/24hr, .075mg/24hr,<br>.1mg/24hr, 37.5mcg/24hr; TABS .5mg,<br>1mg, 2mg | \$0(2)                                            |                                                       |
| <i>estradiol &amp; norethindrone acetate tab 0.5-<br/>0.1 mg</i>                                                                                                                                       | \$0(2)                                            |                                                       |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5<br/>mg</i>                                                                                                                                          | \$0(2)                                            |                                                       |
| <i>estradiol vaginal</i> CREA .1mg/gm; TABS<br>10mcg                                                                                                                                                   | \$0(1)                                            |                                                       |
| <i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml,<br>40mg/ml                                                                                                                                             | \$0(1)                                            |                                                       |
| <i>fyavolv tab 0.5mg-2.5mcg</i>                                                                                                                                                                        | \$0(2)                                            |                                                       |
| <i>fyavolv tab 1mg-5mcg</i>                                                                                                                                                                            | \$0(2)                                            |                                                       |
| <i>jinteli</i>                                                                                                                                                                                         | \$0(2)                                            |                                                       |
| <i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr,<br>.05mg/24hr, .075mg/24hr, .1mg/24hr                                                                                                                    | \$0(2)                                            |                                                       |
| <i>mimvey</i>                                                                                                                                                                                          | \$0(2)                                            |                                                       |
| <i>norethindrone acetate-ethinyl estradiol tab<br/>0.5 mg-2.5 mcg</i>                                                                                                                                  | \$0(2)                                            |                                                       |
| <i>norethindrone acetate-ethinyl estradiol tab<br/>1 mg-5 mcg</i>                                                                                                                                      | \$0(2)                                            |                                                       |
| <i>yuvaferm</i> TABS 10mcg                                                                                                                                                                             | \$0(1)                                            |                                                       |
| <b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>                                                                                                                                          |                                                   |                                                       |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN<br>.5mg/5ml; TABS .5mg, .75mg, 1mg,<br>1.5mg, 2mg, 4mg, 6mg                                                                                                   | \$0(1)                                            | B/D                                                   |
| DEXAMETHASONE INTENSOL CONC<br>1mg/ml                                                                                                                                                                  | \$0(2)                                            | B/D                                                   |
| <i>dexamethasone sodium phosphate</i> SOLN<br>4mg/ml, 10mg/ml, 20mg/5ml,<br>100mg/10ml, 120mg/30ml; SOSY 4mg/ml                                                                                        | \$0(1)                                            |                                                       |
| <i>fludrocortisone acetate</i> TABS .1mg                                                                                                                                                               | \$0(1)                                            |                                                       |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg                                                                                                                                                             | \$0(1)                                            |                                                       |
| <i>hydrocortisone sod succinate</i> SOLR 100mg                                                                                                                                                         | \$0(1)                                            |                                                       |
| <i>methylprednisolone</i> TABS 4mg, 8mg,<br>16mg, 32mg                                                                                                                                                 | \$0(1)                                            | B/D                                                   |
| <i>methylprednisolone</i> TBPK 4mg                                                                                                                                                                     | \$0(1)                                            |                                                       |
| <i>methylprednisolone acetate</i> SUSP<br>40mg/ml, 80mg/ml                                                                                                                                             | \$0(1)                                            | B/D                                                   |
| <i>methylprednisolone sod succ</i> SOLR 40mg,<br>125mg, 1000mg                                                                                                                                         | \$0(1)                                            | B/D                                                   |
| <i>prednisolone</i> SOLN 15mg/5ml                                                                                                                                                                      | \$0(1)                                            | B/D                                                   |

| <b>Drug Name<br/>(By Medical Condition)</b>                                             | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml                   | \$0(1)                                                      | B/D                                                            |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg                  | \$0(1)                                                      | B/D                                                            |
| <i>prednisone</i> TBPK 5mg, 10mg                                                        | \$0(1)                                                      |                                                                |
| PREDNISONE INTENSOL CONC 5mg/ml                                                         | \$0(2)                                                      | B/D                                                            |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg                                            | \$0(2)                                                      |                                                                |
| <b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>                        |                                                             |                                                                |
| <i>diazoxide</i> SUSP 50mg/ml                                                           | \$0(2)                                                      | NDS                                                            |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml                                         | \$0(2)                                                      |                                                                |
| GVOKE KIT SOLN 1mg/0.2ml                                                                | \$0(2)                                                      |                                                                |
| GVOKE PFS SOSY 1mg/0.2ml                                                                | \$0(2)                                                      |                                                                |
| <b>MISCELLANEOUS</b>                                                                    |                                                             |                                                                |
| ALDURAZYME SOLN 2.9mg/5ml                                                               | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| <i>betaine powder for oral solution</i>                                                 | \$0(2)                                                      | NDS, NM, LA                                                    |
| <i>cabergoline</i> TABS .5mg                                                            | \$0(1)                                                      |                                                                |
| <i>carglumic acid</i> TBSO 200mg                                                        | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| CERDELGA CAPS 84mg                                                                      | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| CEREZYME SOLR 400unit                                                                   | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg                                                   | \$0(1)                                                      | B/D, QL (60 tabs / 30 days), NM                                |
| <i>cinacalcet hcl</i> TABS 90mg                                                         | \$0(2)                                                      | NDS, B/D, QL (120 tabs / 30 days), NM                          |
| CYSTAGON CAPS 50mg, 150mg                                                               | \$0(2)                                                      | NM, LA, PA                                                     |
| <i>desmopressin acetate</i> SOLN 4mcg/ml                                                | \$0(2)                                                      | NDS                                                            |
| <i>desmopressin acetate</i> TABS .1mg, .2mg                                             | \$0(1)                                                      |                                                                |
| <i>desmopressin acetate spray</i> SOLN .01%                                             | \$0(1)                                                      |                                                                |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01%                                | \$0(1)                                                      |                                                                |
| FABRAZYME SOLR 5mg, 35mg                                                                | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| GENOTROPIN CART 5mg, 12mg                                                               | \$0(2)                                                      | NDS, NM, PA                                                    |
| GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | \$0(2)                                                      | NDS, NM, PA                                                    |
| INCRELEX SOLN 40mg/4ml                                                                  | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| <i>javygtor</i> PACK 100mg, 500mg; TABS 100mg                                           | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| KORLYM TABS 300mg                                                                       | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml                                              | \$0(2)                                                      | NDS, NM, PA                                                    |
| <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg                    | \$0(1)                                                      | B/D                                                            |
| LUMIZYME SOLR 50mg                                                                      | \$0(2)                                                      | NDS, NM, LA, PA                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                             | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)                                     | \$0(2)                                                      | NDS, NM, PA                                                    |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)                                            | \$0(2)                                                      | NDS, NM, PA                                                    |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg)                                                     | \$0(2)                                                      | NDS, NM, PA                                                    |
| <i>mifepristone (hyperglycemia)</i> TABS 300mg                                          | \$0(2)                                                      | NDS, NM, PA                                                    |
| <i>miglustat</i> CAPS 100mg                                                             | \$0(2)                                                      | NDS, QL (90 caps / 30 days), NM, PA                            |
| NAGLAZYME SOLN 1mg/ml                                                                   | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg                                             | \$0(2)                                                      | NDS, NM, PA                                                    |
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | \$0(1)                                                      | NM, PA                                                         |
| <i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml                    | \$0(2)                                                      | NDS, NM, PA                                                    |
| <i>raloxifene hcl</i> TABS 60mg                                                         | \$0(1)                                                      |                                                                |
| <i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg                        | \$0(2)                                                      | NDS, NM, PA                                                    |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml                                                 | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| <i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg                                   | \$0(2)                                                      | NDS, NM, PA                                                    |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml                               | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg                                              | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| <i>yargesa</i> CAPS 100mg                                                               | \$0(2)                                                      | NDS, QL (90 caps / 30 days), NM, PA                            |
| <b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>        |                                                             |                                                                |
| <i>calcium acetate (phosphate binder)</i> CAPS 667mg                                    | \$0(1)                                                      | QL (360 caps / 30 days)                                        |
| <i>calcium acetate (phosphate binder)</i> TABS 667mg                                    | \$0(1)                                                      | QL (360 tabs / 30 days)                                        |
| <i>lanthanum carbonate</i> CHEW 500mg, 1000mg                                           | \$0(1)                                                      | QL (90 tabs / 30 days)                                         |
| <i>lanthanum carbonate</i> CHEW 750mg                                                   | \$0(1)                                                      | QL (180 tabs / 30 days)                                        |
| <i>sevelamer carbonate</i> PACK 2.4gm                                                   | \$0(1)                                                      | QL (180 packets / 30 days)                                     |
| <i>sevelamer carbonate</i> PACK .8gm                                                    | \$0(1)                                                      | QL (540 packets / 30 days)                                     |
| <i>sevelamer carbonate</i> TABS 800mg                                                   | \$0(1)                                                      | QL (540 tabs / 30 days)                                        |
| VELPHORO CHEW 500mg                                                                     | \$0(2)                                                      | NDS, QL (180 tabs / 30 days)                                   |

| Drug Name<br>(By Medical Condition)                                                                                                  | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>                                                                                |                                                   |                                                       |
| <i>medroxyprogesterone acetate</i> TABS<br>2.5mg, 5mg, 10mg                                                                          | \$0(1)                                            |                                                       |
| <i>megestrol acetate</i> SUSP 40mg/ml                                                                                                | \$0(2)                                            |                                                       |
| <i>megestrol acetate (appetite)</i> SUSP<br>625mg/5ml                                                                                | \$0(2)                                            | PA                                                    |
| <i>norethindrone acetate</i> TABS 5mg                                                                                                | \$0(1)                                            |                                                       |
| <i>progesterone</i> CAPS 100mg, 200mg                                                                                                | \$0(1)                                            |                                                       |
| <b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>                                                                             |                                                   |                                                       |
| <i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg,<br>88mcg, 100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg, 200mcg                        | \$0(1)                                            |                                                       |
| <i>levo-t</i> TABS 25mcg, 50mcg, 75mcg,<br>88mcg, 100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg, 200mcg,<br>300mcg               | \$0(1)                                            |                                                       |
| <i>levothyroxine sodium</i> TABS 25mcg,<br>50mcg, 75mcg, 88mcg, 100mcg, 112mcg,<br>125mcg, 137mcg, 150mcg, 175mcg,<br>200mcg, 300mcg | \$0(1)                                            |                                                       |
| <i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg,<br>88mcg, 100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg, 200mcg                         | \$0(1)                                            |                                                       |
| <i>liothyronine sodium</i> TABS 5mcg, 25mcg,<br>50mcg                                                                                | \$0(1)                                            |                                                       |
| <i>methimazole</i> TABS 5mg, 10mg                                                                                                    | \$0(1)                                            |                                                       |
| <i>propylthiouracil</i> TABS 50mg                                                                                                    | \$0(1)                                            |                                                       |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg,<br>88mcg, 100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg, 200mcg,<br>300mcg                   | \$0(2)                                            |                                                       |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg,<br>88mcg, 100mcg, 112mcg, 125mcg,<br>137mcg, 150mcg, 175mcg, 200mcg,<br>300mcg            | \$0(1)                                            |                                                       |
| <b>VITAMIN D ANALOGS</b>                                                                                                             |                                                   |                                                       |
| <i>calcitriol</i> CAPS .25mcg, .5mcg                                                                                                 | \$0(1)                                            | B/D                                                   |
| <i>calcitriol (oral)</i> SOLN 1mcg/ml                                                                                                | \$0(1)                                            | B/D                                                   |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg                                                                                            | \$0(1)                                            | B/D                                                   |
| RAYALDEE CPR 30mcg                                                                                                                   | \$0(2)                                            | NDS                                                   |
| <b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>                                                            |                                                   |                                                       |
| <b>ANTACIDS</b>                                                                                                                      |                                                   |                                                       |
| <i>acid gone</i>                                                                                                                     | \$0(3)                                            | NM; *                                                 |
| <i>almacone double strength</i>                                                                                                      | \$0(3)                                            | NM; *                                                 |

| Drug Name<br>(By Medical Condition)                      | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|----------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| ALUMINUM HYDROXIDE SUSP 320mg/5ml                        | \$0(3)                                            | NM; *                                                 |
| <i>antacid</i> CHEW 500mg, 750mg                         | \$0(3)                                            | NM; *                                                 |
| <i>antacid calcium regular s</i> CHEW 500mg              | \$0(3)                                            | NM; *                                                 |
| <i>antacid extra strength</i> CHEW 750mg                 | \$0(3)                                            | NM; *                                                 |
| <i>antacid maximum strength</i>                          | \$0(3)                                            | NM; *                                                 |
| <i>antacid regular strength</i>                          | \$0(3)                                            | NM; *                                                 |
| <i>antacid ultra strength</i> CHEW 1000mg                | \$0(3)                                            | NM; *                                                 |
| <i>antacid/antigas liquid</i>                            | \$0(3)                                            | NM; *                                                 |
| <i>cal-gest antacid</i> CHEW 500mg                       | \$0(3)                                            | NM; *                                                 |
| <i>calcium antacid</i> CHEW 500mg                        | \$0(3)                                            | NM; *                                                 |
| <i>calcium antacid extra str</i> CHEW 750mg              | \$0(3)                                            | NM; *                                                 |
| CALCIUM CARBONATE SUSP 1250mg/5ml                        | \$0(3)                                            | NM; *                                                 |
| <i>calcium carbonate (antacid)</i> SUSP 1250mg/5ml       | \$0(3)                                            | NM; *                                                 |
| <i>gnp antacid &amp; anti-gas/re</i>                     | \$0(3)                                            | NM; *                                                 |
| <i>gnp antacid and anti-gas/</i>                         | \$0(3)                                            | NM; *                                                 |
| <i>gnp antacid anti-gas/maxi</i>                         | \$0(3)                                            | NM; *                                                 |
| <i>gnp antacid extra strengt</i> CHEW 750mg              | \$0(3)                                            | NM; *                                                 |
| <i>gnp antacid/regular stren</i>                         | \$0(3)                                            | NM; *                                                 |
| <i>heartburn relief extra st</i>                         | \$0(3)                                            | NM; *                                                 |
| <i>hm antacid</i>                                        | \$0(3)                                            | NM; *                                                 |
| <i>hm antacid anti-gas extra</i>                         | \$0(3)                                            | NM; *                                                 |
| <i>hm antacid extra strength</i> CHEW 750mg              | \$0(3)                                            | NM; *                                                 |
| MAG-AL LIQ                                               | \$0(3)                                            | NM; *                                                 |
| <i>mag-al plus</i>                                       | \$0(3)                                            | NM; *                                                 |
| <i>mag-al plus xs</i>                                    | \$0(3)                                            | NM; *                                                 |
| <i>magnesium oxide</i> TABS 400mg, 420mg                 | \$0(3)                                            | NM; *                                                 |
| <i>mintox maximum strength</i>                           | \$0(3)                                            | NM; *                                                 |
| <i>qc antacid</i> CHEW 500mg                             | \$0(3)                                            | NM; *                                                 |
| <i>qc antacid/anti-gas</i>                               | \$0(3)                                            | NM; *                                                 |
| <i>sm antacid</i> CHEW 500mg                             | \$0(3)                                            | NM; *                                                 |
| <i>sm antacid advanced</i>                               | \$0(3)                                            | NM; *                                                 |
| <i>sm antacid advanced maxi</i>                          | \$0(3)                                            | NM; *                                                 |
| <i>sm antacid extra strength</i> CHEW 750mg              | \$0(3)                                            | NM; *                                                 |
| <i>sm antacid maximum streng</i>                         | \$0(3)                                            | NM; *                                                 |
| <i>smooth antacid extra stre</i> CHEW 750mg              | \$0(3)                                            | NM; *                                                 |
| <i>sodium bicarbonate (antacid)</i> TABS 325mg, 650mg    | \$0(3)                                            | NM; *                                                 |
| <b>ANTI-DIARRHEAL</b>                                    |                                                   |                                                       |
| <i>anti-diarrheal</i> CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg | \$0(3)                                            | NM; *                                                 |
| <i>bismatrol</i> CHEW 262mg                              | \$0(3)                                            | NM; *                                                 |
| <i>bismuth subsalicylate</i> CHEW 262mg                  | \$0(3)                                            | NM; *                                                 |
| <i>gnp anti-diarrheal</i> CAPS 2mg; TABS 2mg             | \$0(3)                                            | NM; *                                                 |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                     | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>gnp loperamide hydrochlor SOLN</i><br>1mg/7.5ml                                              | \$0(3)                                                      | NM; *                                                          |
| <i>gnp pink bismuth TABS</i> 262mg                                                              | \$0(3)                                                      | NM; *                                                          |
| <i>gnp stomach relief SUSP</i> 525mg/30ml                                                       | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense anti-diarrheal SOLN</i> 1mg/7.5ml                                                  | \$0(3)                                                      | NM; *                                                          |
| <i>loperamide hcl SOLN</i> 1mg/7.5ml,<br>2mg/15ml                                               | \$0(3)                                                      | NM; *                                                          |
| <i>qc anti-diarrheal CAPS</i> 2mg; <i>TABS</i> 2mg                                              | \$0(3)                                                      | NM; *                                                          |
| <i>sm anti-diarrheal CAPS</i> 2mg; <i>SOLN</i><br>1mg/7.5ml; <i>TABS</i> 2mg                    | \$0(3)                                                      | NM; *                                                          |
| <i>sm stomach relief CHEW</i> 262mg                                                             | \$0(3)                                                      | NM; *                                                          |
| <i>sm stomach relief liquid SUSP</i><br>525mg/30ml                                              | \$0(3)                                                      | NM; *                                                          |
| <i>stomach relief CHEW</i> 262mg; <i>SUSP</i><br>525mg/30ml                                     | \$0(3)                                                      | NM; *                                                          |
| <i>stomach relief extra stre SUSP</i><br>525mg/15ml                                             | \$0(3)                                                      | NM; *                                                          |
| <i>stomach relief ultra SUSP</i> 525mg/15ml                                                     | \$0(3)                                                      | NM; *                                                          |
| <b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>                                              |                                                             |                                                                |
| <i>aprepitant CAPS</i> 40mg, 80mg, 125mg                                                        | \$0(1)                                                      | B/D                                                            |
| <i>aprepitant capsule therapy pack 80 &amp; 125</i><br><i>mg</i>                                | \$0(1)                                                      | B/D                                                            |
| <i>compro SUPP</i> 25mg                                                                         | \$0(1)                                                      |                                                                |
| <i>dronabinol CAPS</i> 2.5mg, 5mg, 10mg                                                         | \$0(1)                                                      | B/D, QL (60 caps / 30<br>days)                                 |
| <i>granisetron hcl SOLN</i> 1mg/ml, 4mg/4ml                                                     | \$0(1)                                                      |                                                                |
| <i>granisetron hcl TABS</i> 1mg                                                                 | \$0(1)                                                      | B/D                                                            |
| <i>meclizine hcl TABS</i> 12.5mg, 25mg                                                          | \$0(2)                                                      |                                                                |
| <i>metoclopramide hcl SOLN</i> 5mg/5ml,<br>5mg/ml; <i>TABS</i> 5mg, 10mg                        | \$0(1)                                                      |                                                                |
| <i>ondansetron TBP</i> 4mg, 8mg                                                                 | \$0(1)                                                      | B/D                                                            |
| <i>ondansetron hcl SOLN</i> 4mg/2ml,<br>40mg/20ml; <i>SOSY</i> 4mg/2ml                          | \$0(1)                                                      |                                                                |
| <i>ondansetron hcl SOLN</i> 4mg/5ml; <i>TABS</i><br>4mg, 8mg                                    | \$0(1)                                                      | B/D                                                            |
| <i>prochlorperazine SUPP</i> 25mg                                                               | \$0(1)                                                      |                                                                |
| <i>prochlorperazine edisylate SOLN</i><br>10mg/2ml                                              | \$0(1)                                                      |                                                                |
| <i>prochlorperazine maleate TABS</i> 5mg,<br>10mg                                               | \$0(1)                                                      |                                                                |
| <i>promethazine hcl SOLN</i> 6.25mg/5ml,<br>25mg/ml, 50mg/ml; <i>TABS</i> 12.5mg, 25mg,<br>50mg | \$0(2)                                                      | PA; PA if 70 years and<br>older                                |

