2024

كتيب الوصفات الدوائية

(قائمة الأدوية الخاضعة للتغطية)

Michigan

خطة Molina Dual Options MI Health Link Medicare-Medicaid

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 الشرقي، أو يرجى زيارة [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.

Molina Dual Options MI Health Link Medicare-Medicaid Plan | 2024 *قائمة الأدوية الخاضعة للتغطية* (كتيب الوصفات الدوائية)

مقدمة

يُطلق على هذا المستند اسم *قائمة الأدوية الخاضعة للتغطية* (ويُعرف أيضًا باسم قائمة الأدوية). فهو يخبرنا أي الأدوية الموصوفة مشمولة بتغطية خطة Molina Dual Options. توضح لك قائمة الأدوية أيضًا 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*.

جدول المحتويات

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 وMichigan Medicaid لتوفير مزايا البرنامجَين للمسجلين.
- تلتزم Molina Healthcare بقوانين الحقوق المدنية الفيدرالية المطبّقة ولا تميّز 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 5604-735 (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 5604-735 (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 معها اتفاقية للعمل معنا وتقديم الخدمات لك. ونُشير إلى هذه الصيدليات باسم "الصيدليات التابعة للشبكة".

- ستغطي خطة Molina Dual Options جميع الأدوية اللازمة طبيًا المدرجة في قائمة الأدوية إذا:
  - أخبر طبيبك أو أي واصف آخر أنك بحاجة إلى هذه الأدوية للتحسن أو للحفاظ على صحتك، **و**
  - قمت بصرف الوصفة الطبية من صيدلية تابعة لشبكة Molina Dual Options.
- قد يكون لدى Molina Dual Optionsخطوات 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 أو يمكنك الاتصال بخدمات الأعضاء على 5604-735 (855)، الهاتف النصي (TTY): 711، من الإثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت الشرقي.

ب2 هل يتم إجراء أي تغيير على قائمة الأدوية؟

نعم، ويجب أن تتبع خطة Molina Dual Options قواعد Medicare وMichigan 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 (وتُسمى 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 بصورةٍ 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 آمنًا، **أو**
- تم سحب الدواء من السوق.

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

- يمكنك دائمًا التحقق من قائمة الأدوية المحدثة لخطة Molina Dual Options عبر الإنترنت على MolinaHealthcare.com/Duals.
- يمكنك أيضًا الاتصال بقسم خدمات الأعضاء للتحقق من قائمة الأدوية الحالية على الرقم 5604-735 (855)، هاتف الصم والبكم: 711:TTY ، من الإثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت الشرقي.

ب3 ما الذي يحدث عند إجراء تغيير على قائمة الأدوية؟

ستطرأ بعض التغييرات على قائمة الأدوية **في الحال**. على سبيل المثال:

- **توافر نوع جديد من الأدوية العامة.** يظهر أحيانًا 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 أيضًا الإبقاء على الدواء الذي يحمل العلامة التجارية الموجود بالقائمة مع تغيير قواعد أو حدود تغطيته.
  - قد لا نحيطك علمًا 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 إخطارًا 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 آمنًا، أو إذا سحبت الجهة المصنعة الدواء من السوق، فسنستبعد هذا الدواء من قائمة الادوية. وإذا كنت تتناول هذا الدواء، فسنحيطك علمًا. تحدث مع طبيبك أو واصف آخر للعثور على بديل آمن لك.

قد نقوم بإجراء تغييرات أخرى من شأنها أن تؤثر على الأدوية التي تتناولها. سنبلغك مسبقًا 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 للتحدث 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.

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 105-10. ويمكنك أيضًا الحصول على المزيد من المعلومات من خلال زيارة موقعنا الإلكتروني عبر الرابط التالي 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 للتحدث 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 مسبقًا 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 نتمكن فيها من إبلاغك مسبقًا عند تغيير قواعدنا 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 وفقًا لاسم الدواء، **أو**
- ويمكنك 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 وفقًا 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 5604-735 (855)، الهاتف النصي (TTY): 711>> <الاثنين – الجمعة، 8 صباحًا 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 واصف 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 عضوًا جديدًا 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 مؤقتًا بالدواء لمدة 31 يومًا خلال الأيام الـ 90 الأولى من عضويتك في Molina Dual Options. سيمنحك ذلك الوقت الكافي للتحدث 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.