| Drug Name<br>(By Medical Condition)                                | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE   |
|--------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------|
| <i>scopolamine</i> PT72 1mg/3days                                  | \$0(2)                                            | QL (10 patches / 30 days), PA; PA if 70 years and older |
| <b>ANTISPASMODICS - DRUGS FOR STOMACH SPASMS</b>                   |                                                   |                                                         |
| <i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg         | \$0(2)                                            |                                                         |
| <i>glycopyrrolate</i> TABS 1mg                                     | \$0(1)                                            | QL (90 tabs / 30 days)                                  |
| <i>glycopyrrolate</i> TABS 2mg                                     | \$0(1)                                            | QL (120 tabs / 30 days)                                 |
| <b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b> |                                                   |                                                         |
| <i>acid reducer</i> TABS 10mg                                      | \$0(3)                                            | NM; *                                                   |
| <i>acid reducer maximum stre</i> TABS 20mg                         | \$0(3)                                            | NM; *                                                   |
| <i>acid reducer original str</i> TABS 10mg                         | \$0(3)                                            | NM; *                                                   |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml              | \$0(1)                                            |                                                         |
| <i>famotidine</i> SUSR 40mg/5ml                                    | \$0(1)                                            | QL (300 mL / 30 days)                                   |
| <i>famotidine</i> TABS 10mg, 20mg                                  | \$0(3)                                            | NM; *                                                   |
| <i>famotidine</i> TABS 20mg                                        | \$0(1)                                            | QL (120 tabs / 30 days)                                 |
| <i>famotidine</i> TABS 40mg                                        | \$0(1)                                            | QL (60 tabs / 30 days)                                  |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>                  | \$0(1)                                            |                                                         |
| <i>famotidine maximum streng</i> TABS 20mg                         | \$0(3)                                            | NM; *                                                   |
| <i>famotidine original stren</i> TABS 10mg                         | \$0(3)                                            | NM; *                                                   |
| <i>gnp acid reducer</i> TABS 10mg                                  | \$0(3)                                            | NM; *                                                   |
| <i>gnp acid reducer maximum</i> TABS 20mg                          | \$0(3)                                            | NM; *                                                   |
| <i>heartburn relief</i> TABS 10mg                                  | \$0(3)                                            | NM; *                                                   |
| <i>heartburn relief maximum</i> TABS 20mg                          | \$0(3)                                            | NM; *                                                   |
| <i>nizatidine</i> CAPS 150mg, 300mg                                | \$0(1)                                            |                                                         |
| <i>sm acid reducer</i> TABS 10mg                                   | \$0(3)                                            | NM; *                                                   |
| <i>sm acid reducer maximum s</i> TABS 20mg                         | \$0(3)                                            | NM; *                                                   |
| <b>INFLAMMATORY BOWEL DISEASE</b>                                  |                                                   |                                                         |
| <i>balsalazide disodium</i> CAPS 750mg                             | \$0(1)                                            |                                                         |
| <i>budesonide</i> CPEP 3mg                                         | \$0(1)                                            | QL (90 caps / 30 days), PA                              |
| <i>budesonide</i> TB24 9mg                                         | \$0(2)                                            | NDS, QL (30 tabs / 30 days), PA                         |
| <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml                | \$0(1)                                            |                                                         |
| <i>mesalamine</i> CP24 .375gm                                      | \$0(1)                                            | QL (120 caps / 30 days)                                 |
| <i>mesalamine</i> CPDR 400mg                                       | \$0(1)                                            | QL (180 caps / 30 days)                                 |
| <i>mesalamine</i> ENEM 4gm; SUPP 1000mg                            | \$0(1)                                            |                                                         |
| <i>mesalamine</i> TBEC 1.2gm                                       | \$0(1)                                            | QL (120 tabs / 30 days)                                 |
| <i>mesalamine w/ cleanser</i> KIT 4gm                              | \$0(1)                                            |                                                         |
| <i>sulfasalazine</i> TABS 500mg; TBEC 500mg                        | \$0(1)                                            |                                                         |

| Drug Name<br>(By Medical Condition)                                    | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <b>LAXATIVES</b>                                                       |                                                   |                                                       |
| <i>bisacodyl</i> SUPP 10mg                                             | \$0(3)                                            | NM; *                                                 |
| <i>bisacodyl ec</i> TBEC 5mg                                           | \$0(3)                                            | NM; *                                                 |
| COLACE CAPS 100mg                                                      | \$0(3)                                            | NM; *                                                 |
| <i>constulose</i> SOLN 10gm/15ml                                       | \$0(1)                                            |                                                       |
| <i>docusate calcium</i> CAPS 240mg                                     | \$0(3)                                            | NM; *                                                 |
| <i>docusate sodium</i> CAPS 100mg, 250mg;<br>LIQD 50mg/5ml, 100mg/10ml | \$0(3)                                            | NM; *                                                 |
| <i>enema ready-to-use</i>                                              | \$0(3)                                            | NM; *                                                 |
| <i>enulose</i> SOLN 10gm/15ml                                          | \$0(1)                                            |                                                       |
| FLEET ENE                                                              | \$0(3)                                            | NM; *                                                 |
| FLEET ENE PED                                                          | \$0(3)                                            | NM; *                                                 |
| <i>gavilyte-c</i>                                                      | \$0(1)                                            |                                                       |
| <i>gavilyte-g</i>                                                      | \$0(1)                                            |                                                       |
| <i>gavilyte-n/flavor pack</i>                                          | \$0(1)                                            |                                                       |
| <i>generlac</i> SOLN 10gm/15ml                                         | \$0(1)                                            |                                                       |
| <i>gentle laxative</i> SUPP 10mg; TBEC 5mg                             | \$0(3)                                            | NM; *                                                 |
| <i>gnp clearlax</i> PACK 17gm                                          | \$0(3)                                            | NM; *                                                 |
| <i>gnp fiber powder</i> POWD 43%                                       | \$0(3)                                            | NM; *                                                 |
| <i>gnp gentle laxative</i> SUPP 10mg; TBEC 5mg                         | \$0(3)                                            | NM; *                                                 |
| <i>gnp stool softener</i> CAPS 100mg, 240mg, 250mg                     | \$0(3)                                            | NM; *                                                 |
| <i>gnp womens gentle laxativ</i> TBEC 5mg                              | \$0(3)                                            | NM; *                                                 |
| <i>healthylax</i> PACK 17gm                                            | \$0(3)                                            | NM; *                                                 |
| <i>hm enema saline laxative</i>                                        | \$0(3)                                            | NM; *                                                 |
| <i>hm gentle laxative</i> SUPP 10mg                                    | \$0(3)                                            | NM; *                                                 |
| <i>hm laxative</i> TBEC 5mg                                            | \$0(3)                                            | NM; *                                                 |
| <i>hm stool softener</i> CAPS 100mg, 250mg                             | \$0(3)                                            | NM; *                                                 |
| <i>lactulose</i> SOLN 10gm/15ml                                        | \$0(1)                                            |                                                       |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml                       | \$0(1)                                            |                                                       |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm          | \$0(1)                                            |                                                       |
| <i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm                    | \$0(1)                                            |                                                       |
| PLENVU SOL                                                             | \$0(2)                                            |                                                       |
| <i>polyethylene glycol 3350</i> PACK 17gm                              | \$0(3)                                            | NM; *                                                 |
| <i>qc enema</i>                                                        | \$0(3)                                            | NM; *                                                 |
| <i>qc gentle laxative</i> SUPP 10mg                                    | \$0(3)                                            | NM; *                                                 |
| <i>qc stool softener</i> CAPS 100mg                                    | \$0(3)                                            | NM; *                                                 |
| <i>sm enema</i>                                                        | \$0(3)                                            | NM; *                                                 |
| <i>sm gentle laxative</i> TBEC 5mg                                     | \$0(3)                                            | NM; *                                                 |
| <i>sm stool softener</i> CAPS 100mg                                    | \$0(3)                                            | NM; *                                                 |

| <b>Drug Name<br/>(By Medical Condition)</b>                         | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | \$0(1)                                                      |                                                                |
| <i>*sodium phosphates - enema***</i>                                | \$0(3)                                                      | NM; *                                                          |
| <i>stool softener CAPS 100mg</i>                                    | \$0(3)                                                      | NM; *                                                          |
| <b>MISCELLANEOUS</b>                                                |                                                             |                                                                |
| <i>acid reducer complete</i>                                        | \$0(3)                                                      | NM; *                                                          |
| <i>alosetron hcl TABS .5mg, 1mg</i>                                 | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), PA                                |
| <i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>                | \$0(1)                                                      |                                                                |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>               | \$0(2)                                                      |                                                                |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>                   | \$0(2)                                                      |                                                                |
| <i>GATTEX KIT 5mg</i>                                               | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| <i>hm dual action complete</i>                                      | \$0(3)                                                      | NM; *                                                          |
| <i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>                           | \$0(2)                                                      | QL (30 caps / 30 days)                                         |
| <i>loperamide hcl CAPS 2mg</i>                                      | \$0(1)                                                      |                                                                |
| <i>misoprostol TABS 100mcg, 200mcg</i>                              | \$0(1)                                                      |                                                                |
| <i>MOVANTIK TABS 12.5mg, 25mg</i>                                   | \$0(2)                                                      | QL (30 tabs / 30 days)                                         |
| <i>RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml</i>                          | \$0(2)                                                      | NDS, QL (28 syringes / 28 days), PA                            |
| <i>sucralfate TABS 1gm</i>                                          | \$0(1)                                                      |                                                                |
| <i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>                       | \$0(1)                                                      |                                                                |
| <i>XERMELO TABS 250mg</i>                                           | \$0(2)                                                      | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |
| <i>XIFAXAN TABS 550mg</i>                                           | \$0(2)                                                      | NDS, PA                                                        |
| <b>PANCREATIC ENZYMES</b>                                           |                                                             |                                                                |
| <i>CREON CAP 3000UNIT</i>                                           | \$0(2)                                                      |                                                                |
| <i>CREON CAP 6000UNIT</i>                                           | \$0(2)                                                      |                                                                |
| <i>CREON CAP 12000UNT</i>                                           | \$0(2)                                                      |                                                                |
| <i>CREON CAP 24000UNT</i>                                           | \$0(2)                                                      |                                                                |
| <i>CREON CAP 36000UNT</i>                                           | \$0(2)                                                      |                                                                |
| <i>ZENPEP CAP 3000UNIT</i>                                          | \$0(2)                                                      |                                                                |
| <i>ZENPEP CAP 5000UNIT</i>                                          | \$0(2)                                                      |                                                                |
| <i>ZENPEP CAP 10000UNT</i>                                          | \$0(2)                                                      |                                                                |
| <i>ZENPEP CAP 15000UNT</i>                                          | \$0(2)                                                      |                                                                |
| <i>ZENPEP CAP 20000UNT</i>                                          | \$0(2)                                                      |                                                                |
| <i>ZENPEP CAP 25000UNT</i>                                          | \$0(2)                                                      |                                                                |
| <i>ZENPEP CAP 40000UNT</i>                                          | \$0(2)                                                      |                                                                |
| <i>ZENPEP CAP 60000UNT</i>                                          | \$0(2)                                                      |                                                                |

| Drug Name<br>(By Medical Condition) | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-------------------------------------|---------------------------------------------------|-------------------------------------------------------|
|-------------------------------------|---------------------------------------------------|-------------------------------------------------------|

### **PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**

|                                                       |        |                            |
|-------------------------------------------------------|--------|----------------------------|
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg         | \$0(1) | QL (30 caps / 30 days), ST |
| <i>gnp omeprazole</i> TBEC 20mg                       | \$0(3) | NM, PA; *                  |
| <i>goodsense lansoprazole</i> CPDR 15mg               | \$0(3) | NM; *                      |
| <i>hm omeprazole</i> TBEC 20mg                        | \$0(3) | NM, PA; *                  |
| <i>lansoprazole</i> CPDR 15mg                         | \$0(3) | NM; *                      |
| <i>lansoprazole</i> CPDR 15mg, 30mg                   | \$0(1) | QL (60 caps / 30 days)     |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg               | \$0(1) |                            |
| <i>omeprazole</i> TBEC 20mg                           | \$0(3) | NM, PA; *                  |
| <i>omeprazole magnesium</i> CPDR 20.6mg               | \$0(3) | NM; *                      |
| <i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg | \$0(1) |                            |
| <i>qc lansoprazole</i> CPDR 15mg                      | \$0(3) | NM; *                      |
| <i>rabeprazole sodium</i> TBEC 20mg                   | \$0(1) | QL (30 tabs / 30 days)     |
| <i>sm lansoprazole</i> CPDR 15mg                      | \$0(3) | NM; *                      |
| <i>sm omeprazole</i> TBEC 20mg                        | \$0(3) | NM, PA; *                  |

### **GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS**

#### **BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE**

|                                                  |        |                        |
|--------------------------------------------------|--------|------------------------|
| <i>alfuzosin hcl</i> TB24 10mg                   | \$0(1) | QL (30 tabs / 30 days) |
| <i>dutasteride</i> CAPS .5mg                     | \$0(1) | QL (30 caps / 30 days) |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | \$0(1) | QL (30 caps / 30 days) |
| <i>finasteride</i> TABS 5mg                      | \$0(1) | QL (30 tabs / 30 days) |
| <i>tamsulosin hcl</i> CAPS .4mg                  | \$0(1) | QL (60 caps / 30 days) |

#### **MISCELLANEOUS**

|                                                                  |        |  |
|------------------------------------------------------------------|--------|--|
| <i>acetic acid</i> SOLN .25%                                     | \$0(1) |  |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg           | \$0(1) |  |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg | \$0(1) |  |

### **URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE**

|                                             |        |                         |
|---------------------------------------------|--------|-------------------------|
| <i>GEMTESA</i> TABS 75mg                    | \$0(2) | QL (30 tabs / 30 days)  |
| <i>MYRBETRIQ</i> SRER 8mg/ml                | \$0(2) | QL (300 mL / 28 days)   |
| <i>MYRBETRIQ</i> TB24 25mg, 50mg            | \$0(2) | QL (30 tabs / 30 days)  |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml     | \$0(1) | QL (600 mL / 30 days)   |
| <i>oxybutynin chloride</i> TABS 5mg         | \$0(1) | QL (120 tabs / 30 days) |
| <i>oxybutynin chloride</i> TB24 5mg         | \$0(1) | QL (30 tabs / 30 days)  |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg  | \$0(1) | QL (60 tabs / 30 days)  |
| <i>solifenacin succinate</i> TABS 5mg, 10mg | \$0(1) | QL (30 tabs / 30 days)  |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                                            | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>tolterodine tartrate</i> CP24 2mg, 4mg                                                                                              | \$0(1)                                                      | QL (30 caps / 30 days),<br>ST                                  |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg                                                                                              | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <i>tropium chloride</i> TABS 20mg                                                                                                      | \$0(1)                                                      | QL (60 tabs / 30 days)                                         |
| <b>VAGINAL ANTI-INFECTIVES</b>                                                                                                         |                                                             |                                                                |
| <i>clindamycin phosphate vaginal</i> CREA 2%                                                                                           | \$0(1)                                                      |                                                                |
| <i>clotrimazole vaginal</i> CREA 1%                                                                                                    | \$0(3)                                                      | NM; *                                                          |
| <i>3 day vaginal</i> CREA 2%                                                                                                           | \$0(3)                                                      | NM; *                                                          |
| <i>gnp clotrimazole 3</i> CREA 2%                                                                                                      | \$0(3)                                                      | NM; *                                                          |
| <i>gnp miconazole 1 combinat</i>                                                                                                       | \$0(3)                                                      | NM; *                                                          |
| <i>gnp miconazole 3</i>                                                                                                                | \$0(3)                                                      | NM; *                                                          |
| <i>gnp miconazole 7</i> CREA 2%                                                                                                        | \$0(3)                                                      | NM; *                                                          |
| <i>metronidazole vaginal</i> GEL .75%                                                                                                  | \$0(1)                                                      |                                                                |
| <i>miconazole 3 combination</i>                                                                                                        | \$0(3)                                                      | NM; *                                                          |
| <i>miconazole 3 combo pack</i>                                                                                                         | \$0(3)                                                      | NM; *                                                          |
| <i>miconazole 7</i> CREA 2%                                                                                                            | \$0(3)                                                      | NM; *                                                          |
| <i>miconazole nitrate vaginal</i> CREA 2%                                                                                              | \$0(3)                                                      | NM; *                                                          |
| <i>qc clotrimazole</i> CREA 1%                                                                                                         | \$0(3)                                                      | NM; *                                                          |
| <i>qc miconazole 7</i> CREA 2%                                                                                                         | \$0(3)                                                      | NM; *                                                          |
| <i>sm 3-day vaginal</i> CREA 2%                                                                                                        | \$0(3)                                                      | NM; *                                                          |
| <i>sm clotrimazole vaginal</i> CREA 1%                                                                                                 | \$0(3)                                                      | NM; *                                                          |
| <i>sm miconazole 3</i>                                                                                                                 | \$0(3)                                                      | NM; *                                                          |
| <i>sm miconazole 7</i> CREA 2%; SUPP 100mg                                                                                             | \$0(3)                                                      | NM; *                                                          |
| <i>sm tioconazole-1</i> OINT 6.5%                                                                                                      | \$0(3)                                                      | NM; *                                                          |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg                                                                                    | \$0(1)                                                      |                                                                |
| <i>tioconazole 1</i> OINT 6.5%                                                                                                         | \$0(3)                                                      | NM; *                                                          |
| <b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS</b>                                                                                    |                                                             |                                                                |
| <b>ANTICOAGULANTS - BLOOD THINNERS</b>                                                                                                 |                                                             |                                                                |
| <i>ELIQUIS</i> TABS 2.5mg                                                                                                              | \$0(2)                                                      | QL (60 tabs / 30 days)                                         |
| <i>ELIQUIS</i> TABS 5mg                                                                                                                | \$0(2)                                                      | QL (74 tabs / 30 days)                                         |
| <i>ELIQUIS STARTER PACK</i> TBPK 5mg                                                                                                   | \$0(2)                                                      | QL (74 tabs / 30 days)                                         |
| <i>enoxaparin sodium</i> SOLN 300mg/3ml;<br>SOSY 30mg/0.3ml, 40mg/0.4ml,<br>60mg/0.6ml, 80mg/0.8ml, 100mg/ml,<br>120mg/0.8ml, 150mg/ml | \$0(1)                                                      |                                                                |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml                                                                                            | \$0(1)                                                      |                                                                |
| <i>fondaparinux sodium</i> SOLN 5mg/0.4ml,<br>7.5mg/0.6ml, 10mg/0.8ml                                                                  | \$0(2)                                                      | NDS                                                            |
| <i>HEP SOD/D5W INJ</i> 20000UNT                                                                                                        | \$0(2)                                                      |                                                                |
| <i>HEP SOD/D5W INJ</i> 25000UNT                                                                                                        | \$0(2)                                                      |                                                                |
| <i>HEP SOD/NACL INJ</i> 12500UNT                                                                                                       | \$0(2)                                                      |                                                                |
| <i>HEP SOD/NACL INJ</i> 25000UNT                                                                                                       | \$0(2)                                                      |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                     | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>heparin sodium (porcine)</i> SOLN<br>1000unit/ml, 5000unit/ml, 10000unit/ml,<br>20000unit/ml | \$0(1)                                                      | B/D                                                            |
| HEPARIN/NACL INJ 25000UNT                                                                       | \$0(2)                                                      |                                                                |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg,<br>4mg, 5mg, 6mg, 7.5mg, 10mg                        | \$0(1)                                                      |                                                                |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg,<br>3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg                 | \$0(1)                                                      |                                                                |
| XARELTO SUSR 1mg/ml                                                                             | \$0(2)                                                      | QL (620 mL / 30 days)                                          |
| XARELTO TABS 2.5mg                                                                              | \$0(2)                                                      | QL (60 tabs / 30 days)                                         |
| XARELTO TABS 10mg, 15mg, 20mg                                                                   | \$0(2)                                                      | QL (30 tabs / 30 days)                                         |
| XARELTO STAR TAB 15/20MG                                                                        | \$0(2)                                                      | QL (51 tabs / 30 days)                                         |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                             |                                                             |                                                                |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml,<br>4000unit/ml, 10000unit/ml                             | \$0(2)                                                      | NM, PA                                                         |
| PROCRIT SOLN 20000unit/ml,<br>40000unit/ml                                                      | \$0(2)                                                      | NDS, NM, PA                                                    |
| ZARXIO SOSY 300mcg/0.5ml,<br>480mcg/0.8ml                                                       | \$0(2)                                                      | NDS, NM, PA                                                    |
| ZIEXTENZO SOSY 6mg/0.6ml                                                                        | \$0(2)                                                      | NDS, QL (2 syringes /<br>28 days), NM, PA                      |
| <b>MISCELLANEOUS</b>                                                                            |                                                             |                                                                |
| ALVAIZ TABS 9mg, 54mg                                                                           | \$0(2)                                                      | NDS, QL (60 tabs / 30<br>days), NM, LA, PA                     |
| ALVAIZ TABS 18mg, 36mg                                                                          | \$0(2)                                                      | NDS, QL (90 tabs / 30<br>days), NM, LA, PA                     |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg                                                            | \$0(1)                                                      |                                                                |
| BERINERT KIT 500unit                                                                            | \$0(2)                                                      | NDS, QL (24 boxes / 30<br>days), NM, LA, PA                    |
| <i>cilostazol</i> TABS 50mg, 100mg                                                              | \$0(1)                                                      |                                                                |
| DOPTELET TABS 20mg                                                                              | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| DROXIA CAPS 200mg, 300mg, 400mg                                                                 | \$0(2)                                                      |                                                                |
| ENDARI PACK 5gm                                                                                 | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| HAEGARDA SOLR 2000unit                                                                          | \$0(2)                                                      | NDS, QL (30 vials / 30<br>days), NM, LA, PA                    |
| HAEGARDA SOLR 3000unit                                                                          | \$0(2)                                                      | NDS, QL (20 vials / 30<br>days), NM, LA, PA                    |
| <i>icatibant acetate</i> SOSY 30mg/3ml                                                          | \$0(2)                                                      | NDS, QL (9 syringes /<br>30 days), NM, PA                      |
| <i>l-glutamine (sickle cell)</i> PACK 5gm                                                       | \$0(2)                                                      | NDS, NM, PA                                                    |
| <i>pentoxifylline</i> TBCR 400mg                                                                | \$0(1)                                                      |                                                                |
| PROMACTA PACK 12.5mg                                                                            | \$0(2)                                                      | NDS, QL (360 packets /<br>30 days), NM, LA, PA                 |
| PROMACTA PACK 25mg                                                                              | \$0(2)                                                      | NDS, QL (180 packets /<br>30 days), NM, LA, PA                 |

| Drug Name<br>(By Medical Condition)                                                     | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-----------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| PROMACTA TABS 12.5mg, 25mg                                                              | \$0(2)                                            | NDS, QL (30 tabs / 30 days), NM, LA, PA               |
| PROMACTA TABS 50mg, 75mg                                                                | \$0(2)                                            | NDS, QL (60 tabs / 30 days), NM, LA, PA               |
| sajazir SOSY 30mg/3ml                                                                   | \$0(2)                                            | NDS, QL (9 syringes / 30 days), NM, LA, PA            |
| tranexamic acid SOLN 1000mg/10ml;<br>TABS 650mg                                         | \$0(1)                                            |                                                       |
| <b>PLATELET AGGREGATION INHIBITORS</b>                                                  |                                                   |                                                       |
| aspirin-dipyridamole cap er 12hr 25-200<br>mg                                           | \$0(1)                                            |                                                       |
| BRILINTA TABS 60mg, 90mg                                                                | \$0(2)                                            |                                                       |
| clopidogrel bisulfate TABS 75mg                                                         | \$0(1)                                            |                                                       |
| dipyridamole TABS 25mg, 50mg, 75mg                                                      | \$0(2)                                            | PA; PA if 70 years and older                          |
| prasugrel hcl TABS 5mg, 10mg                                                            | \$0(1)                                            |                                                       |
| <b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>               |                                                   |                                                       |
| <b>AUTOIMMUNE AGENTS</b>                                                                |                                                   |                                                       |
| ADALIMUMAB-AACF (2 PEN) AJKT<br>40mg/0.8ml                                              | \$0(2)                                            | NDS, QL (56 pens / 365 days), NM, PA                  |
| ADALIMUMAB-AACF (2 SYRING PSKT<br>40mg/0.8ml                                            | \$0(2)                                            | NDS, QL (56 syringes / 365 days), NM, PA              |
| ADALIMUMAB-AACF STARTER P AJKT<br>40mg/0.8ml                                            | \$0(2)                                            | NDS, QL (2 packs / year), NM, PA                      |
| DUPIXENT SOAJ 200mg/1.14ml,<br>300mg/2ml; SOSY 100mg/0.67ml,<br>200mg/1.14ml, 300mg/2ml | \$0(2)                                            | NDS, NM, PA                                           |
| ENBREL SOLN 25mg/0.5ml                                                                  | \$0(2)                                            | NDS, QL (16 vials / 28 days), NM, PA                  |
| ENBREL SOSY 25mg/0.5ml                                                                  | \$0(2)                                            | NDS, QL (16 syringes / 28 days), NM, PA               |
| ENBREL SOSY 50mg/ml                                                                     | \$0(2)                                            | NDS, QL (8 syringes / 28 days), NM, PA                |
| ENBREL MINI SOCT 50mg/ml                                                                | \$0(2)                                            | NDS, QL (8 cartridges / 28 days), NM, PA              |
| ENBREL SURECLICK SOAJ 50mg/ml                                                           | \$0(2)                                            | NDS, QL (8 pens / 28 days), NM, PA                    |
| HUMIRA PSKT 10mg/0.1ml                                                                  | \$0(2)                                            | NDS, QL (2 syringes / 28 days), NM, PA                |
| HUMIRA PSKT 20mg/0.2ml                                                                  | \$0(2)                                            | NDS, QL (4 syringes / 28 days), NM, PA                |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml                                                      | \$0(2)                                            | NDS, QL (6 syringes / 28 days), NM, PA                |

| <b>Drug Name<br/>(By Medical Condition)</b>   | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| HUMIRA PEN AJKT 40mg/0.4ml,<br>40mg/0.8ml     | \$0(2)                                                      | NDS, QL (6 pens / 28<br>days), NM, PA                          |
| HUMIRA PEN AJKT 80mg/0.8ml                    | \$0(2)                                                      | NDS, QL (4 pens / 28<br>days), NM, PA                          |
| HUMIRA PEN KIT PS/UV                          | \$0(2)                                                      | NDS, QL (3 pens / 28<br>days), NM, PA                          |
| HUMIRA PEN-CD/UC/HS START AJKT<br>80mg/0.8ml  | \$0(2)                                                      | NDS, QL (3 pens / 28<br>days), NM, PA                          |
| HUMIRA PEN-PEDIATRIC UC S AJKT<br>80mg/0.8ml  | \$0(2)                                                      | NDS, QL (4 pens / 28<br>days), NM, PA                          |
| IDACIO (2 PEN) AJKT 40mg/0.8ml                | \$0(2)                                                      | NDS, QL (56 pens / 365<br>days), NM, PA                        |
| IDACIO (2 SYRINGE) PSKT 40mg/0.8ml            | \$0(2)                                                      | NDS, QL (56 syringes /<br>365 days), NM, PA                    |
| IDACIO CROHN INJ DISEASE AJKT<br>40mg/0.8ml   | \$0(2)                                                      | NDS, QL (2 packs /<br>year), NM, PA                            |
| IDACIO PLAQU INJ PSORIASIS AJKT<br>40mg/0.8ml | \$0(2)                                                      | NDS, QL (2 packs /<br>year), NM, PA                            |
| INFLIXIMAB SOLR 100mg                         | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| KEVZARA SOAJ 150mg/1.14ml,<br>200mg/1.14ml    | \$0(2)                                                      | NDS, QL (2 pens / 28<br>days), NM, PA                          |
| KEVZARA SOSY 150mg/1.14ml,<br>200mg/1.14ml    | \$0(2)                                                      | NDS, QL (2 syringes /<br>28 days), NM, PA                      |
| OTEZLA TABS 20mg, 30mg                        | \$0(2)                                                      | NDS, QL (60 tabs / 30<br>days), NM, PA                         |
| OTEZLA TAB 10/20                              | \$0(2)                                                      | NDS, QL (110 tabs /<br>year), NM, PA                           |
| OTEZLA TAB 10/20/30                           | \$0(2)                                                      | NDS, QL (110 tabs /<br>year), NM, PA                           |
| REMICADE SOLR 100mg                           | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| RENFLEXIS SOLR 100mg                          | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| RINVOQ TB24 15mg, 30mg                        | \$0(2)                                                      | NDS, QL (30 tabs / 30<br>days), NM, PA                         |
| RINVOQ TB24 45mg                              | \$0(2)                                                      | NDS, QL (168 tabs /<br>year), NM, PA                           |
| RINVOQ LQ SOLN 1mg/ml                         | \$0(2)                                                      | NDS, QL (360 mL / 30<br>days), NM, PA                          |
| SKYRIZI SOCT 180mg/1.2ml,<br>360mg/2.4ml      | \$0(2)                                                      | NDS, QL (1 cartridge /<br>56 days), NM, PA                     |
| SKYRIZI SOLN 600mg/10ml                       | \$0(2)                                                      | NDS, QL (12 vials / 365<br>days), NM, PA                       |
| SKYRIZI SOSY 150mg/ml                         | \$0(2)                                                      | NDS, QL (6 syringes /<br>365 days), NM, PA                     |
| SKYRIZI PEN SOAJ 150mg/ml                     | \$0(2)                                                      | NDS, QL (6 pens / 365<br>days), NM, PA                         |

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| STELARA SOLN 45mg/0.5ml                     | \$0(2)                                                      | NDS, QL (1 vial / 28 days), NM, LA, PA                         |
| STELARA SOLN 130mg/26ml                     | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| STELARA SOSY 45mg/0.5ml, 90mg/ml            | \$0(2)                                                      | NDS, QL (1 syringe / 28 days), NM, PA                          |
| TALTZ SOAJ 80mg/ml; SOSY 80mg/ml            | \$0(2)                                                      | NDS, QL (3 syringes / 28 days), NM, LA, PA                     |
| TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml          | \$0(2)                                                      | NDS, QL (1 syringe / 28 days), NM, LA, PA                      |
| TREMFYA SOAJ 100mg/ml                       | \$0(2)                                                      | NDS, QL (1 pen / 28 days), NM, PA                              |
| TREMFYA SOSY 100mg/ml                       | \$0(2)                                                      | NDS, QL (1 syringe / 28 days), NM, PA                          |
| XELJANZ SOLN 1mg/ml                         | \$0(2)                                                      | NDS, QL (480 mL / 24 days), NM, PA                             |
| XELJANZ TABS 5mg, 10mg                      | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, PA                            |
| XELJANZ XR TB24 11mg, 22mg                  | \$0(2)                                                      | NDS, QL (30 tabs / 30 days), NM, PA                            |

### ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS***

|                                              |        |                        |
|----------------------------------------------|--------|------------------------|
| <i>hydroxychloroquine sulfate</i> TABS 200mg | \$0(1) |                        |
| JYLAMVO SOLN 2mg/ml                          | \$0(2) | B/D                    |
| <i>leflunomide</i> TABS 10mg, 20mg           | \$0(1) | QL (30 tabs / 30 days) |
| <i>methotrexate sodium</i> TABS 2.5mg        | \$0(1) |                        |
| XATMEP SOLN 2.5mg/ml                         | \$0(2) | B/D                    |