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

سنقوم بتغطية إمدادك بالدواء لمدة 31 يومًا إذا:

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

- لم تكن قواعد خطة الرعاية الصحية تسمح لك بالحصول على الكمية التي حددها الواصف المتابع لحالتك، **أو**
- كان الدواء يتطلب موافقة مسبقة من خطة Molina Dual Options، **أو**
- كنت تتناول دواء يُعد جزءًا 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، فبإمكاننا مساعدتك. وإذا كنت عضوًا في الخطة لمدة تخطت 90 يومًا، وتعيش في إحدى مرافق الرعاية طويلة الأمد وتحتاج إلى إمداد فورًا:

- سنقوم بتغطية إمداد العقار الذي تحتاجه لمدة 31 يومًا (ما لم تكن الوصفة الطبية لعدد أيام أقل)، سواء كنت عضوًا جديدًا في خطة Molina Dual Options أم لا.
- وذلك بالإضافة إلى إمدادك بشكل مؤقت بالدواء خلال الـ 90 يومًا 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 أيضًا 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 مدرجًا في كتيب الأدوية لدينا، أو إذا كان الدواء يخضع لقيود معينة، مثل التصريح المسبق أو العلاج التدريجي، أو لن يكون مدرجًا 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 إمدادًا مؤقتًا للدواء غير المشمول في كتيب الأدوية إذا احتاج هؤلاء الأعضاء إلى إعادة صرف الدواء خلال الـ 90 يومًا الأولى من الانضمام إلى خطتنا فيما يخص أدوية الجزء د (الفئات 1 و2) و الـ 90 يومًا من أدوية Medicaid (الفئة 3). وإذا كنت عضوًا حاليًا متأثرًا بإجراء تغيير على كتيب الأدوية من عام إلى آخر، فسنوفر إمدادًا مؤقتًا للدواء غير المشمول في كتيب الأدوية إذا كنت بحاجة إلى إعادة صرف الدواء خلال الـ 90 يومًا 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 يومًا (ما لم تكن الوصفة الطبية لعدد أيام أقل). وبعد أن نقوم بتغطية الإمداد المؤقت لمدة 31 يومًا، 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 عضوًا جديدًا مقيمًا في مرفق رعاية طويلة الأجل (مثل دار رعاية مسنين)، فسوف نغطي إمدادات انتقالية لمدة 31 يومًا (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 يومًا الأولى التي يلتحق فيها عضو جديد بخطتينا. وإذا كان قد تم إلحاق المقيم في خطتنا لأكثر من 90 يومًا ويحتاج إلى دواء ليس في كتيب الوصفات الخاص بنا أو إذا كان خاضعًا لقيود أخرى، مثل العلاج التدريجي أو حدود الجرعة، فسوف نغطي إمدادات طوارئ مؤقتة لمدة 31 يومًا 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 مؤقتًا لمرة واحدة حتى إذا كنت خارج الـ 90 يومًا الأولى كعضو في الخطة.

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، سنعلمك بالقرار في غضون 72 ساعة. يمكن أن يتصل الواصف بخطة Molina Dual Options أو أن يرسل البيان الداعم بالفاكس إلى 1309-290 (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 صُنع 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.

- 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، فانتقل إلى فهرس الأدوية الخاضعة للتغطية الذي يبدأ في الصفحة رقم .108ويسرد 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 قرارٍ 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 خاضعًا للتغطية من جانب Medicare أو Michigan Medicaid.
- فإذا لم تكن موافقًا أنت أو واصف الأدوية على قرارنا، فيمكنك طلب استئناف. لطلب تعليمات عن كيفية الاستئناف، يمكنك الاتصال بخدمات الأعضاء على الرقم 5604-735 (855)، بالنسبة لمستخدمي أجهزة الهواتف النصية (TTY):711 ، من الإثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت الشرقي. يمكنك أيضًا قراءة الفصل 9 من *دليل الأعضاء* لمعرفة كيفية استئناف قرار ما.

جـ1 الأدوية المصنفة حسب الحالة الطبية

تم تصنيف الأدوية في هذا القسم إلى فئات وفقًا 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.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol TABS 100mg, 300mg	$0(1)	
colchicine TABS .6mg	$0(1)	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	$0(1)	
MITIGARE CAPS .6mg	$0(2)	QL (60 caps / 30 days)
probenecid TABS 500mg	$0(1)	
MISCELLANEOUS		
acetaminophen 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; *
acetaminophen extra stren TABS 500mg	$0(3)	NM; *
adult aspirin regimen TBEC 81mg	$0(3)	NM; *
arthritis pain relief TBCR 650mg	$0(3)	NM; *
aspirin CHEW 81mg; TABS 325mg; TBEC 325mg	$0(3)	NM; *
ASPIRIN SUPP 300mg	$0(3)	NM; *
aspirin adult low dose TBEC 81mg	$0(3)	NM; *
aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	NM; *
aspirin low strength CHEW 81mg	$0(3)	NM; *
aspirin regimen TBEC 81mg	$0(3)	NM; *
childrens acetaminophen SUSP 160mg/5ml	$0(3)	NM; *
ed-apap LIQD 160mg/5ml	$0(3)	NM; *
feverall adults SUPP 650mg	$0(3)	NM; *
feverall childrens SUPP 120mg	$0(3)	NM; *
FEVERALL INFANTS SUPP 80mg	$0(3)	NM; *
FEVERALL JUNIOR STRENGTH SUPP 325mg	$0(3)	NM; *
gnp 8 hour arthritis reli TBCR 650mg	$0(3)	NM; *
gnp 8 hour pain relief TBCR 650mg	$0(3)	NM; *
gnp 8 hour pain reliever TBCR 650mg	$0(3)	NM; *
gnp acetaminophen TABS 325mg	$0(3)	NM; *
gnp adult aspirin low str CHEW 81mg	$0(3)	NM; *
gnp aspirin TABS 325mg; TBEC 81mg	$0(3)	NM; *
gnp aspirin low dose TBEC 81mg	$0(3)	NM; *
gnp infants pain/fever SUSP 160mg/5ml	$0(3)	NM; *
gnp pain & fever children SUSP 160mg/5ml	$0(3)	NM; *
gnp pain relief TABS 325mg	$0(3)	NM; *
gnp pain relief extra str TABS 500mg	$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
all day pain relief TABS 220mg	$0(3)	NM; *
all day relief TABS 220mg	$0(3)	NM; *
celecoxib CAPS 50mg, 100mg, 200mg	$0(1)	QL (60 caps / 30 days)
celecoxib CAPS 400mg	$0(1)	QL (30 caps / 30 days)
childrens ibuprofen SUSP 100mg/5ml, 200mg/10ml	$0(3)	NM; *
diclofenac potassium TABS 50mg	$0(1)	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	$0(1)	
diflunisal TABS 500mg	$0(1)	
ec-naproxen TBEC 375mg	$0(1)	QL (120 tabs / 30 days)
ec-naproxen TBEC 500mg	$0(1)	QL (90 tabs / 30 days)
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	$0(1)	
flurbiprofen TABS 100mg	$0(1)	
gnp childrens ibuprofen SUSP 100mg/5ml	$0(3)	NM; *
gnp ibuprofen CAPS 200mg; TABS 200mg	$0(3)	NM; *
gnp ibuprofen childrens CHEW 100mg	$0(3)	NM; *
gnp ibuprofen infants SUSP 50mg/1.25ml	$0(3)	NM; *
gnp naproxen TABS 220mg	$0(3)	NM; *
gnp naproxen sodium CAPS 220mg	$0(3)	NM; *
goodsense ibuprofen CAPS 200mg; TABS 200mg	$0(3)	NM; *
goodsense ibuprofen child SUSP 100mg/5ml	$0(3)	NM; *
goodsense ibuprofen infan SUSP 50mg/1.25ml	$0(3)	NM; *
goodsense naproxen sodium TABS 220mg	$0(3)	NM; *
hm ibuprofen TABS 200mg	$0(3)	NM; *
hm ibuprofen childrens SUSP 100mg/5ml	$0(3)	NM; *
hm naproxen sodium CAPS 220mg	$0(3)	NM; *
ibu TABS 400mg, 600mg, 800mg	$0(1)	
ibuprofen CAPS 200mg; TABS 200mg	$0(3)	NM; *
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	$0(1)	
ibuprofen childrens SUSP 100mg/5ml	$0(3)	NM; *
ibuprofen infants SUSP 50mg/1.25ml	$0(3)	NM; *
ibuprofen junior strength CHEW 100mg	$0(3)	NM; *
infants ibuprofen SUSP 50mg/1.25ml	$0(3)	NM; *
meloxicam TABS 7.5mg, 15mg	$0(1)	
nabumetone TABS 500mg, 750mg	$0(1)	
naproxen TABS 250mg, 375mg, 500mg	$0(1)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	$0(1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	$0(2)	NDS, QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	$0(1)	
atovaquone SUSP 750mg/5ml	$0(1)	
aztreonam SOLR 1gm, 2gm	$0(1)	
BINAXNOW COV KIT HOME TES	$0(3)	QL (8 kits / 30 days), NM; *
CARESTART KIT COVID-19	$0(3)	QL (8 kits / 30 days), NM; *
CAYSTON SOLR 75mg	$0(2)	NDS, NM, LA, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	$0(1)	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	$0(1)	
clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	$0(1)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	$0(1)	
clindamycin phosphate in d5w iv soln 600 mg/50ml	$0(1)	
clindamycin phosphate in d5w iv soln 900 mg/50ml	$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), NM; *
colistimethate sodium SOLR 150mg	$0(1)	
COVID-19 AT- KIT 1-PACK	$0(3)	QL (8 kits / 30 days), NM; *
COVID-19 RAP KIT 1-PACK	$0(3)	QL (8 kits / 30 days), NM; *
COVID-19 RAP KIT 2-PACK	$0(3)	QL (8 kits / 30 days), NM; *
dapsone TABS 25mg, 100mg	$0(1)	
DAPTOMYCIN SOLR 350mg	$0(2)	NDS
daptomycin SOLR 350mg, 500mg	$0(2)	NDS