### ***IMMUNOGLOBULINS***

|                                                                                          |        |                 |
|------------------------------------------------------------------------------------------|--------|-----------------|
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml                                             | \$0(2) | NDS, PA         |
| BIVIGAM SOLN 5gm/50ml, 10%                                                               | \$0(2) | NDS, NM, LA, PA |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml                                    | \$0(2) | NDS, NM, PA     |
| GAMASTAN INJ                                                                             | \$0(2) | B/D, NM, LA     |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | \$0(2) | NDS, NM, PA     |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm                                                 | \$0(2) | NDS, NM, PA     |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml                                 | \$0(2) | NDS, NM, PA     |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml       | \$0(2) | NDS, NM, LA, PA |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                                               | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| GAMUNEX-C SOLN 1gm/10ml,<br>2.5gm/25ml, 5gm/50ml, 10gm/100ml,<br>20gm/200ml, 40gm/400ml                                   | \$0(2)                                                      | NDS, NM, PA                                                    |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml,<br>2.5gm/50ml, 5gm/100ml, 5gm/50ml,<br>10gm/100ml, 10gm/200ml, 20gm/200ml,<br>30gm/300ml | \$0(2)                                                      | NDS, NM, PA                                                    |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml,<br>5gm/50ml, 10gm/100ml, 20gm/200ml,<br>30gm/300ml                                     | \$0(2)                                                      | NDS, NM, PA                                                    |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml,<br>20gm/200ml, 40gm/400ml                                                             | \$0(2)                                                      | NDS, NM, PA                                                    |
| <b>IMMUNOMODULATORS</b>                                                                                                   |                                                             |                                                                |
| ACTIMMUNE SOLN 100mcg/0.5ml                                                                                               | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| ARCALYST SOLR 220mg                                                                                                       | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| <b>IMMUNOSUPPRESSANTS</b>                                                                                                 |                                                             |                                                                |
| ASTAGRAF XL CP24 5mg                                                                                                      | \$0(2)                                                      | NDS, B/D, NM                                                   |
| ASTAGRAF XL CP24 .5mg, 1mg                                                                                                | \$0(2)                                                      | B/D, NM                                                        |
| azathioprine TABS 50mg                                                                                                    | \$0(1)                                                      | B/D                                                            |
| BENLYSTA SOAJ 200mg/ml; SOSY<br>200mg/ml                                                                                  | \$0(2)                                                      | NDS, QL (8 syringes /<br>28 days), NM, LA, PA                  |
| BENLYSTA SOLR 120mg, 400mg                                                                                                | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| cyclosporine CAPS 25mg, 100mg                                                                                             | \$0(1)                                                      | B/D, NM                                                        |
| cyclosporine modified (for microemulsion)<br>CAPS 25mg, 50mg, 100mg; SOLN<br>100mg/ml                                     | \$0(1)                                                      | B/D, NM                                                        |
| everolimus (immunosuppressant) TABS<br>.25mg, .5mg, .75mg, 1mg                                                            | \$0(2)                                                      | NDS, B/D, NM                                                   |
| engraf CAPS 25mg, 100mg; SOLN<br>100mg/ml                                                                                 | \$0(1)                                                      | B/D, NM                                                        |
| mycophenolate mofetil CAPS 250mg;<br>TABS 500mg                                                                           | \$0(1)                                                      | B/D, NM                                                        |
| mycophenolate mofetil SUSR 200mg/ml                                                                                       | \$0(2)                                                      | NDS, B/D, NM                                                   |
| mycophenolate sodium TBEC 180mg,<br>360mg                                                                                 | \$0(1)                                                      | B/D, NM                                                        |
| NULOJIX SOLR 250mg                                                                                                        | \$0(2)                                                      | NDS, B/D, NM                                                   |
| PROGRAF PACK .2mg, 1mg                                                                                                    | \$0(2)                                                      | B/D, NM                                                        |
| REZUROCK TABS 200mg                                                                                                       | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| SANDIMMUNE SOLN 100mg/ml                                                                                                  | \$0(2)                                                      | B/D, NM                                                        |
| sirolimus SOLN 1mg/ml                                                                                                     | \$0(2)                                                      | NDS, B/D, NM                                                   |
| sirolimus TABS .5mg, 1mg, 2mg                                                                                             | \$0(1)                                                      | B/D, NM                                                        |
| tacrolimus CAPS .5mg, 1mg, 5mg                                                                                            | \$0(1)                                                      | B/D, NM                                                        |
| <b>VACCINES</b>                                                                                                           |                                                             |                                                                |
| ABRYSVO SOLR 120mcg/0.5ml                                                                                                 | \$0(1)                                                      |                                                                |
| ACTHIB INJ                                                                                                                | \$0(1)                                                      |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                                        | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| ADACEL INJ                                                                         | \$0(1)                                                      |                                                                |
| AREXVY SUSR 120mcg/0.5ml                                                           | \$0(1)                                                      |                                                                |
| BCG VACCINE SOLR 50mg                                                              | \$0(1)                                                      |                                                                |
| BEXSERO INJ                                                                        | \$0(1)                                                      |                                                                |
| BOOSTRIX INJ                                                                       | \$0(1)                                                      |                                                                |
| DAPTACEL INJ                                                                       | \$0(1)                                                      |                                                                |
| DENG VAXIA SUS                                                                     | \$0(1)                                                      |                                                                |
| DIP/TET PED INJ 25-5LFU                                                            | \$0(1)                                                      | B/D                                                            |
| ENGERIX-B SUSP 20mcg/ml; SUSY<br>10mcg/0.5ml, 20mcg/ml                             | \$0(1)                                                      | B/D                                                            |
| GARDASIL 9 INJ                                                                     | \$0(1)                                                      |                                                                |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml                                               | \$0(1)                                                      |                                                                |
| HEPLISAV-B SOSY 20mcg/0.5ml                                                        | \$0(1)                                                      | B/D                                                            |
| HIBERIX SOLR 10mcg                                                                 | \$0(1)                                                      |                                                                |
| IMOVAX RABIES (H.D.C.V.) SUSR<br>2.5unit/ml                                        | \$0(1)                                                      | B/D                                                            |
| INFANRIX INJ                                                                       | \$0(1)                                                      |                                                                |
| IPOL INJ INACTIVE                                                                  | \$0(1)                                                      |                                                                |
| IXCHIQ INJ                                                                         | \$0(1)                                                      |                                                                |
| IXIARO INJ                                                                         | \$0(1)                                                      |                                                                |
| JYNNEOS SUSP .5ml                                                                  | \$0(1)                                                      | B/D                                                            |
| KINRIX INJ                                                                         | \$0(1)                                                      |                                                                |
| M-M-R II INJ                                                                       | \$0(1)                                                      |                                                                |
| MENACTRA INJ                                                                       | \$0(1)                                                      |                                                                |
| MENQUADFI INJ                                                                      | \$0(1)                                                      |                                                                |
| MENVEO INJ                                                                         | \$0(1)                                                      |                                                                |
| MENVEO SOL                                                                         | \$0(1)                                                      |                                                                |
| MRESVIA SUSY 50mcg/0.5ml                                                           | \$0(1)                                                      |                                                                |
| PEDIARIX INJ 0.5ML                                                                 | \$0(1)                                                      |                                                                |
| PEDVAX HIB SUSP 7.5mcg/0.5ml                                                       | \$0(1)                                                      |                                                                |
| PENBRAYA INJ                                                                       | \$0(1)                                                      |                                                                |
| PENTACEL INJ                                                                       | \$0(1)                                                      |                                                                |
| PREHEVBRIO SUSP 10mcg/ml                                                           | \$0(1)                                                      | B/D                                                            |
| PRIORIX INJ                                                                        | \$0(1)                                                      |                                                                |
| PROQUAD INJ                                                                        | \$0(1)                                                      |                                                                |
| QUADRACEL INJ                                                                      | \$0(1)                                                      |                                                                |
| QUADRACEL INJ 0.5ML                                                                | \$0(1)                                                      |                                                                |
| RABAERT INJ                                                                        | \$0(1)                                                      | B/D                                                            |
| RECOMBIVAX HB SUSP 5mcg/0.5ml,<br>10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml,<br>10mcg/ml | \$0(1)                                                      | B/D                                                            |
| ROTARIX SUS                                                                        | \$0(1)                                                      |                                                                |
| ROTATEQ SOL                                                                        | \$0(1)                                                      |                                                                |
| SHINGRIX SUSR 50mcg/0.5ml                                                          | \$0(1)                                                      | QL (2 vials per lifetime)                                      |

| <b>Drug Name<br/>(By Medical Condition)</b>     | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| TDVAX INJ 2-2 LF                                | \$0(1)                                                      | B/D                                                            |
| TENIVAC INJ 5-2LF                               | \$0(1)                                                      | B/D                                                            |
| TICOVAC SUSY 1.2mcg/0.25ml,<br>2.4mcg/0.5ml     | \$0(1)                                                      |                                                                |
| TRUMENBA INJ                                    | \$0(1)                                                      |                                                                |
| TWINRIX INJ                                     | \$0(1)                                                      |                                                                |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY<br>25mcg/0.5ml | \$0(1)                                                      |                                                                |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml              | \$0(1)                                                      |                                                                |
| VARIVAX SUSR 1350pfu/0.5ml                      | \$0(1)                                                      |                                                                |
| VAXCHORA SUS                                    | \$0(1)                                                      |                                                                |
| YF-VAX INJ                                      | \$0(1)                                                      |                                                                |

## **NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS**

### ***ELECTROLYTES/MINERALS, INJECTABLE***

|                                                                      |        |
|----------------------------------------------------------------------|--------|
| D2.5W/NACL INJ 0.45%                                                 | \$0(2) |
| D5W/LYTES INJ #48                                                    | \$0(2) |
| D10W/NACL INJ 0.2%                                                   | \$0(2) |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i>                        | \$0(1) |
| <i>dextrose 5% in lactated ringers</i>                               | \$0(1) |
| <i>dextrose 5% w/ sodium chloride 0.2%</i>                           | \$0(1) |
| <i>dextrose 5% w/ sodium chloride 0.3%</i>                           | \$0(1) |
| <i>dextrose 5% w/ sodium chloride 0.9%</i>                           | \$0(1) |
| <i>dextrose 5% w/ sodium chloride 0.45%</i>                          | \$0(1) |
| <i>dextrose 5% w/ sodium chloride 0.225%</i>                         | \$0(1) |
| <i>dextrose 10% w/ sodium chloride 0.45%</i>                         | \$0(1) |
| ISOLYTE-P INJ /D5W                                                   | \$0(2) |
| ISOLYTE-S INJ                                                        | \$0(2) |
| ISOLYTE-S INJ PH 7.4                                                 | \$0(2) |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% &amp;<br/>nacl 0.45% inj</i> | \$0(1) |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;<br/>nacl 0.2% inj</i>   | \$0(1) |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;<br/>nacl 0.9% inj</i>   | \$0(1) |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;<br/>nacl 0.45% inj</i>  | \$0(1) |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>                         | \$0(1) |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>                        | \$0(1) |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>                       | \$0(1) |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% &amp;<br/>nacl 0.45% inj</i> | \$0(1) |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl<br/>0.9% inj</i>    | \$0(1) |

| Drug Name<br>(By Medical Condition)                                                                   | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>                                        | \$0(1)                                            |                                                       |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>                                                           | \$0(1)                                            |                                                       |
| KCL/D5W/NACL INJ 0.3/0.9%                                                                             | \$0(2)                                            |                                                       |
| <i>lactated ringer's solution</i>                                                                     | \$0(1)                                            |                                                       |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml                         | \$0(2)                                            |                                                       |
| <i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>             | \$0(2)                                            |                                                       |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>                                            | \$0(2)                                            |                                                       |
| MG SO4/D5W INJ 10MG/ML                                                                                | \$0(2)                                            |                                                       |
| <i>multiple electrolytes ph 5.5</i>                                                                   | \$0(1)                                            |                                                       |
| <i>multiple electrolytes ph 7.4</i>                                                                   | \$0(1)                                            |                                                       |
| PLASMA-LYTE INJ -148                                                                                  | \$0(2)                                            |                                                       |
| PLASMA-LYTE INJ -A                                                                                    | \$0(2)                                            |                                                       |
| POT CHL 20MEQ/L IN NACL 0.9% INJ                                                                      | \$0(2)                                            |                                                       |
| POT CHL 20MEQ/L IN NACL 0.45% INJ                                                                     | \$0(2)                                            |                                                       |
| POT CHL 40MEQ/L IN NACL 0.9% INJ                                                                      | \$0(2)                                            |                                                       |
| <i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i> | \$0(1)                                            |                                                       |
| POTASSIUM CHLORIDE SOLN 10meq/50ml                                                                    | \$0(2)                                            |                                                       |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>                                         | \$0(1)                                            |                                                       |
| <i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>                                              | \$0(1)                                            |                                                       |
| TPN ELECTROL INJ                                                                                      | \$0(2)                                            | B/D                                                   |
| <b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>                                                           |                                                   |                                                       |
| <i>klor-con PACK 20meq</i>                                                                            | \$0(1)                                            |                                                       |
| <i>klor-con 8 TBCR 8meq</i>                                                                           | \$0(1)                                            |                                                       |
| <i>klor-con 10 TBCR 10meq</i>                                                                         | \$0(1)                                            |                                                       |
| <i>klor-con m10 TBCR 10meq</i>                                                                        | \$0(1)                                            |                                                       |
| <i>klor-con m15 TBCR 15meq</i>                                                                        | \$0(1)                                            |                                                       |
| <i>klor-con m20 TBCR 20meq</i>                                                                        | \$0(1)                                            |                                                       |
| M-NATAL PLUS TAB                                                                                      | \$0(2)                                            |                                                       |
| <i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>        | \$0(1)                                            |                                                       |
| <i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>                      | \$0(1)                                            |                                                       |
| PRENATAL TAB 27-1MG                                                                                   | \$0(2)                                            |                                                       |

| Drug Name<br>(By Medical Condition)                  | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| PRENATAL TAB PLUS                                    | \$0(2)                                            |                                                       |
| sodium fluoride chew; tab; 1.1 (0.5 f)<br>mg/ml soln | \$0(1)                                            |                                                       |
| <b>IV NUTRITION</b>                                  |                                                   |                                                       |
| chromic chloride SOLN 40mcg/10ml                     | \$0(3)                                            | NM; *                                                 |
| CLINIMIX INJ 4.25/D5W                                | \$0(2)                                            | B/D                                                   |
| CLINIMIX INJ 4.25/D10                                | \$0(2)                                            | B/D                                                   |
| CLINIMIX INJ 5%/D15W                                 | \$0(2)                                            | B/D                                                   |
| CLINIMIX INJ 5%/D20W                                 | \$0(2)                                            | B/D                                                   |
| CLINIMIX INJ 6/5                                     | \$0(2)                                            | B/D                                                   |
| CLINIMIX INJ 8/10                                    | \$0(2)                                            | B/D                                                   |
| CLINIMIX INJ 8/14                                    | \$0(2)                                            | B/D                                                   |
| clinisol sf 15%                                      | \$0(1)                                            | B/D                                                   |
| CLINOLIPID EMU 20%                                   | \$0(2)                                            | B/D                                                   |
| COPPER SOLN .4mg/ml                                  | \$0(3)                                            | NM; *                                                 |
| dextrose SOLN 5%, 10%                                | \$0(1)                                            |                                                       |
| dextrose SOLN 50%, 70%                               | \$0(1)                                            | B/D                                                   |
| INTRALIPID EMUL 20gm/100ml,<br>30gm/100ml            | \$0(2)                                            | B/D                                                   |
| NUTRILIPID EMUL 20gm/100ml                           | \$0(2)                                            | B/D                                                   |
| plenamine                                            | \$0(1)                                            | B/D                                                   |
| PREMASOL SOL 10%                                     | \$0(2)                                            | NDS, B/D                                              |
| PROSOL INJ 20%                                       | \$0(2)                                            | B/D                                                   |
| TRAVASOL INJ 10%                                     | \$0(2)                                            | B/D                                                   |
| TROPHAMINE INJ 10%                                   | \$0(2)                                            | B/D                                                   |
| <b>MINERALS</b>                                      |                                                   |                                                       |
| K-PHOS TABS 500mg                                    | \$0(3)                                            | NM; *                                                 |
| manganese chloride SOLN .1mg/ml                      | \$0(3)                                            | NM; *                                                 |
| phospho-trin k500 TABS 500mg                         | \$0(3)                                            | NM; *                                                 |
| <b>MISCELLANEOUS</b>                                 |                                                   |                                                       |
| ENLYTE CAP                                           | \$0(3)                                            | NM; *                                                 |
| <b>VITAMINS</b>                                      |                                                   |                                                       |
| BACMIN TAB                                           | \$0(3)                                            | NM; *                                                 |
| BP VIT 3 CAP                                         | \$0(3)                                            | NM; *                                                 |
| corvita                                              | \$0(3)                                            | NM; *                                                 |
| cyanocobalamin SOLN 1000mcg/ml                       | \$0(3)                                            | NM; *                                                 |
| dialyvite                                            | \$0(3)                                            | NM; *                                                 |
| DIALYVITE TAB 3000                                   | \$0(3)                                            | NM; *                                                 |
| DIALYVITE TAB 5000                                   | \$0(3)                                            | NM; *                                                 |
| DIALYVITE TAB SUPREM D                               | \$0(3)                                            | NM; *                                                 |
| DIALYVITE/ TAB ZINC                                  | \$0(3)                                            | NM; *                                                 |
| DRISDOL CAPS 50000unit                               | \$0(3)                                            | NM; *                                                 |
| ergocalciferol CAPS 1.25mg, 50000unit                | \$0(3)                                            | NM; *                                                 |

| Drug Name<br>(By Medical Condition)                      | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|----------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| FLORIVA CHW 0.5MG                                        | \$0(3)                                            | NM; *                                                 |
| FLORIVA CHW 0.25MG                                       | \$0(3)                                            | NM; *                                                 |
| FLORIVA CHW 1MG                                          | \$0(3)                                            | NM; *                                                 |
| <i>folic acid</i> SOLN 5mg/ml; TABS 1mg                  | \$0(3)                                            | NM; *                                                 |
| FOLTRATE TAB                                             | \$0(3)                                            | NM; *                                                 |
| <i>hydroxocobalamin acetate</i> SOLN<br>1000mcg/ml       | \$0(3)                                            | NM; *                                                 |
| INFUVITE INJ                                             | \$0(3)                                            | NM; *                                                 |
| INFUVITE INJ ADULT                                       | \$0(3)                                            | NM; *                                                 |
| INFUVITE INJ PEDIATRI                                    | \$0(3)                                            | NM; *                                                 |
| <i>multi-vit/iron/fluoride</i>                           | \$0(3)                                            | NM; *                                                 |
| <i>multi-vitamin/fluoride dr</i>                         | \$0(3)                                            | NM; *                                                 |
| <i>multi-vitamin/fluoride/ir</i>                         | \$0(3)                                            | NM; *                                                 |
| MULTIVITAMIN WITH FLUORID                                | \$0(3)                                            | NM; *                                                 |
| <i>multivitamin/fluoride</i>                             | \$0(3)                                            | NM; *                                                 |
| NASCOBAL SOLN 500mcg/0.1ml                               | \$0(3)                                            | NM; *                                                 |
| NEPHPLEX RX TAB                                          | \$0(3)                                            | NM; *                                                 |
| NIVA-FOL TAB                                             | \$0(3)                                            | NM; *                                                 |
| <i>phytonadione</i> SOLN 1mg/0.5ml, 10mg/ml;<br>TABS 5mg | \$0(3)                                            | NM; *                                                 |
| POLY-VI-FLOR CHW 0.5MG                                   | \$0(3)                                            | NM; *                                                 |
| POLY-VI-FLOR CHW 0.25MG                                  | \$0(3)                                            | NM; *                                                 |
| POLY-VI-FLOR CHW 1MG                                     | \$0(3)                                            | NM; *                                                 |
| POLY-VI-FLOR CHW W/IRON                                  | \$0(3)                                            | NM; *                                                 |
| POLY-VI-FLOR SUS 0.25/ML                                 | \$0(3)                                            | NM; *                                                 |
| POLY-VI-FLOR SUS /IRON                                   | \$0(3)                                            | NM; *                                                 |
| <i>pyridoxine hcl</i> SOLN 100mg/ml                      | \$0(3)                                            | NM; *                                                 |
| QUFLORA FE CHW                                           | \$0(3)                                            | NM; *                                                 |
| QUFLORA FE DRO 0.25-9.5                                  | \$0(3)                                            | NM; *                                                 |
| QUFLORA PED CHW 0.5MG                                    | \$0(3)                                            | NM; *                                                 |
| QUFLORA PED CHW 0.25MG                                   | \$0(3)                                            | NM; *                                                 |
| QUFLORA PED CHW 1MG                                      | \$0(3)                                            | NM; *                                                 |
| QUFLORA PED DRO 0.5MG/ML                                 | \$0(3)                                            | NM; *                                                 |
| QUFLORA PED DRO 0.25MG                                   | \$0(3)                                            | NM; *                                                 |
| <i>renal caps</i>                                        | \$0(3)                                            | NM; *                                                 |
| STROVITE ONE TAB                                         | \$0(3)                                            | NM; *                                                 |
| <i>thiamine hcl</i> SOLN 100mg/ml                        | \$0(3)                                            | NM; *                                                 |
| TRI-VI-FLOR SUS 0.5MG/ML                                 | \$0(3)                                            | NM; *                                                 |
| TRI-VI-FLOR SUS 0.25/ML                                  | \$0(3)                                            | NM; *                                                 |
| <i>tri-vite/fluoride</i>                                 | \$0(3)                                            | NM; *                                                 |
| <i>triphrocaps</i>                                       | \$0(3)                                            | NM; *                                                 |
| <i>virt-caps</i>                                         | \$0(3)                                            | NM; *                                                 |
| <i>virt-gard</i>                                         | \$0(3)                                            | NM; *                                                 |
| VIT A/C/D/FL DRO 0.5MG                                   | \$0(3)                                            | NM; *                                                 |