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

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة رقم .9

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
darunavir TABS 600mg	$0(2)	NDS, QL (60 tabs / 30 days), NM
darunavir TABS 800mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	$0(2)	NDS, NM
efavirenz TABS 600mg	$0(1)	NM
emtricitabine CAPS 200mg	$0(1)	NM
EMTRIVA SOLN 10mg/ml	$0(2)	NM
etravirine TABS 100mg, 200mg	$0(2)	NDS, NM
fosamprenavir calcium 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; TABS 400mg	$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	$0(2)	NDS, NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	$0(1)	NM
maraviroc TABS 150mg, 300mg	$0(2)	NDS, NM
nevirapine SUSP 50mg/5ml; TABS 200mg; 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
ritonavir 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
tenofovir disoproxil fumarate 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, 200mg, 250mg	$0(2)	NDS, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	$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
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	$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
lamivudine-zidovudine tab 150-300 mg	$0(1)	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	$0(1)	NM
lopinavir-ritonavir tab 100-25 mg	$0(1)	NM
lopinavir-ritonavir tab 200-50 mg	$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
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine CAPS 250mg	$0(2)	NDS

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

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

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

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة رقم 9.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR 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
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
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
ANTIBIOTICS		
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
ELLENCE SOLN 50mg/25ml, 200mg/100ml	$0(2)	B/D
ANTIMETABOLITES		
azacitidine SUSR 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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
mercaptopurine TABS 50mg	$0(1)	
methotrexate sodium 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
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	$0(2)	NDS, B/D
PURIXAN SUSP 2000mg/100ml	$0(2)	NDS, NM, LA
TABLOID TABS 40mg	$0(2)	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
abiraterone acetate 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
anastrozole TABS 1mg	$0(1)	
bicalutamide 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
exemestane TABS 25mg	$0(1)	
FIRMAGON SOLR 80mg	$0(2)	NM, PA
FIRMAGON SOLR 120mg/vial	$0(2)	NDS, NM, PA
fulvestrant SOSY 250mg/5ml	$0(2)	NDS, B/D
letrozole TABS 2.5mg	$0(1)	
leuprolide acetate 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
megestrol acetate TABS 20mg, 40mg	$0(2)	
nilutamide 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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
tamoxifen citrate TABS 10mg, 20mg	$0(1)	
toremifene citrate 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
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
lenalidomide 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
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, LA, PA
bexarotene CAPS 75mg	$0(2)	NDS, QL (300 caps / 30 days), NM, PA
hydroxyurea CAPS 500mg	$0(1)	
irinotecan hcl 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 (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MATULANE CAPS 50mg	$0(2)	NDS, NM, LA
tretinoin (chemotherapy) CAPS 10mg	$0(2)	NDS
WELIREG TABS 40mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	$0(1)	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	$0(1)	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	$0(1)	B/D
paclitaxel protein-bound particles for iv susp 100 mg	$0(2)	NDS, B/D, NM
vincristine sulfate SOLN 1mg/ml	$0(1)	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	$0(1)	B/D
MOLECULAR TARGET AGENTS		
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, 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
bortezomib 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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
dasatinib TABS 20mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
dasatinib 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
erlotinib hcl TABS 25mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	$0(2)	NDS, QL (150 tabs / 30 days), NM, PA

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة رقم 9.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
everolimus TBSO 3mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
everolimus 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
gefitinib 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
imatinib mesylate TABS 100mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
imatinib mesylate 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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
lapatinib ditosylate 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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
sorafenib tosylate 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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sunitinib malate 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
torpenz 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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	$0(1)	B/D
leucovorin calcium TABS 5mg, 10mg, 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		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	$0(1)	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	$0(1)	
benazepril & hydrochlorothiazide tab 10-12.5 mg	$0(1)	
benazepril & hydrochlorothiazide tab 20-12.5 mg	$0(1)	
benazepril & hydrochlorothiazide tab 20-25 mg	$0(1)	
captopril & hydrochlorothiazide tab 25-15 mg	$0(1)	
captopril & hydrochlorothiazide tab 25-25 mg	$0(1)	
captopril & hydrochlorothiazide tab 50-15 mg	$0(1)	
captopril & hydrochlorothiazide tab 50-25 mg	$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	$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)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0(1)	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0(1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0(1)	QL (30 tabs / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	$0(1)	
disopyramide phosphate CAPS 100mg, 150mg	$0(2)	
dofetilide CAPS 125mcg, 250mcg, 500mcg	$0(1)	NM
flecainide acetate TABS 50mg, 100mg, 150mg	$0(1)	
MULTAQ TABS 400mg	$0(2)	
NORPACE CR CP12 100mg, 150mg	$0(2)	
pacerone TABS 100mg, 200mg, 400mg	$0(1)	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	$0(1)	
quinidine sulfate TABS 200mg, 300mg	$0(1)	
sorine TABS 80mg, 120mg, 160mg, 240mg	$0(1)	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	$0(1)	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	$0(1)	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	$0(1)	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	$0(1)	
gemfibrozil TABS 600mg	$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	$0(1)	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine PACK 4gm; POWD 4gm/dose	$0(1)	
cholestyramine light PACK 4gm; POWD 4gm/dose	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
colesevelam hcl PACK 3.75gm; TABS 625mg	$0(1)	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	$0(1)	
ezetimibe TABS 10mg	$0(1)	
ezetimibe-simvastatin tab 10-10 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	$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)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	$0(1)	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	$0(1)	PA
prevalite 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)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	$0(1)	
atenolol & chlorthalidone tab 100-25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 50-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl CAPS 200mg, 400mg	$0(1)	
atenolol TABS 25mg, 50mg, 100mg	$0(1)	
betaxolol hcl TABS 10mg, 20mg	$0(1)	
bisoprolol fumarate TABS 5mg, 10mg	$0(1)	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	$0(1)	

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

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

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

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة رقم 9.

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
benztropine mesylate TABS .5mg, 1mg, 2mg	$0(2)	PA; PA if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	$0(1)	
carb/levo orally disintegrating tab 10-100mg	$0(1)	
carb/levo orally disintegrating tab 25-100mg	$0(1)	
carb/levo orally disintegrating tab 25-250mg	$0(1)	
carbidopa & levodopa tab 10-100 mg	$0(1)	
carbidopa & levodopa tab 25-100 mg	$0(1)	
carbidopa & levodopa tab 25-250 mg	$0(1)	
carbidopa & levodopa tab er 25-100 mg	$0(1)	
carbidopa & levodopa tab er 50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	$0(1)	
entacapone 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)	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	$0(1)	
rasagiline mesylate TABS .5mg, 1mg	$0(1)	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	$0(1)	
selegiline hcl CAPS 5mg; TABS 5mg	$0(1)	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
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 (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
aripiprazole SOLN 1mg/ml	$0(1)	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole 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
asenapine maleate 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)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	$0(1)	
clozapine TABS 25mg, 50mg	$0(1)	
clozapine TABS 100mg	$0(1)	QL (270 tabs / 30 days)
clozapine TABS 200mg	$0(1)	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	$0(1)	PA
clozapine TBDP 100mg	$0(1)	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	$0(1)	QL (180 tabs / 30 days), PA
clozapine 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
fluphenazine decanoate SOLN 25mg/ml	$0(1)	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	$0(1)	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	$0(1)	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	$0(1)	
haloperidol lactate 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)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risperidone microspheres 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)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	$0(1)	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	$0(1)	
trifluoperazine hcl 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)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	$0(1)	QL (60 caps / 30 days)
ziprasidone mesylate 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
ANTISEIZURE AGENTS		
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
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	$0(1)	
clobazam SUSP 2.5mg/ml	$0(1)	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	$0(1)	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	$0(1)	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	$0(1)	QL (90 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clorazepate dipotassium 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
diazepam 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
diazepam 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
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	$0(1)	
diazepam inj SOLN 5mg/ml	$0(1)	
diazepam intensol 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)	
divalproex sodium 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
epitol TABS 200mg	$0(1)	
EPRONTIA SOLN 25mg/ml	$0(2)	QL (480 mL / 30 days), PA
ethosuximide CAPS 250mg; SOLN 250mg/5ml	$0(1)	
felbamate SUSP 600mg/5ml	$0(2)	NDS
felbamate TABS 400mg, 600mg	$0(1)	
FINTEPLA SOLN 2.2mg/ml	$0(2)	NDS, QL (360 mL / 30 days), NM, LA, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	$0(1)	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	$0(1)	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	$0(1)	QL (900 mL / 30 days), PA
primidone TABS 50mg, 125mg, 250mg	$0(1)	
roweepra TABS 500mg	$0(1)	
rufinamide SUSP 40mg/ml	$0(2)	NDS, QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	$0(1)	QL (480 tabs / 30 days), PA
rufinamide 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)
subvenite TABS 25mg, 100mg, 150mg, 200mg	$0(1)	
SYMPAZAN FILM 5mg, 10mg, 20mg	$0(2)	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	$0(1)	
topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	$0(1)	
valproate sodium SOLN 100mg/ml, 250mg/5ml	$0(1)	
valproic acid 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)	
vigabatrin PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
vigadrone PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigadrone 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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vigpoder 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
zonisamide 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		
amphetamine-dextroamphetamine cap er 24hr 5 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	$0(1)	QL (90 tabs / 30 days), PA