| <b>Drug Name<br/>(By Medical Condition)</b>                                          | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| VITAL-D RX TAB                                                                       | \$0(3)                                                      | NM; *                                                          |
| VITAMINS A/C/D/FLUORIDE                                                              | \$0(3)                                                      | NM; *                                                          |
| wescaps                                                                              | \$0(3)                                                      | NM; *                                                          |
| <b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>                                    |                                                             |                                                                |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION</b> |                                                             |                                                                |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>                                | \$0(1)                                                      |                                                                |
| <i>neo-polycin hc ophth oint 1%</i>                                                  | \$0(1)                                                      |                                                                |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>                              | \$0(1)                                                      |                                                                |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>                              | \$0(1)                                                      |                                                                |
| <i>neomycin-polymyxin-hc ophth susp</i>                                              | \$0(1)                                                      |                                                                |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>                   | \$0(1)                                                      |                                                                |
| TOBRADEX OIN 0.3-0.1%                                                                | \$0(2)                                                      |                                                                |
| TOBRADEX ST SUS 0.3-0.05                                                             | \$0(2)                                                      |                                                                |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                                  | \$0(1)                                                      |                                                                |
| ZYLET SUS 0.5-0.3%                                                                   | \$0(2)                                                      |                                                                |
| <b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>                                   |                                                             |                                                                |
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i>                                       | \$0(1)                                                      |                                                                |
| <i>bacitracin-polymyxin b ophth oint</i>                                             | \$0(1)                                                      |                                                                |
| BESIVANCE SUSP .6%                                                                   | \$0(2)                                                      |                                                                |
| CILOXAN OINT .3%                                                                     | \$0(2)                                                      |                                                                |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i>                                            | \$0(1)                                                      |                                                                |
| <i>erythromycin (ophth) OINT 5mg/gm</i>                                              | \$0(1)                                                      |                                                                |
| <i>gatifloxacin (ophth) SOLN .5%</i>                                                 | \$0(1)                                                      |                                                                |
| <i>gentamicin sulfate (ophth) SOLN .3%</i>                                           | \$0(1)                                                      |                                                                |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i>                                             | \$0(1)                                                      |                                                                |
| NATACYN SUSP 5%                                                                      | \$0(2)                                                      |                                                                |
| <i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>                                   | \$0(1)                                                      |                                                                |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>                  | \$0(1)                                                      |                                                                |
| <i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>                 | \$0(1)                                                      |                                                                |
| <i>ofloxacin (ophth) SOLN .3%</i>                                                    | \$0(1)                                                      |                                                                |
| <i>polycin ophth oint</i>                                                            | \$0(1)                                                      |                                                                |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>                        | \$0(1)                                                      |                                                                |
| <i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>                               | \$0(1)                                                      |                                                                |

| Drug Name<br>(By Medical Condition)                         | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>tobramycin (ophth)</i> SOLN .3%                          | \$0(1)                                            |                                                       |
| <i>trifluridine</i> SOLN 1%                                 | \$0(1)                                            |                                                       |
| XDEMY SOLN .25%                                             | \$0(2)                                            | NDS, NM, LA, PA                                       |
| ZIRGAN GEL .15%                                             | \$0(2)                                            |                                                       |
| <b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>    |                                                   |                                                       |
| ALREX SUSP .2%                                              | \$0(2)                                            |                                                       |
| <i>bromfenac sodium (ophth)</i> SOLN .07%,<br>.075%         | \$0(1)                                            |                                                       |
| BROMSITE SOLN .075%                                         | \$0(2)                                            |                                                       |
| <i>dexamethasone sodium phosphate (ophth)</i><br>SOLN .1%   | \$0(1)                                            |                                                       |
| <i>diclofenac sodium (ophth)</i> SOLN .1%                   | \$0(1)                                            |                                                       |
| EYSUVIS SUSP .25%                                           | \$0(2)                                            |                                                       |
| FLAREX SUSP .1%                                             | \$0(2)                                            |                                                       |
| <i>fluorometholone (ophth)</i> SUSP .1%                     | \$0(1)                                            |                                                       |
| <i>flurbiprofen sodium</i> SOLN .03%                        | \$0(1)                                            |                                                       |
| <i>ketorolac tromethamine (ophth)</i> SOLN<br>.4%, .5%      | \$0(1)                                            |                                                       |
| LOTEMAX OINT .5%                                            | \$0(2)                                            |                                                       |
| <i>loteprednol etabonate</i> SUSP .2%                       | \$0(1)                                            |                                                       |
| <i>prednisolone acetate (ophth)</i> SUSP 1%                 | \$0(1)                                            |                                                       |
| PREDNISOLONE SODIUM PHOSP SOLN 1%                           | \$0(2)                                            |                                                       |
| PROLENSA SOLN .07%                                          | \$0(2)                                            |                                                       |
| <b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>             |                                                   |                                                       |
| <i>alaway</i> SOLN .035%                                    | \$0(3)                                            | NM; *                                                 |
| <i>alaway childrens allergy</i> SOLN .035%                  | \$0(3)                                            | NM; *                                                 |
| <i>azelastine hcl (ophth)</i> SOLN .05%                     | \$0(1)                                            |                                                       |
| <i>cromolyn sodium (ophth)</i> SOLN 4%                      | \$0(1)                                            |                                                       |
| <i>eye itch relief</i> SOLN .035%                           | \$0(3)                                            | NM; *                                                 |
| <i>ketotifen fumarate (ophth)</i> SOLN .035%                | \$0(3)                                            | NM; *                                                 |
| ZADITOR SOLN .035%                                          | \$0(3)                                            | NM; *                                                 |
| ZERVIAE SOLN .24%                                           | \$0(2)                                            |                                                       |
| <b>ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA</b>               |                                                   |                                                       |
| <i>betaxolol hcl (ophth)</i> SOLN .5%                       | \$0(1)                                            |                                                       |
| BETOPTIC-S SUSP .25%                                        | \$0(2)                                            |                                                       |
| <i>brimonidine tartrate</i> SOLN .15%, .2%                  | \$0(1)                                            |                                                       |
| <i>brinzolamide</i> SUSP 1%                                 | \$0(1)                                            |                                                       |
| <i>carteolol hcl (ophth)</i> SOLN 1%                        | \$0(1)                                            |                                                       |
| COMBIGAN SOL 0.2/0.5%                                       | \$0(2)                                            |                                                       |
| <i>dorzolamide hcl</i> SOLN 2%                              | \$0(1)                                            |                                                       |
| <i>dorzolamide hcl-timolol maleate ophth soln</i><br>2-0.5% | \$0(1)                                            |                                                       |
| <i>latanoprost</i> SOLN .005%                               | \$0(1)                                            |                                                       |
| <i>levobunolol hcl</i> SOLN .5%                             | \$0(1)                                            |                                                       |

| Drug Name<br>(By Medical Condition)                              | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| LUMIGAN SOLN .01%                                                | \$0(2)                                            |                                                       |
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4%                           | \$0(1)                                            |                                                       |
| RHOPRESSA SOLN .02%                                              | \$0(2)                                            |                                                       |
| ROCKLATAN DRO                                                    | \$0(2)                                            |                                                       |
| SIMBRINZA SUS 1-0.2%                                             | \$0(2)                                            |                                                       |
| <i>timolol maleate (ophth)</i> SOLG .25%, .5%;<br>SOLN .25%, .5% | \$0(1)                                            |                                                       |
| VYZULTA SOLN .024%                                               | \$0(2)                                            |                                                       |
| <b>MISCELLANEOUS</b>                                             |                                                   |                                                       |
| <i>artificial tears</i>                                          | \$0(3)                                            | NM; *                                                 |
| ATROPINE SULFATE SOLN 1%                                         | \$0(2)                                            |                                                       |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1%                     | \$0(1)                                            |                                                       |
| <i>carboxymethylcellulose sodium (ophth)</i><br>GEL 1%; SOLN .5% | \$0(3)                                            | NM; *                                                 |
| CYSTADROPS SOLN .37%                                             | \$0(2)                                            | NDS, NM, LA, PA                                       |
| CYSTARAN SOLN .44%                                               | \$0(2)                                            | NDS, NM, LA, PA                                       |
| GENTEAL SEVERE TEARS GEL .3%                                     | \$0(3)                                            | NM; *                                                 |
| <i>gentel tears night-time</i>                                   | \$0(3)                                            | NM; *                                                 |
| <i>gnp artificial tears</i>                                      | \$0(3)                                            | NM; *                                                 |
| <i>gnp lubricating plus eye</i> SOLN .5%                         | \$0(3)                                            | NM; *                                                 |
| <i>goodsense lubricating plu</i> SOLN .5%                        | \$0(3)                                            | NM; *                                                 |
| <i>lubricant eye drops</i> SOLN .5%                              | \$0(3)                                            | NM; *                                                 |
| <i>lubricant eye nighttime</i>                                   | \$0(3)                                            | NM; *                                                 |
| <i>lubricating plus eye drop</i> SOLN .5%                        | \$0(3)                                            | NM; *                                                 |
| <i>lubrifresh p.m.</i>                                           | \$0(3)                                            | NM; *                                                 |
| MIEBO SOLN 1.338gm/ml                                            | \$0(2)                                            |                                                       |
| <i>proparacaine hcl</i> SOLN .5%                                 | \$0(1)                                            |                                                       |
| <i>refresh celluvisc</i> GEL 1%                                  | \$0(3)                                            | NM; *                                                 |
| <i>refresh lacri-lube</i>                                        | \$0(3)                                            | NM; *                                                 |
| REFRESH LIQUIGEL GEL 1%                                          | \$0(3)                                            | NM; *                                                 |
| REFRESH PLUS SOLN .5%                                            | \$0(3)                                            | NM; *                                                 |
| REFRESH TEARS SOLN .5%                                           | \$0(3)                                            | NM; *                                                 |
| RESTASIS EMUL .05%                                               | \$0(2)                                            |                                                       |
| RESTASIS MULTIDOSE EMUL .05%                                     | \$0(2)                                            |                                                       |
| <i>sm lubricating plus</i> SOLN .5%                              | \$0(3)                                            | NM; *                                                 |
| <i>systane nighttime</i>                                         | \$0(3)                                            | NM; *                                                 |
| TYRVAYA SOLN .03mg/act                                           | \$0(2)                                            |                                                       |
| XIIDRA SOLN 5%                                                   | \$0(2)                                            |                                                       |
| <b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>               |                                                   |                                                       |
| <b>OTIC AGENTS</b>                                               |                                                   |                                                       |
| <i>acetic acid (otic)</i> SOLN 2%                                | \$0(1)                                            |                                                       |
| <i>ciprofloxacin-dexamethasone otic susp</i> 0.3-<br>0.1%        | \$0(1)                                            |                                                       |
| <i>flac</i> OIL .01%                                             | \$0(1)                                            |                                                       |

| <b>Drug Name<br/>(By Medical Condition)</b>                           | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>fluocinolone acetonide (otic) OIL .01%</i>                         | \$0(1)                                                      |                                                                |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                             | \$0(1)                                                      |                                                                |
| <i>neomycin-polymyxin-hc otic susp 3.5<br/>mg/ml-10000 unit/ml-1%</i> | \$0(1)                                                      |                                                                |
| <i>ofloxacin (otic) SOLN .3%</i>                                      | \$0(1)                                                      |                                                                |

**RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS**  
**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO  
TREAT COPD**

|                                                              |        |                            |
|--------------------------------------------------------------|--------|----------------------------|
| ANORO ELLIPT AER 62.5-25                                     | \$0(2) | QL (60 blisters / 30 days) |
| BEVESPI AER 9-4.8MCG                                         | \$0(2) | QL (1 inhaler / 30 days)   |
| BREZTRI AERO AER SPHERE                                      | \$0(2) | QL (1 inhaler / 30 days)   |
| BREZTRI AERO AER SPHERE<br>(INSTITUTIONAL PACK)              | \$0(2) | QL (4 inhalers / 28 days)  |
| COMBIVENT AER 20-100                                         | \$0(2) | QL (2 inhalers / 30 days)  |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3)<br/>mg/3ml</i> | \$0(1) | B/D                        |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG                          | \$0(2) | QL (60 blisters / 30 days) |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG                          | \$0(2) | QL (60 blisters / 30 days) |

**ANTICHOLINERGICS - DRUGS TO TREAT COPD**

|                                                        |        |                            |
|--------------------------------------------------------|--------|----------------------------|
| ATROVENT HFA AERS 17mcg/act                            | \$0(2) | QL (2 inhalers / 30 days)  |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh                       | \$0(2) | QL (30 blisters / 30 days) |
| <i>ipratropium bromide SOLN .02%</i>                   | \$0(1) | B/D                        |
| <i>ipratropium bromide (nasal) SOLN .03%,<br/>.06%</i> | \$0(1) |                            |

**ANTI HISTAMINES - DRUGS TO TREAT ALLERGIES**

|                                                                           |        |       |
|---------------------------------------------------------------------------|--------|-------|
| AHIST TABS 25mg                                                           | \$0(3) | NM; * |
| ALA-HIST IR TABS 2mg                                                      | \$0(3) | NM; * |
| <i>all day allergy TABS 10mg</i>                                          | \$0(3) | NM; * |
| <i>all day allergy childrens SOLN 5mg/5ml</i>                             | \$0(3) | NM; * |
| <i>aller-chlor TABS 4mg</i>                                               | \$0(3) | NM; * |
| <i>allergy TABS 4mg</i>                                                   | \$0(3) | NM; * |
| <i>allergy childrens LIQD 12.5mg/5ml; SOLN<br/>5mg/5ml; SUSP 30mg/5ml</i> | \$0(3) | NM; * |
| <i>allergy relief CAPS 25mg; TABS 4mg,<br/>5mg, 10mg, 25mg, 180mg</i>     | \$0(3) | NM; * |
| <i>allergy relief 24hr TABS 180mg</i>                                     | \$0(3) | NM; * |
| <i>allergy relief childrens LIQD 12.5mg/5ml;<br/>SOLN 1mg/ml, 5mg/5ml</i> | \$0(3) | NM; * |

| <b>Drug Name<br/>(By Medical Condition)</b>                                       | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>allergy relief/indoor/out</i> TABS 10mg                                        | \$0(3)                                                      | NM; *                                                          |
| <i>azelastine hcl</i> SOLN .1%                                                    | \$0(1)                                                      |                                                                |
| <i>banophen</i> CAPS 25mg, 50mg; TABS 25mg                                        | \$0(3)                                                      | NM; *                                                          |
| <i>cetirizine hcl</i> CHEW 5mg, 10mg; TABS 5mg, 10mg                              | \$0(3)                                                      | NM; *                                                          |
| <i>cetirizine hcl</i> SOLN 5mg/5ml                                                | \$0(1)                                                      | QL (300 mL / 30 days)                                          |
| <i>cetirizine hcl allergy ch</i> SOLN 5mg/5ml                                     | \$0(3)                                                      | NM; *                                                          |
| <i>cetirizine hcl childrens</i> SOLN 1mg/ml, 5mg/5ml                              | \$0(3)                                                      | NM; *                                                          |
| <i>cetirizine hydrochloride</i> SOLN 5mg/5ml                                      | \$0(3)                                                      | NM; *                                                          |
| <i>childrens loratadine</i> SOLN 5mg/5ml                                          | \$0(3)                                                      | NM; *                                                          |
| <i>complete allergy medicine</i> CAPS 25mg                                        | \$0(3)                                                      | NM; *                                                          |
| <i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg                                  | \$0(2)                                                      | PA; PA if 70 years and older                                   |
| <i>diphenhydramine hcl</i> CAPS 25mg, 50mg; LIQD 12.5mg/5ml, 25mg/10ml; TABS 25mg | \$0(3)                                                      | NM; *                                                          |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml                                           | \$0(1)                                                      |                                                                |
| <i>ed chlorped jr</i> SYRP 2mg/5ml                                                | \$0(3)                                                      | NM; *                                                          |
| <i>fexofenadine hcl</i> TABS 60mg, 180mg                                          | \$0(3)                                                      | NM; *                                                          |
| <i>gnp all day allergy</i> TABS 10mg                                              | \$0(3)                                                      | NM; *                                                          |
| <i>gnp all day allergy child</i> SOLN 1mg/ml, 5mg/5ml                             | \$0(3)                                                      | NM; *                                                          |
| <i>gnp allergy</i> TABS 25mg                                                      | \$0(3)                                                      | NM; *                                                          |
| <i>gnp allergy relief</i> CAPS 25mg; TABS 4mg, 180mg                              | \$0(3)                                                      | NM; *                                                          |
| <i>gnp allergy relief maximu</i> LIQD 12.5mg/5ml                                  | \$0(3)                                                      | NM; *                                                          |
| <i>gnp childrens allergy</i> LIQD 12.5mg/5ml                                      | \$0(3)                                                      | NM; *                                                          |
| <i>gnp loratadine</i> SOLN 5mg/5ml; TABS 10mg; TBP 10mg                           | \$0(3)                                                      | NM; *                                                          |
| <i>gnp loratadine childrens</i> SOLN 5mg/5ml                                      | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg                          | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense aller-ease</i> TABS 180mg                                            | \$0(3)                                                      | NM; *                                                          |
| <i>goodsense allergy relief</i> TABS 10mg                                         | \$0(3)                                                      | NM; *                                                          |
| <i>HISTEX</i> SYRP 2.5mg/5ml                                                      | \$0(3)                                                      | NM; *                                                          |
| <i>HISTEX PD</i> LIQD .938mg/ml                                                   | \$0(3)                                                      | NM; *                                                          |
| <i>hm all day allergy childr</i> SOLN 5mg/5ml                                     | \$0(3)                                                      | NM; *                                                          |
| <i>hm allergy relief</i> CAPS 25mg; TABS 4mg, 10mg, 60mg, 180mg                   | \$0(3)                                                      | NM; *                                                          |
| <i>hm cetirizine hydrochlori</i> TABS 10mg                                        | \$0(3)                                                      | NM; *                                                          |
| <i>hm loratadine</i> TABS 10mg                                                    | \$0(3)                                                      | NM; *                                                          |
| <i>12hr allergy relief</i> TABS 60mg                                              | \$0(3)                                                      | NM; *                                                          |
| <i>24hr allergy relief</i> TABS 180mg                                             | \$0(3)                                                      | NM; *                                                          |

| <b>Drug Name<br/>(By Medical Condition)</b>                                              | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>hydroxyzine hcl</i> SOLN 25mg/ml,<br>50mg/ml; SYRP 10mg/5ml; TABS 10mg,<br>25mg, 50mg | \$0(2)                                                      | PA; PA if 70 years and<br>older                                |
| <i>hydroxyzine pamoate</i> CAPS 25mg, 50mg                                               | \$0(2)                                                      | PA; PA if 70 years and<br>older                                |
| <i>levocetirizine dihydrochloride</i> SOLN<br>2.5mg/5ml                                  | \$0(1)                                                      | QL (300 mL / 30 days)                                          |
| <i>levocetirizine dihydrochloride</i> TABS 5mg                                           | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| <i>loratadine</i> TABS 10mg                                                              | \$0(3)                                                      | NM; *                                                          |
| <i>loratadine childrens</i> SOLN 5mg/5ml                                                 | \$0(3)                                                      | NM; *                                                          |
| <i>m-dryl</i> LIQD 12.5mg/5ml                                                            | \$0(3)                                                      | NM; *                                                          |
| PEDIACLEAR PD CHILDRENS LIQD<br>.625mg/ml                                                | \$0(3)                                                      | NM; *                                                          |
| <i>qc allergy childrens</i> LIQD 12.5mg/5ml                                              | \$0(3)                                                      | NM; *                                                          |
| <i>sm all day allergy</i> TABS 10mg                                                      | \$0(3)                                                      | NM; *                                                          |
| <i>sm all day allergy childr</i> SOLN 5mg/5ml                                            | \$0(3)                                                      | NM; *                                                          |
| <i>sm allergy 4 hour</i> TABS 4mg                                                        | \$0(3)                                                      | NM; *                                                          |
| <i>sm allergy childrens</i> SOLN 5mg/5ml                                                 | \$0(3)                                                      | NM; *                                                          |
| <i>sm allergy relief</i> TABS 25mg, 60mg                                                 | \$0(3)                                                      | NM; *                                                          |
| <i>sm allergy relief childre</i> LIQD 12.5mg/5ml                                         | \$0(3)                                                      | NM; *                                                          |
| <i>sm fexofenadine hydrochlo</i> TABS 180mg                                              | \$0(3)                                                      | NM; *                                                          |
| <i>sm loratadine</i> SOLN 5mg/5ml; TABS 10mg                                             | \$0(3)                                                      | NM; *                                                          |
| <i>triprolidine hcl</i> LIQD .938mg/ml                                                   | \$0(3)                                                      | NM; *                                                          |
| <b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>                                    |                                                             |                                                                |
| <i>albuterol sulfate</i> AERS 108mcg/act                                                 | \$0(1)                                                      | QL (2 inhalers / 30<br>days); (generic of Proair<br>HFA)       |
| <i>albuterol sulfate</i> AERS 108mcg/act                                                 | \$0(1)                                                      | QL (2 inhalers / 30<br>days); (generic of<br>Proventil HFA)    |
| <i>albuterol sulfate</i> AERS 108mcg/act                                                 | \$0(1)                                                      | QL (2 inhalers / 30<br>days); (generic of<br>Ventolin HFA)     |
| <i>albuterol sulfate</i> NEBU .083%, .63mg/3ml,<br>1.25mg/3ml, 2.5mg/0.5ml               | \$0(1)                                                      | B/D                                                            |
| <i>albuterol sulfate</i> SYRP 2mg/5ml; TABS<br>2mg, 4mg                                  | \$0(1)                                                      |                                                                |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml,<br>.63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml           | \$0(1)                                                      | B/D                                                            |
| <i>levalbuterol tartrate</i> AERO 45mcg/act                                              | \$0(1)                                                      | QL (2 inhalers / 30<br>days), ST                               |
| SEREVENT DISKUS AEPB 50mcg/dose                                                          | \$0(2)                                                      | QL (60 inhalations / 30<br>days)                               |
| <i>terbutaline sulfate</i> TABS 2.5mg, 5mg                                               | \$0(1)                                                      |                                                                |

| <b>Drug Name<br/>(By Medical Condition)</b>                       | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| VENTOLIN HFA AERS 108mcg/act                                      | \$0(2)                                                      | QL (2 inhalers / 30 days)                                      |
| VENTOLIN HFA (INSTITUTIONAL PACK)<br>AERS 108mcg/act              | \$0(2)                                                      | QL (6 inhalers / 30 days)                                      |
| <b>LEUKOTRIENE MODULATORS</b>                                     |                                                             |                                                                |
| <i>montelukast sodium</i> CHEW 4mg, 5mg;<br>PACK 4mg; TABS 10mg   | \$0(1)                                                      |                                                                |
| <i>zafirlukast</i> TABS 10mg, 20mg                                | \$0(1)                                                      |                                                                |
| <b>MISCELLANEOUS</b>                                              |                                                             |                                                                |
| <i>acetylcysteine</i> SOLN 10%, 20%                               | \$0(1)                                                      | B/D                                                            |
| ARALAST NP SOLR 500mg, 1000mg                                     | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| BRONCHITOL CAPS 40mg                                              | \$0(2)                                                      | NDS, QL (560 caps / 28 days), NM, LA, PA                       |
| <i>cromolyn sodium</i> NEBU 20mg/2ml                              | \$0(1)                                                      | B/D                                                            |
| <i>cromolyn sodium (nasal)</i> AERS 5.2mg/act                     | \$0(3)                                                      | NM; *                                                          |
| <i>epinephrine (anaphylaxis)</i> SOAJ<br>.15mg/0.3ml, .3mg/0.3ml  | \$0(1)                                                      | (generic of EpiPen)                                            |
| <i>epinephrine (anaphylaxis)</i> SOAJ<br>.15mg/0.15ml, .3mg/0.3ml | \$0(1)                                                      | (generic of Adrenaclick)                                       |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml                                  | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| FASENRA PEN SOAJ 30mg/ml                                          | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg,<br>50mg, 75mg                  | \$0(2)                                                      | NDS, QL (56 packs / 28 days), NM, LA, PA                       |
| KALYDECO TABS 150mg                                               | \$0(2)                                                      | NDS, QL (60 tabs / 30 days), NM, LA, PA                        |
| OFEV CAPS 100mg, 150mg                                            | \$0(2)                                                      | NDS, QL (60 caps / 30 days), NM, LA, PA                        |
| ORKAMBI GRA 75-94MG                                               | \$0(2)                                                      | NDS, QL (56 packs / 28 days), NM, LA, PA                       |
| ORKAMBI GRA 100-125                                               | \$0(2)                                                      | NDS, QL (56 packs / 28 days), NM, LA, PA                       |
| ORKAMBI GRA 150-188                                               | \$0(2)                                                      | NDS, QL (56 packs / 28 days), NM, LA, PA                       |
| ORKAMBI TAB 100-125                                               | \$0(2)                                                      | NDS, QL (112 tabs / 28 days), NM, LA, PA                       |
| ORKAMBI TAB 200-125                                               | \$0(2)                                                      | NDS, QL (112 tabs / 28 days), NM, LA, PA                       |
| <i>pirfenidone</i> CAPS 267mg                                     | \$0(2)                                                      | NDS, QL (270 caps / 30 days), NM, PA                           |
| <i>pirfenidone</i> TABS 267mg                                     | \$0(2)                                                      | NDS, QL (270 tabs / 30 days), NM, PA                           |
| <i>pirfenidone</i> TABS 534mg, 801mg                              | \$0(2)                                                      | NDS, QL (90 tabs / 30 days), NM, PA                            |
| PROLASTIN-C SOLN 1000mg/20ml                                      | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| PULMOZYME SOLN 2.5mg/2.5ml                                        | \$0(2)                                                      | NDS, NM, PA                                                    |

| <b>Drug Name<br/>(By Medical Condition)</b>                                                            | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>roflumilast</i> TABS 250mcg                                                                         | \$0(1)                                                      | QL (56 tabs / year)                                            |
| <i>roflumilast</i> TABS 500mcg                                                                         | \$0(1)                                                      | QL (30 tabs / 30 days)                                         |
| SYMDEKO TAB 50-75MG                                                                                    | \$0(2)                                                      | NDS, QL (56 tabs / 28 days), NM, LA, PA                        |
| SYMDEKO TAB 100-150                                                                                    | \$0(2)                                                      | NDS, QL (56 tabs / 28 days), NM, LA, PA                        |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg | \$0(1)                                                      |                                                                |
| TRIKAFTA PAK 59.5MG                                                                                    | \$0(2)                                                      | NDS, QL (56 packs / 28 days), NM, LA, PA                       |
| TRIKAFTA PAK 75MG                                                                                      | \$0(2)                                                      | NDS, QL (56 packs / 28 days), NM, LA, PA                       |
| TRIKAFTA TAB 50-25-37.5MG & 75MG                                                                       | \$0(2)                                                      | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |
| TRIKAFTA TAB 100-50-75MG & 150MG                                                                       | \$0(2)                                                      | NDS, QL (84 tabs / 28 days), NM, LA, PA                        |
| XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml          | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg                                                                    | \$0(2)                                                      | NDS, NM, LA, PA                                                |
| <b><i>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</i></b>                                                |                                                             |                                                                |
| <i>allergy relief</i> SUSP 50mcg/act                                                                   | \$0(3)                                                      | NM; *                                                          |
| <i>budesonide (nasal)</i> SUSP 32mcg/act                                                               | \$0(3)                                                      | NM; *                                                          |
| <i>flunisolide (nasal)</i> SOLN .025%                                                                  | \$0(1)                                                      | QL (3 bottles / 30 days)                                       |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act                                                   | \$0(1)                                                      | QL (1 bottle / 30 days)                                        |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act                                                   | \$0(3)                                                      | NM; *                                                          |
| <i>gnp budesonide nasal spra</i> SUSP 32mcg/act                                                        | \$0(3)                                                      | NM; *                                                          |
| <i>hm allergy relief nasal s</i> SUSP 50mcg/act                                                        | \$0(3)                                                      | NM; *                                                          |
| <i>qc allergy relief</i> SUSP 50mcg/act                                                                | \$0(3)                                                      | NM; *                                                          |
| <i>sm allergy relief nasal s</i> SUSP 50mcg/act                                                        | \$0(3)                                                      | NM; *                                                          |
| XHANCE EXHU 93mcg/act                                                                                  | \$0(2)                                                      | QL (32 mL / 30 days), PA                                       |
| <b><i>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</i></b>                                                |                                                             |                                                                |
| ALVESCO AERS 80mcg/act                                                                                 | \$0(2)                                                      | QL (3 inhalers / 30 days)                                      |
| ALVESCO AERS 160mcg/act                                                                                | \$0(2)                                                      | QL (2 inhalers / 30 days)                                      |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act                                                 | \$0(2)                                                      | QL (30 inhalations / 30 days)                                  |

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|

|                                                         |        |     |
|---------------------------------------------------------|--------|-----|
| <i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i> | \$0(1) | B/D |
|---------------------------------------------------------|--------|-----|

### **STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT**

#### **ASTHMA AND COPD**

|                                                            |        |                                                             |
|------------------------------------------------------------|--------|-------------------------------------------------------------|
| ADVAIR HFA AER 45/21                                       | \$0(2) | QL (1 inhaler / 30 days)                                    |
| ADVAIR HFA AER 115/21                                      | \$0(2) | QL (1 inhaler / 30 days)                                    |
| ADVAIR HFA AER 230/21                                      | \$0(2) | QL (1 inhaler / 30 days)                                    |
| AIRSUPRA AER 90-80MCG                                      | \$0(2) | QL (3 inhalers / 30 days)                                   |
| BREO ELLIPTA INH 50-25MCG                                  | \$0(2) | QL (60 blisters / 30 days)                                  |
| BREO ELLIPTA INH 100-25                                    | \$0(2) | QL (60 blisters / 30 days)                                  |
| BREO ELLIPTA INH 200-25                                    | \$0(2) | QL (60 blisters / 30 days)                                  |
| DULERA AER 50-5MCG                                         | \$0(2) | QL (3 inhalers / 30 days)                                   |
| DULERA AER 100-5MCG                                        | \$0(2) | QL (3 inhalers / 30 days)                                   |
| DULERA AER 200-5MCG                                        | \$0(2) | QL (3 inhalers / 30 days)                                   |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | \$0(1) | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | \$0(1) | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | \$0(1) | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>wixela inhub</i>                                        | \$0(1) | QL (60 inhalations / 30 days)                               |

### **TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS**

#### **DERMATOLOGY, ACNE**

|                                               |        |                        |
|-----------------------------------------------|--------|------------------------|
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg   | \$0(1) | PA                     |
| <i>acne medication 2.5</i> GEL 2.5%           | \$0(3) | NM; *                  |
| <i>acne medication 5</i> GEL 5%               | \$0(3) | NM; *                  |
| <i>acne medication 10</i> GEL 10%             | \$0(3) | NM; *                  |
| ACNE MEDICATION 10 LOTN 10%                   | \$0(3) | NM; *                  |
| <i>adapalene</i> GEL .1%                      | \$0(3) | NM; *                  |
| <i>amnestem</i> CAPS 10mg, 20mg, 40mg         | \$0(1) | PA                     |
| <i>benzoyl peroxide</i> GEL 2.5%, 5%, 10%     | \$0(3) | NM; *                  |
| <i>benzoyl peroxide wash</i> LIQD 5%          | \$0(3) | NM; *                  |
| <i>benzoyl peroxide-erythromycin gel</i> 5-3% | \$0(1) | QL (46.6 gm / 30 days) |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg   | \$0(1) | PA                     |

| Drug Name<br>(By Medical Condition)                        | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>clindamycin phosphate (topical)</i> GEL 1%              | \$0(1)                                            | QL (75 gm / 30 days)                                  |
| <i>clindamycin phosphate (topical)</i> LOTN 1%;<br>SOLN 1% | \$0(1)                                            | QL (60 mL / 30 days)                                  |
| DIFFERIN GEL .1%                                           | \$0(3)                                            | NM; *                                                 |
| ery PADS 2%                                                | \$0(1)                                            | QL (60 pledgets / 30<br>days)                         |
| <i>erythromycin (acne aid)</i> GEL 2%                      | \$0(1)                                            | QL (60 gm / 30 days)                                  |
| <i>erythromycin (acne aid)</i> SOLN 2%                     | \$0(1)                                            | QL (60 mL / 30 days)                                  |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg,<br>40mg         | \$0(1)                                            | PA                                                    |
| <i>sulfacetamide sodium (acne)</i> LOTN 10%                | \$0(1)                                            | QL (118 mL / 30 days)                                 |
| <i>tretinoin</i> CREA .025%, .05%, .1%; GEL<br>.01%, .025% | \$0(1)                                            | QL (45 gm / 30 days),<br>PA                           |
| <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg                | \$0(1)                                            | PA                                                    |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                            |                                                   |                                                       |
| <i>gentamicin sulfate (topical)</i> CREA .1%;<br>OINT .1%  | \$0(1)                                            | QL (30 gm / 30 days)                                  |
| <i>gnp triple antibiotic</i>                               | \$0(3)                                            | NM; *                                                 |
| <i>goodsense first aid antib</i>                           | \$0(3)                                            | NM; *                                                 |
| <i>hm triple antibiotic</i>                                | \$0(3)                                            | NM; *                                                 |
| <i>mupirocin</i> OINT 2%                                   | \$0(1)                                            | QL (220 gm / 30 days)                                 |
| <i>silver sulfadiazine</i> CREA 1%                         | \$0(1)                                            |                                                       |
| <i>sm triple antibiotic orig</i>                           | \$0(3)                                            | NM; *                                                 |
| <i>ssd</i> CREA 1%                                         | \$0(1)                                            |                                                       |
| SULFAMYLON CREA 85mg/gm                                    | \$0(2)                                            | QL (453.6 gm / 30 days)                               |
| <i>triple antibiotic</i>                                   | \$0(3)                                            | NM; *                                                 |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                            |                                                   |                                                       |
| <i>antifungal</i> CREA 1%                                  | \$0(3)                                            | NM; *                                                 |
| <i>athletes foot</i> CREA 1%                               | \$0(3)                                            | NM; *                                                 |
| <i>ciclopirox olamine</i> CREA .77%                        | \$0(1)                                            | QL (90 gm / 30 days)                                  |
| <i>ciclopirox olamine</i> SUSP .77%                        | \$0(1)                                            | QL (60 mL / 30 days)                                  |
| <i>clotrimazole (topical)</i> CREA 1%                      | \$0(1)                                            | QL (45 gm / 30 days)                                  |
| <i>clotrimazole (topical)</i> CREA 1%                      | \$0(3)                                            | NM; *                                                 |
| <i>clotrimazole (topical)</i> SOLN 1%                      | \$0(1)                                            | QL (60 mL / 30 days)                                  |
| <i>clotrimazole antifungal</i> CREA 1%                     | \$0(3)                                            | NM; *                                                 |
| <i>clotrimazole w/ betamethasone cream 1-<br/>0.05%</i>    | \$0(1)                                            | QL (45 gm / 30 days)                                  |
| FUNGOID TINCTURE SOLN 2%                                   | \$0(3)                                            | NM; *                                                 |
| <i>gnp athletes foot</i> CREA 1%                           | \$0(3)                                            | NM; *                                                 |
| <i>gnp tolnaftate</i> CREA 1%                              | \$0(3)                                            | NM; *                                                 |
| <i>ketoconazole (topical)</i> CREA 2%                      | \$0(1)                                            | QL (60 gm / 30 days)                                  |
| <i>klayesta</i> POWD 100000unit/gm                         | \$0(1)                                            | QL (60 gm / 30 days)                                  |
| <i>miconazole nitrate (topical)</i> CREA 2%                | \$0(3)                                            | NM; *                                                 |
| <i>micotrin ac</i> CREA 1%                                 | \$0(3)                                            | NM; *                                                 |