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

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة رقم 9.

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
lithium SOLN 8meq/5ml	$0(1)	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	$0(1)	
NUEDEXTA CAP 20-10MG	$0(2)	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	$0(1)	
riluzole TABS 50mg	$0(1)	
tetrabenazine TABS 12.5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
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
dalfampridine TB12 10mg	$0(1)	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatopa 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
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen TABS 5mg	$0(1)	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	$0(1)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	$0(1)	QL (2 packs / year), PA
VIVITROL SUSR 380mg	$0(2)	NDS, NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
depo-testosterone SOLN 100mg/ml, 200mg/ml	$0(1)	PA
methyltestosterone CAPS 10mg	$0(2)	NDS, QL (600 caps / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	$0(1)	QL (300 gm / 30 days), PA
testosterone GEL 1.62%	$0(1)	QL (150 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	$0(1)	PA
testosterone enanthate SOLN 200mg/ml	$0(1)	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	$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)
glimepiride TABS 1mg, 2mg	$0(1)	QL (90 tabs / 30 days)
glimepiride TABS 4mg	$0(1)	QL (60 tabs / 30 days)
glipizide TABS 5mg	$0(1)	QL (240 tabs / 30 days)
glipizide TABS 10mg	$0(1)	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	$0(1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	$0(1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	$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 (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR 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)
metformin hcl TABS 500mg	$0(1)	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	$0(1)	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	$0(1)	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	$0(2)	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 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
pioglitazone hcl TABS 15mg, 30mg, 45mg	$0(1)	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	$0(1)	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	$0(1)	QL (90 tabs / 30 days)
repaglinide TABS 2mg	$0(1)	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	$0(2)	QL (30 tabs / 30 days), 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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
ANTIDIABETICS, INSULINS		
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 (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR 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), 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), PA
OMNIPOD DASH KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	$0(2)	QL (15 pods / 30 days), 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, 200unit/ml	$0(2)	
V-GO 20 KIT	$0(2)	QL (30 devices / 30 days), PA
V-GO 30 KIT	$0(2)	QL (30 devices / 30 days), PA
V-GO 40 KIT	$0(2)	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	$0(2)	QL (5 pens / 30 days)
ANTIOBESITY AGENTS		
ADIPEX-P CAPS 37.5mg; TABS 37.5mg	$0(3)	NM, PA; *
benzphetamine hcl TABS 50mg	$0(3)	NM, PA; *
CONTRAVE TAB 8-90MG	$0(3)	NM, PA; *
diethylpropion hcl TABS 25mg; TB24 75mg	$0(3)	NM, PA; *
IMCIVREE SOLN 10mg/ml	$0(3)	NM, PA; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR 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, 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, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	$0(3)	NM, PA; *
XENICAL CAPS 120mg	$0(3)	NM, PA; *
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	$0(1)	
calcitonin (salmon) spray SOLN 200unit/act	$0(1)	B/D
ibandronate sodium TABS 150mg	$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	$0(2)	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	$0(2)	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	$0(1)	B/D
PROLIA SOSY 60mg/ml	$0(2)	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 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 5mg/100ml	$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	$0(2)	NDS
deferasirox PACK 90mg, 180mg, 360mg; 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 (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	$0(1)	
altavera	$0(1)	
alyacen 1/35	$0(1)	
alyacen 7/7/7	$0(1)	
amethia	$0(1)	
apri	$0(1)	
aranelle	$0(1)	
ashlyna	$0(1)	
aubra eq	$0(1)	
aurovela 1/20	$0(1)	
aurovela 24 fe	$0(1)	
aurovela fe 1.5/30	$0(1)	
aurovela fe 1/20	$0(1)	
aviane	$0(1)	
ayuna	$0(1)	
azurette	$0(1)	
balziva	$0(1)	
blisovi 24 fe	$0(1)	
blisovi fe 1.5/30	$0(1)	
briellyn	$0(1)	
camila TABS .35mg	$0(1)	
camrese	$0(1)	
camrese lo	$0(1)	
chateal eq	$0(1)	
cryselle-28	$0(1)	
cyred eq	$0(1)	
dasetta 1/35	$0(1)	
dasetta 7/7/7	$0(1)	
daysee	$0(1)	
deblitane TABS .35mg	$0(1)	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	$0(2)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0(1)	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0(1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	$0(1)	
drospirenone-ethinyl estradiol tab 3-0.02 mg	$0(1)	
drospirenone-ethinyl estradiol tab 3-0.03 mg	$0(1)	
econtra ez TABS 1.5mg	$0(3)	NM; *