| <b>Drug Name<br/>(By Medical Condition)</b>                                   | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|-------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>mycozyl ac</i> CREA 1%                                                     | \$0(3)                                                      | NM; *                                                          |
| <i>nyamyc</i> POWD 100000unit/gm                                              | \$0(1)                                                      | QL (60 gm / 30 days)                                           |
| <i>nystatin (topical)</i> CREA 100000unit/gm;<br>OINT 100000unit/gm           | \$0(1)                                                      | QL (30 gm / 30 days)                                           |
| <i>nystatin (topical)</i> POWD 100000unit/gm                                  | \$0(1)                                                      | QL (60 gm / 30 days)                                           |
| <i>nystop</i> POWD 100000unit/gm                                              | \$0(1)                                                      | QL (60 gm / 30 days)                                           |
| <i>qc antifungal cream</i> CREA 1%                                            | \$0(3)                                                      | NM; *                                                          |
| <i>sm antifungal clotrimazol</i> CREA 1%                                      | \$0(3)                                                      | NM; *                                                          |
| <i>sm antifungal miconazole</i> CREA 2%                                       | \$0(3)                                                      | NM; *                                                          |
| <i>sm antifungal tolnaftate</i> CREA 1%                                       | \$0(3)                                                      | NM; *                                                          |
| <i>tolnaftate</i> CREA 1%                                                     | \$0(3)                                                      | NM; *                                                          |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                                            |                                                             |                                                                |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg                                      | \$0(1)                                                      | PA                                                             |
| <i>calcipotriene</i> CREA .005%; OINT .005%                                   | \$0(1)                                                      | QL (120 gm / 30 days),<br>PA                                   |
| <i>calcipotriene</i> SOLN .005%                                               | \$0(1)                                                      | QL (120 mL / 30 days),<br>PA                                   |
| <i>calcitrene</i> OINT .005%                                                  | \$0(1)                                                      | QL (120 gm / 30 days),<br>PA                                   |
| <i>tazarotene</i> CREA .05%, .1%                                              | \$0(1)                                                      | QL (60 gm / 30 days),<br>PA                                    |
| TAZORAC CREA .05%                                                             | \$0(2)                                                      | QL (60 gm / 30 days),<br>PA                                    |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>                                           |                                                             |                                                                |
| <i>ketoconazole (topical)</i> SHAM 2%                                         | \$0(1)                                                      | QL (120 mL / 30 days)                                          |
| <i>selenium sulfide</i> LOTN 2.5%                                             | \$0(1)                                                      |                                                                |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                                           |                                                             |                                                                |
| <i>ala-cort</i> CREA 1%, 2.5%                                                 | \$0(1)                                                      |                                                                |
| <i>alclometasone dipropionate</i> CREA .05%;<br>OINT .05%                     | \$0(1)                                                      | QL (60 gm / 30 days)                                           |
| <i>anti-itch maximum strengt</i> CREA 1%                                      | \$0(3)                                                      | NM; *                                                          |
| <i>betamethasone dipropionate (topical)</i><br>CREA .05%; OINT .05%           | \$0(1)                                                      | QL (120 gm / 30 days)                                          |
| <i>betamethasone dipropionate (topical)</i><br>LOTN .05%                      | \$0(1)                                                      | QL (120 mL / 30 days)                                          |
| <i>betamethasone dipropionate augmented</i><br>CREA .05%; GEL .05%; OINT .05% | \$0(1)                                                      | QL (120 gm / 30 days)                                          |
| <i>betamethasone dipropionate augmented</i><br>LOTN .05%                      | \$0(1)                                                      | QL (120 mL / 30 days)                                          |
| <i>betamethasone valerate</i> CREA .1%; OINT<br>.1%                           | \$0(1)                                                      | QL (120 gm / 30 days)                                          |
| <i>betamethasone valerate</i> LOTN .1%                                        | \$0(1)                                                      | QL (120 mL / 30 days)                                          |
| <i>clobetasol propionate</i> CREA .05%; GEL<br>.05%; OINT .05%                | \$0(1)                                                      | QL (60 gm / 30 days)                                           |
| <i>clobetasol propionate</i> SOLN .05%                                        | \$0(1)                                                      | QL (50 mL / 30 days)                                           |

| Drug Name<br>(By Medical Condition)                                            | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|--------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <i>clobetasol propionate e</i> CREA .05%                                       | \$0(1)                                            | QL (60 gm / 30 days)                                  |
| ENSTILAR AER                                                                   | \$0(2)                                            | QL (120 gm / 30 days),<br>PA                          |
| <i>fluocinolone acetonide</i> CREA .01%                                        | \$0(1)                                            | QL (60 gm / 30 days)                                  |
| <i>fluocinolone acetonide</i> CREA .025%; OINT .025%                           | \$0(1)                                            | QL (120 gm / 30 days)                                 |
| <i>fluocinolone acetonide</i> OIL .01%                                         | \$0(1)                                            | QL (118.28 mL / 30 days)                              |
| <i>fluocinolone acetonide</i> SOLN .01%                                        | \$0(1)                                            | QL (90 mL / 30 days)                                  |
| <i>fluocinonide</i> CREA .05%                                                  | \$0(1)                                            | QL (120 gm / 30 days)                                 |
| <i>fluocinonide</i> GEL .05%; OINT .05%                                        | \$0(1)                                            | QL (60 gm / 30 days)                                  |
| <i>fluocinonide</i> SOLN .05%                                                  | \$0(1)                                            | QL (60 mL / 30 days)                                  |
| <i>fluocinonide emulsified base</i> CREA .05%                                  | \$0(1)                                            | QL (120 gm / 30 days)                                 |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%                            | \$0(1)                                            |                                                       |
| <i>gnp hydrocortisone</i> CREA .5%                                             | \$0(3)                                            | NM; *                                                 |
| <i>gnp hydrocortisone maximu</i> OINT 1%                                       | \$0(3)                                            | NM; *                                                 |
| <i>gnp hydrocortisone plus</i> CREA 1%                                         | \$0(3)                                            | NM; *                                                 |
| <i>gnp hydrocortisone/aloe</i> CREA 1%                                         | \$0(3)                                            | NM; *                                                 |
| <i>halobetasol propionate</i> CREA .05%; OINT .05%                             | \$0(1)                                            | QL (50 gm / 30 days)                                  |
| <i>hm hydrocortisone plus</i> CREA 1%                                          | \$0(3)                                            | NM; *                                                 |
| <i>hm hydrocortisone/aloe ma</i> CREA 1%                                       | \$0(3)                                            | NM; *                                                 |
| HYDROCORTISONE CREA 1%                                                         | \$0(3)                                            | NM; *                                                 |
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%            | \$0(1)                                            |                                                       |
| <i>hydrocortisone (topical)</i> CREA .5%, 1%; OINT 1%                          | \$0(3)                                            | NM; *                                                 |
| <i>hydrocortisone maximum st</i> CREA 1%                                       | \$0(3)                                            | NM; *                                                 |
| <i>hydrocortisone/aloe maxim</i> CREA 1%                                       | \$0(3)                                            | NM; *                                                 |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%                         | \$0(1)                                            |                                                       |
| <i>qc anti-itch/aloe</i> CREA 1%                                               | \$0(3)                                            | NM; *                                                 |
| <i>sm hydrocortisone</i> CREA 1%                                               | \$0(3)                                            | NM; *                                                 |
| <i>sm hydrocortisone maximum</i> OINT 1%                                       | \$0(3)                                            | NM; *                                                 |
| <i>sm hydrocortisone plus</i> CREA 1%                                          | \$0(3)                                            | NM; *                                                 |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%                  | \$0(1)                                            | QL (454 gm / 30 days)                                 |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5% | \$0(1)                                            |                                                       |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                          |                                                   |                                                       |
| <i>glydo</i> PRSY 2%                                                           | \$0(1)                                            | QL (60 mL / 30 days),<br>PA                           |
| <i>lidocaine</i> OINT 5%                                                       | \$0(1)                                            | QL (50 gm / 30 days),<br>PA                           |

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|-------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| <i>lidocaine</i> PTCH 5%                                    | \$0(1)                                                      | QL (3 patches / 1 day),<br>PA                                  |
| <i>lidocaine hcl</i> SOLN 4%                                | \$0(1)                                                      | QL (50 mL / 30 days),<br>PA                                    |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5%                  | \$0(1)                                                      | B/D, QL (30 gm / 30<br>days)                                   |
| <i>lidocan</i> PTCH 5%                                      | \$0(1)                                                      | QL (3 patches / 1 day),<br>PA                                  |
| <i>tridacaine ii</i> PTCH 5%                                | \$0(1)                                                      | QL (3 patches / 1 day),<br>PA                                  |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>  |                                                             |                                                                |
| BETADINE SOLN 10%                                           | \$0(3)                                                      | NM; *                                                          |
| <i>bexarotene (topical)</i> GEL 1%                          | \$0(2)                                                      | NDS, QL (60 gm / 30<br>days), NM, PA                           |
| <i>diclofenac sodium (topical)</i> GEL 1%                   | \$0(1)                                                      | QL (1000 gm / 30 days)                                         |
| <i>diclofenac sodium (topical)</i> SOLN 1.5%                | \$0(1)                                                      | QL (300 mL / 28 days)                                          |
| FIRST AID ANTISEPTIC OINT OINT 10%                          | \$0(3)                                                      | NM; *                                                          |
| <i>fluorouracil (topical)</i> CREA 5%                       | \$0(1)                                                      | QL (40 gm / 30 days)                                           |
| <i>fluorouracil (topical)</i> SOLN 2%, 5%                   | \$0(1)                                                      | QL (10 mL / 30 days)                                           |
| <i>hydrocortisone (rectal)</i> CREA 1%, 2.5%                | \$0(1)                                                      |                                                                |
| <i>imiquimod</i> CREA 5%                                    | \$0(1)                                                      | QL (24 packets / 30<br>days)                                   |
| <i>lactic acid (ammonium lactate)</i> CREA<br>12%; LOTN 12% | \$0(1)                                                      |                                                                |
| <i>lidocaine</i> CREA 4%                                    | \$0(3)                                                      | NM; *                                                          |
| <i>metronidazole (topical)</i> CREA .75%; GEL<br>.75%       | \$0(1)                                                      | QL (45 gm / 30 days)                                           |
| <i>metronidazole (topical)</i> LOTN .75%                    | \$0(1)                                                      | QL (59 mL / 30 days)                                           |
| <i>nitroglycerin (intra-anal)</i> OINT .4%                  | \$0(1)                                                      | QL (30 gm / 30 days)                                           |
| PANRETIN GEL .1%                                            | \$0(2)                                                      | NDS, QL (60 gm / 30<br>days), PA                               |
| <i>podofilox</i> SOLN .5%                                   | \$0(1)                                                      | QL (7 mL / 28 days)                                            |
| <i>povidone-iodine</i> SOLN 10%                             | \$0(3)                                                      | NM; *                                                          |
| <i>procto-med hc</i> CREA 2.5%                              | \$0(1)                                                      |                                                                |
| <i>proctocort</i> CREA 1%                                   | \$0(1)                                                      |                                                                |
| <i>proctosol hc</i> CREA 2.5%                               | \$0(1)                                                      |                                                                |
| <i>proctozone-hc</i> CREA 2.5%                              | \$0(1)                                                      |                                                                |
| <i>qc povidone iodine</i> SOLN 10%                          | \$0(3)                                                      | NM; *                                                          |
| RECTIV OINT .4%                                             | \$0(2)                                                      | QL (30 gm / 30 days)                                           |
| RENOVA CREA .02%                                            | \$0(3)                                                      | NM; *                                                          |
| RENOVA PUMP CREA .02%                                       | \$0(3)                                                      | NM; *                                                          |
| <i>sm povidone-iodine</i> SOLN 10%                          | \$0(3)                                                      | NM; *                                                          |
| <i>tacrolimus (topical)</i> OINT .03%, .1%                  | \$0(1)                                                      | QL (100 gm / 30 days)                                          |
| VALCHLOR GEL .016%                                          | \$0(2)                                                      | NDS, QL (60 gm / 30<br>days), NM, LA, PA                       |

| Drug Name<br>(By Medical Condition) | WHAT THE<br>DRUG WILL<br>COST YOU<br>(TIER LEVEL) | NECESSARY ACTIONS<br>RESTRICTIONS OR<br>LIMITS ON USE |
|-------------------------------------|---------------------------------------------------|-------------------------------------------------------|
|-------------------------------------|---------------------------------------------------|-------------------------------------------------------|

### ***DERMATOLOGY, SCABICIDES AND PEDICULIDES***

|                                          |        |                      |
|------------------------------------------|--------|----------------------|
| <i>gnp lice treatment LIQD 1%</i>        | \$0(3) | NM; *                |
| <i>goodsense lice killing cr LIQD 1%</i> | \$0(3) | NM; *                |
| <i>lice killing maximum stre</i>         | \$0(3) | NM; *                |
| <i>lice killing shampoo</i>              | \$0(3) | NM; *                |
| <i>lice treatment creme rins LIQD 1%</i> | \$0(3) | NM; *                |
| <i>malathion LOTN .5%</i>                | \$0(1) | QL (59 mL / 30 days) |
| <i>permethrin CREA 5%</i>                | \$0(1) | QL (60 gm / 30 days) |
| <i>sm lice killing maximum s</i>         | \$0(3) | NM; *                |
| <i>sm lice treatment LIQD 1%</i>         | \$0(3) | NM; *                |

### ***DERMATOLOGY, WOUND CARE AGENTS***

|                                                      |        |                               |
|------------------------------------------------------|--------|-------------------------------|
| REGRANEX GEL .01%                                    | \$0(2) | NDS, QL (30 gm / 30 days), PA |
| SANTYL OINT 250unit/gm                               | \$0(2) | QL (180 gm / 30 days)         |
| <i>sodium chloride (gu irrigant) SOLN .9%</i>        | \$0(1) |                               |
| <i>water for irrigation, sterile irrigation soln</i> | \$0(1) |                               |

### ***MOUTH/THROAT/DENTAL AGENTS***

|                                                         |        |                             |
|---------------------------------------------------------|--------|-----------------------------|
| <i>cevimeline hcl CAPS 30mg</i>                         | \$0(1) |                             |
| <i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i> | \$0(1) |                             |
| <i>clotrimazole TROC 10mg</i>                           | \$0(1) | QL (150 lozenges / 30 days) |
| <i>kourzeq PSTE .1%</i>                                 | \$0(1) |                             |
| <i>lidocaine hcl (mouth-throat) SOLN 2%</i>             | \$0(1) |                             |
| <i>nystatin (mouth-throat) SUSP 100000unit/ml</i>       | \$0(1) |                             |
| <i>periogard SOLN .12%</i>                              | \$0(1) |                             |
| <i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>           | \$0(1) |                             |
| <i>triamcinolone acetonide (mouth) PSTE .1%</i>         | \$0(1) |                             |

## ***\_PART B***

### ***DIABETIC METERS AND TEST STRIPS***

|                           |     |    |
|---------------------------|-----|----|
| DEXCOM G6 MIS RECEIVER    | \$0 | PA |
| DEXCOM G6 MIS SENSOR      | \$0 | PA |
| DEXCOM G6 MIS TRANSMIT    | \$0 | PA |
| DEXCOM G7 MIS RECEIVER    | \$0 | PA |
| DEXCOM G7 MIS SENSOR      | \$0 | PA |
| FREESTY LIBR KIT 2 SENSOR | \$0 | PA |
| FREESTY LIBR KIT 3 SENSOR | \$0 | PA |
| FREESTY LIBR KIT SENSOR   | \$0 | PA |
| FREESTY LIBR MIS 2 READER | \$0 | PA |
| FREESTY LIBR MIS 3 READER | \$0 | PA |
| FREESTYLE MIS READER      | \$0 | PA |

| <b>Drug Name<br/>(By Medical Condition)</b> | <b>WHAT THE<br/>DRUG WILL<br/>COST YOU<br/>(TIER LEVEL)</b> | <b>NECESSARY ACTIONS<br/>RESTRICTIONS OR<br/>LIMITS ON USE</b> |
|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|
| TRUE METRIX KIT AIR                         | \$0                                                         |                                                                |
| TRUE METRIX KIT METER                       | \$0                                                         |                                                                |
| TRUE METRIX STRIPS                          | \$0                                                         |                                                                |