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

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

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	$0(1)	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	$0(1)	B/D
prednisone TBPK 5mg, 10mg	$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
diazoxide 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)	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	$0(2)	NDS, NM, LA, PA
betaine powder for oral solution	$0(2)	NDS, NM, LA
cabergoline TABS .5mg	$0(1)	
carglumic acid 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
cinacalcet hcl TABS 30mg, 60mg	$0(1)	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	$0(2)	NM, LA, PA
desmopressin acetate SOLN 4mcg/ml	$0(2)	NDS
desmopressin acetate TABS .1mg, .2mg	$0(1)	
desmopressin acetate spray SOLN .01%	$0(1)	
desmopressin acetate spray refrigerated SOLN .01%	$0(1)	
FABRAZYME SOLR 5mg, 35mg	$0(2)	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK 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
javygtor PACK 100mg, 500mg; TABS 100mg	$0(2)	NDS, NM, LA, PA
KORLYM TABS 300mg	$0(2)	NDS, NM, LA, PA
lanreotide acetate SOLN 120mg/0.5ml	$0(2)	NDS, NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	$0(1)	B/D
LUMIZYME SOLR 50mg	$0(2)	NDS, NM, LA, PA

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

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

يمكنك العثور على معلومات حول معنى الرموز والاختصارات في هذا الجدول عند الانتقال إلى الصفحة رقم 9.