\*  
\*sodium phosphates -  
enema\*\*\*.....78

1  
12hr allergy relief ..95

2  
24hr allergy relief ..95

3  
3 day vaginal .....80

A  
abacavir sulfate .....18  
abacavir sulfate-  
lamivudine tab 600-  
300 mg.....20  
ABELCET .....17  
ABILIFY MAINTENA 47  
abiraterone acetate 26  
ABRYSVO .....85  
acamprosate calcium  
.....58  
acarbose .....60  
accutane .....99  
acebutolol hcl.....41  
acetaminophen.....10  
ACETAMINOPHEN ..10  
acetaminophen extra  
stren .....10  
acetaminophen w/  
codeine soln 120-12  
mg/5ml .....13

acetaminophen w/  
codeine tab 300-15  
mg ..... 13  
acetaminophen w/  
codeine tab 300-30  
mg ..... 13  
acetaminophen w/  
codeine tab 300-60  
mg ..... 13  
acetazolamide ..... 42  
acetic acid..... 79  
acetic acid (otic) ... 93  
acetylcysteine..... 97  
acid gone ..... 73  
acid reducer ..... 76  
acid reducer complete  
..... 78  
acid reducer  
maximum stre ... 76  
acid reducer original  
str ..... 76  
acitretin .....101  
acne medication 1099  
ACNE MEDICATION  
10 ..... 99  
acne medication 2.5  
..... 99  
acne medication 5. 99  
ACTHIB INJ ..... 85  
ACTIMMUNE ..... 85  
acyclovir ..... 21  
acyclovir sodium ... 21  
ADACEL INJ..... 86  
ADALIMUMAB-AACF  
(2 PEN) ..... 82  
ADALIMUMAB-AACF  
(2 SYRING ..... 82

ADALIMUMAB-AACF  
STARTER P..... 82  
adapalene .....99  
adefovir dipivoxil ...21  
ADEMPAS .....44  
ADIPEX-P .....63  
ADMELOG.....62  
ADMELOG SOLOSTAR  
.....62  
adult aspirin regimen  
..... 10  
ADVAIR HFA AER  
115/21 .....99  
ADVAIR HFA AER  
230/21 .....99  
ADVAIR HFA AER  
45/21 .....99  
afirmelle .....65  
AHIST .....94  
AIMOVIG .....56  
AIRSUPRA AER 90-  
80MCG .....99  
AKEEGA TAB 100/500  
.....26  
AKEEGA TAB  
50/500MG.....26  
ala-cort .....101  
ALA-HIST IR .....94  
alaway .....92  
alaway childrens  
allergy .....92  
albendazole .....15  
albuterol sulfate ....96  
alclometasone  
dipropionate..... 101  
ALDURAZYME.....71  
ALECENSA .....28

*alendronate sodium*  
 .....64  
*alfuzosin hcl*.....79  
*aliskiren fumarate*..43  
*all day allergy* .....94  
*all day allergy*  
*childrens*.....94  
*all day pain relief*...12  
*all day relief*.....12  
*aller-chlor*.....94  
*allergy* .....94  
*allergy childrens* ....94  
*allergy relief* ... 94, 98  
*allergy relief 24hr* ..94  
*allergy relief childrens*  
 .....94  
*allergy*  
*relief/indoor/out* .95  
*allopurinol* .....10  
*almacone double*  
*strength*.....73  
*alosetron hcl* .....78  
*alprazolam*.....44  
 ALREX .....92  
*altavera*.....65  
 ALUMINUM  
 HYDROXIDE .....74  
 ALUNBRIG .....28  
 ALUNBRIG PAK.....28  
 ALVAIZ.....81  
 ALVESCO.....98  
*alyacen 1/35*.....65  
*alyacen 7/7/7* .....65  
 ALYGLO .....84  
*amantadine hcl* .....46  
*ambrisentan* .....44  
*amethia*.....65  
*amikacin sulfate* ....15  
*amiloride &*  
*hydrochlorothiazide*  
*tab 5-50 mg*.....43  
*amiloride hcl* .....43

*amiodarone hcl* ..... 40  
*amitriptyline hcl*.... 45  
*amlodipine besylate*  
 ..... 42  
*amlodipine besylate-*  
*benazepril hcl cap*  
*10-20 mg* ..... 36  
*amlodipine besylate-*  
*benazepril hcl cap*  
*10-40 mg* ..... 36  
*amlodipine besylate-*  
*benazepril hcl cap*  
*2.5-10 mg* ..... 36  
*amlodipine besylate-*  
*benazepril hcl cap*  
*5-10 mg*..... 36  
*amlodipine besylate-*  
*benazepril hcl cap*  
*5-20 mg*..... 36  
*amlodipine besylate-*  
*benazepril hcl cap*  
*5-40 mg*..... 36  
*amlodipine besylate-*  
*olmesartan*  
*medoxomil tab 10-*  
*20 mg*..... 38  
*amlodipine besylate-*  
*olmesartan*  
*medoxomil tab 10-*  
*40 mg*..... 38  
*amlodipine besylate-*  
*olmesartan*  
*medoxomil tab 5-20*  
*mg* ..... 38  
*amlodipine besylate-*  
*olmesartan*  
*medoxomil tab 5-40*  
*mg* ..... 38  
*amlodipine besylate-*  
*valsartan tab 10-*  
*160 mg* ..... 38

*amlodipine besylate-*  
*valsartan tab 10-*  
*320 mg*.....38  
*amlodipine besylate-*  
*valsartan tab 5-160*  
*mg*.....38  
*amlodipine besylate-*  
*valsartan tab 5-320*  
*mg*.....38  
*amnestem* .....99  
*amoxapine* .....45  
*amoxicillin* .....23  
*amoxicillin & k*  
*clavulanate chew*  
*tab 400-57 mg* ...23  
*amoxicillin & k*  
*clavulanate for susp*  
*200-28.5 mg/5ml*23  
*amoxicillin & k*  
*clavulanate for susp*  
*250-62.5 mg/5ml*23  
*amoxicillin & k*  
*clavulanate for susp*  
*400-57 mg/5ml* ..23  
*amoxicillin & k*  
*clavulanate for susp*  
*600-42.9 mg/5ml*23  
*amoxicillin & k*  
*clavulanate tab*  
*250-125 mg* .....23  
*amoxicillin & k*  
*clavulanate tab*  
*500-125 mg* .....23  
*amoxicillin & k*  
*clavulanate tab*  
*875-125 mg* .....23  
*amoxicillin & k*  
*clavulanate tab er*  
*12hr 1000-62.5 mg*  
 .....23  
*amphetamine-*  
*dextroamphetamine*

*cap er 24hr 10 mg*  
 .....54  
*amphetamine-*  
*dextroamphetamine*  
*cap er 24hr 15 mg*  
 .....54  
*amphetamine-*  
*dextroamphetamine*  
*cap er 24hr 20 mg*  
 .....54  
*amphetamine-*  
*dextroamphetamine*  
*cap er 24hr 25 mg*  
 .....54  
*amphetamine-*  
*dextroamphetamine*  
*cap er 24hr 30 mg*  
 .....54  
*amphetamine-*  
*dextroamphetamine*  
*cap er 24hr 5 mg* 54  
*amphetamine-*  
*dextroamphetamine*  
*tab 10 mg* .....54  
*amphetamine-*  
*dextroamphetamine*  
*tab 12.5 mg* .....54  
*amphetamine-*  
*dextroamphetamine*  
*tab 15 mg* .....54  
*amphetamine-*  
*dextroamphetamine*  
*tab 20 mg* .....54  
*amphetamine-*  
*dextroamphetamine*  
*tab 30 mg* .....55  
*amphetamine-*  
*dextroamphetamine*  
*tab 5 mg* .....54  
*amphetamine-*  
*dextroamphetamine*  
*tab 7.5 mg* .....54

*amphotericin b* ..... 18  
*amphotericin b*  
*liposome* ..... 18  
*ampicillin* ..... 23  
*ampicillin &*  
*sulbactam sodium*  
*for inj 1.5 (1-0.5)*  
*gm* ..... 24  
*ampicillin &*  
*sulbactam sodium*  
*for inj 3 (2-1) gm* 24  
*ampicillin &*  
*sulbactam sodium*  
*for iv soln 1.5 (1-*  
*0.5) gm*..... 24  
*ampicillin &*  
*sulbactam sodium*  
*for iv soln 15 (10-5)*  
*gm* ..... 24  
*ampicillin &*  
*sulbactam sodium*  
*for iv soln 3 (2-1)*  
*gm* ..... 24  
*ampicillin sodium* .. 24  
*anagrelide hcl*..... 81  
*anastrozole* ..... 26  
 ANORO ELLIPT AER  
 62.5-25..... 94  
*antacid* ..... 74  
*antacid calcium*  
*regular s* ..... 74  
*antacid extra strength*  
 ..... 74  
*antacid maximum*  
*strength* ..... 74  
*antacid regular*  
*strength* ..... 74  
*antacid ultra strength*  
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*antacid/antigas liquid*  
 ..... 74  
*anti-diarrheal* ..... 74

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*anti-gas/*  
*and gnp antacid* .....74  
*anti-itch maximum*  
*strengt* ..... 101  
*aprepitant* .....75  
*aprepitant capsule*  
*therapy pack 80 &*  
*125 mg*..... 75  
*apri* .....65  
 APTIOM.....50  
 APTIVUS ..... 18  
 ARALAST NP ..... 97  
*aranelle*.....65  
 ARCALYST .....85  
 AREXVY.....86  
*aripiprazole*.....48  
 ARISTADA .....48  
 ARISTADA INITIO..48  
*armodafinil* .....58  
 ARNUITY ELLIPTA..98  
*arthritis pain relief*..10  
*artificial tears*.....93  
*asenapine maleate* 48  
*ashlyna* .....65  
*aspirin* .....10  
 ASPIRIN ..... 10  
*aspirin adult low dose*  
 ..... 10  
*aspirin low dose* ....10  
*aspirin low strength*  
 ..... 10  
*aspirin regimen* ..... 10  
*aspirin-dipyridamole*  
*cap er 12hr 25-200*  
*mg*.....82  
 ASTAGRAF XL .....85  
*atazanavir sulfate*..18  
*atenolol*.....41  
*atenolol &*  
*chlorthalidone tab*  
*100-25 mg*.....41

*atenolol &*  
*chlorthalidone tab*  
*50-25 mg* .....41  
*athletes foot* ..... 100  
*atomoxetine hcl* ....55  
*atorvastatin calcium*  
.....40  
*atovaquone*.....15  
*atovaquone-proguanil*  
*hcl tab 250-100 mg*  
.....18  
*atovaquone-proguanil*  
*hcl tab 62.5-25 mg*  
.....18  
ATROPINE SULFATE  
.....93  
*atropine sulfate*  
*(ophthalmic)* .....93  
ATROVENT HFA .....94  
*aubra eq* .....65  
AUGTYRO .....28  
*aurovela 1/20* .....65  
*aurovela 24 fe*.....65  
*aurovela fe 1.5/30*.65  
*aurovela fe 1/20*....65  
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AUSTEDO XR .. 56, 57  
AUSTEDO XR TAB  
TITR KIT .....57  
AUVELITY TAB 45-  
105MG .....45  
*aviane* .....65  
*ayuna* .....65  
AYVAKIT .....28  
azacitidine .....25  
azathioprine.....85  
azelastine hcl .....95  
azelastine hcl (ophth)  
.....92  
azithromycin .....22  
aztreonam .....15  
azurette .....65

## B

*bacitracin*  
*(ophthalmic)* ..... 91  
*bacitracin-polymyxin*  
*b ophth oint* ..... 91  
*bacitracin-polymyxin-*  
*neomycin-hc ophth*  
*oint 1%*..... 91  
*baclofen*..... 57  
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*balziva*..... 65  
*banophen*..... 95  
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BCG VACCINE..... 86  
BD ALCOHOL SWABS  
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*benazepril &*  
*hydrochlorothiazide*  
*tab 10-12.5 mg*.. 36  
*benazepril &*  
*hydrochlorothiazide*  
*tab 20-12.5 mg*.. 36  
*benazepril &*  
*hydrochlorothiazide*  
*tab 20-25 mg*..... 36  
*benazepril &*  
*hydrochlorothiazide*  
*tab 5-6.25mg* .... 36  
*benazepril hcl* ..... 37  
BENDAMUSTINE  
HYDROCHLORID. 25  
BENDEKA ..... 25  
BENLYSTA ..... 85  
*benzoyl peroxide*... 99

*benzoyl peroxide*  
*wash* ..... 99  
*benzoyl peroxide-*  
*erythromycin gel 5-*  
*3%* ..... 99  
*benzphetamine hcl* 63  
*benztropine mesylate*  
..... 46, 47  
BERINERT.....81  
BESIVANCE .....91  
BESREMI .....27  
BETADINE ..... 103  
*betaine powder for*  
*oral solution* .....71  
*betamethasone*  
*dipropionate*  
*(topical)*..... 101  
*betamethasone*  
*dipropionate*  
*augmented* ..... 101  
*betamethasone*  
*valerate* ..... 101  
BETASERON.....57  
*betaxolol hcl* .....41  
*betaxolol hcl (ophth)*  
..... 92  
*bethanechol chloride*  
..... 79  
BETOPTIC-S.....92  
BEVESPI AER 9-  
4.8MCG ..... 94  
*bexarotene* .....27  
*bexarotene (topical)*  
..... 103  
BEXSERO INJ .....86  
*bicalutamide* .....26  
BICILLIN L-A..... 24  
BIKTARVY TAB 30-  
120-15 MG..... 20  
BIKTARVY TAB 50-  
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BINAXNOW COV KIT  
 HOME TES.....15  
*bisacodyl* .....77  
*bisacodyl ec* .....77  
*bismatrol* .....74  
*bismuth subsalicylate*  
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*bisoprolol &*  
*hydrochlorothiazide*  
*tab 10-6.25 mg* ..41  
*bisoprolol &*  
*hydrochlorothiazide*  
*tab 2.5-6.25 mg* .41  
*bisoprolol &*  
*hydrochlorothiazide*  
*tab 5-6.25 mg* ....41  
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*blisovi 24 fe* .....65  
*blisovi fe 1.5/30* ....65  
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 BREO ELLIPTA INH  
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*brielllyn*.....65  
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*brimonidine tartrate*  
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*brinzolamide* ..... 92  
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*bromfenac sodium*  
*(ophth)* ..... 92  
*bromocriptine*  
*mesylate* ..... 47  
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 BRONCHITOL..... 97  
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*budesonide* ..... 76  
*budesonide*  
*(inhalation)*..... 99  
*budesonide (nasal)* 98  
*bumetanide*..... 43  
*buprenorphine* ..... 13  
*buprenorphine hcl* . 58  
*buprenorphine hcl-*  
*naloxone hcl sl film*  
*12-3 mg (base*  
*equiv)* ..... 58  
*buprenorphine hcl-*  
*naloxone hcl sl film*  
*2-0.5 mg (base*  
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 XCOPRI .....54  
 XCOPRI PAK 100-150  
 .....54  
 XCOPRI PAK 12.5-25  
 .....54  
 XCOPRI PAK 150-  
 200MG  
 (MAINTENANCE) .54

XCOPRI PAK 150-  
 200MG  
 (TITRATION)..... 54  
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 XELJANZ ..... 84  
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 XERMELO ..... 78  
 XGEVA..... 64  
 XHANCE..... 98  
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 XOFLUZA ..... 22  
 XOLAIR..... 98  
 XOSPATA ..... 35  
 XPOVIO 100 MG  
 ONCE WEEKLY ... 35  
 XPOVIO 40 MG ONCE  
 WEEKLY ..... 35  
 XPOVIO 40 MG  
 TWICE WEEKLY .. 35  
 XPOVIO 60 MG ONCE  
 WEEKLY ..... 35  
 XPOVIO 60 MG  
 TWICE WEEKLY .. 35  
 XPOVIO 80 MG ONCE  
 WEEKLY ..... 35  
 XPOVIO 80 MG  
 TWICE WEEKLY .. 35  
 XTANDI ..... 27

*xulane*.....69  
 XULTOPHY INJ  
 100/3.6 .....63

## Y

*yargesa*.....72  
 YF-VAX INJ .....87  
*yuvaferm*.....70

## Z

ZADITOR.....92  
*zafemy*.....69  
*zafirlukast* .....97  
*zaleplon* ..... 55, 56  
 ZARXIO.....81  
 ZEJULA .....35  
 ZELBORAF .....35  
 ZEMAIRA.....98  
*zenatane* .....100  
 ZENPEP CAP  
 10000UNT.....78  
 ZENPEP CAP  
 15000UNT.....78  
 ZENPEP CAP  
 20000UNT.....78  
 ZENPEP CAP  
 25000UNT.....78  
 ZENPEP CAP  
 3000UNIT .....78  
 ZENPEP CAP  
 40000UNT.....78  
 ZENPEP CAP  
 5000UNIT .....78  
 ZENPEP CAP  
 60000UNT.....78  
 ZERVIATE.....92  
*zidovudine* .....20  
 ZIEXTENZO .....81  
*ziprasidone hcl* .....50  
*ziprasidone mesylate*  
 .....50

|                              |    |                          |    |                    |    |
|------------------------------|----|--------------------------|----|--------------------|----|
| ZIRABEV .....                | 35 | <i>zonisamide</i> .....  | 54 | ZYKADIA .....      | 36 |
| ZIRGAN.....                  | 92 | <i>zovia 1/35</i> .....  | 69 | ZYLET SUS 0.5-0.3% |    |
| <i>zoledronic acid</i> ..... | 64 | ZTALMY .....             | 54 | .....              | 91 |
| ZOLINZA .....                | 36 | <i>zumandimine</i> ..... | 69 | ZYPREXA RELPREVV   |    |
| <i>zolpidem tartrate</i> ... | 56 | ZURZUVAE .....           | 46 | .....              | 50 |
| ZONISADE.....                | 54 | ZYDELIG .....            | 36 |                    |    |







## Molina Dual Options

تقديم ملف كتيب الوصفات الدوائية المعتمد من HPMS رقم 00024165، النسخة 18

محدثة: 2024/12/01

للحصول على معلومات أحدث أو إذا كانت لديك أسئلة أخرى، اتصل بنا على الرقم 735-5604 (855)، وبالنسبة لمستخدمي الهواتف النصية "TTY"، يمكنهم الاتصال على: 711، من الإثنين إلى الجمعة، من الساعة 8 صباحًا وحتى الساعة 8 مساءً بالتوقيت المحلي.

رسالة هامة بشأن ما تدفعه لللقاحات – تعتبر بعض اللقاحات مزايا طبية. تعتبر لقاحات أخرى أدوية تقع ضمن الجزء D. تغطي خطتنا معظم لقاحات الجزء D من دون أن تتحمل تكلفة.