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

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

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
esomeprazole magnesium CPDR 20mg, 40mg	$0(1)	QL (30 caps / 30 days), ST
gnp omeprazole TBEC 20mg	$0(3)	NM, PA; *
goodsense lansoprazole CPDR 15mg	$0(3)	NM; *
hm omeprazole TBEC 20mg	$0(3)	NM, PA; *
lansoprazole CPDR 15mg	$0(3)	NM; *
lansoprazole CPDR 15mg, 30mg	$0(1)	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	$0(1)	
omeprazole TBEC 20mg	$0(3)	NM, PA; *
omeprazole magnesium CPDR 20.6mg	$0(3)	NM; *
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	$0(1)	
qc lansoprazole CPDR 15mg	$0(3)	NM; *
rabeprazole sodium TBEC 20mg	$0(1)	QL (30 tabs / 30 days)
sm lansoprazole CPDR 15mg	$0(3)	NM; *
sm omeprazole TBEC 20mg	$0(3)	NM, PA; *
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl TB24 10mg	$0(1)	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	$0(1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0(1)	QL (30 caps / 30 days)
finasteride TABS 5mg	$0(1)	QL (30 tabs / 30 days)
tamsulosin hcl CAPS .4mg	$0(1)	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	$0(1)	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	$0(1)	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
GEMTESA TABS 75mg	$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	$0(2)	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	$0(1)	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	$0(1)	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	$0(1)	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	$0(1)	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR 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; TABS 650mg	$0(1)	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 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)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	$0(2)	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	$0(2)	NDS, QL (2 packs / year), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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		
hydroxychloroquine sulfate TABS 200mg	$0(1)	
JYLAMVO SOLN 2mg/ml	$0(2)	B/D
leflunomide TABS 10mg, 20mg	$0(1)	QL (30 tabs / 30 days)
methotrexate sodium 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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	$0(2)	NDS, NM, LA, PA
IMMUNOSUPPRESSANTS		
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 200mg/ml	$0(2)	NDS, QL (8 syringes / 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) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	$0(1)	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	$0(2)	NDS, B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	$0(1)	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	$0(1)	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	$0(2)	NDS, B/D, NM
mycophenolate sodium TBEC 180mg, 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
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	$0(1)	
ACTHIB INJ	$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
DENGVAXIA SUS	$0(1)	
DIP/TET PED INJ 25-5LFU	$0(1)	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 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 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)	
RABAVERT INJ	$0(1)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TDVAX INJ 2-2 LF	$0(1)	B/D
TENIVAC INJ 5-2LF	$0(1)	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	$0(1)	
TRUMENBA INJ	$0(1)	
TWINRIX INJ	$0(1)	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 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)	
dextrose 2.5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% in lactated ringers	$0(1)	
dextrose 5% w/ sodium chloride 0.2%	$0(1)	
dextrose 5% w/ sodium chloride 0.3%	$0(1)	
dextrose 5% w/ sodium chloride 0.9%	$0(1)	
dextrose 5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% w/ sodium chloride 0.225%	$0(1)	
dextrose 10% w/ sodium chloride 0.45%	$0(1)	
ISOLYTE-P INJ /D5W	$0(2)	
ISOLYTE-S INJ	$0(2)	
ISOLYTE-S INJ PH 7.4	$0(2)	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	$0(1)	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRENATAL TAB PLUS	$0(2)	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	$0(1)	
IV NUTRITION		
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, 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
MINERALS		
K-PHOS TABS 500mg	$0(3)	NM; *
manganese chloride SOLN .1mg/ml	$0(3)	NM; *
phospho-trin k500 TABS 500mg	$0(3)	NM; *
MISCELLANEOUS		
ENLYTE CAP	$0(3)	NM; *
VITAMINS		
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 (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLORIVA CHW 0.5MG	$0(3)	NM; *
FLORIVA CHW 0.25MG	$0(3)	NM; *
FLORIVA CHW 1MG	$0(3)	NM; *
folic acid SOLN 5mg/ml; TABS 1mg	$0(3)	NM; *
FOLTRATE TAB	$0(3)	NM; *
hydroxocobalamin acetate SOLN 1000mcg/ml	$0(3)	NM; *
INFUVITE INJ	$0(3)	NM; *
INFUVITE INJ ADULT	$0(3)	NM; *
INFUVITE INJ PEDIATRI	$0(3)	NM; *
multi-vit/iron/fluoride	$0(3)	NM; *
multi-vitamin/fluoride dr	$0(3)	NM; *
multi-vitamin/fluoride/ir	$0(3)	NM; *
MULTIVITAMIN WITH FLUORID	$0(3)	NM; *
multivitamin/fluoride	$0(3)	NM; *
NASCOBAL SOLN 500mcg/0.1ml	$0(3)	NM; *
NEPHPLEX RX TAB	$0(3)	NM; *
NIVA-FOL TAB	$0(3)	NM; *
phytonadione SOLN 1mg/0.5ml, 10mg/ml; 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; *
pyridoxine hcl 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; *
renal caps	$0(3)	NM; *
STROVITE ONE TAB	$0(3)	NM; *
thiamine hcl 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; *
tri-vite/fluoride	$0(3)	NM; *
triphrocaps	$0(3)	NM; *
virt-caps	$0(3)	NM; *
virt-gard	$0(3)	NM; *
VIT A/C/D/FL DRO 0.5MG	$0(3)	NM; *

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluocinolone acetonide (otic) OIL .01%	$0(1)	
neomycin-polymyxin-hc otic soln 1%	$0(1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0(1)	
ofloxacin (otic) SOLN .3%	$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 (INSTITUTIONAL PACK)	$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	$0(2)	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$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)
ipratropium bromide SOLN .02%	$0(1)	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
AHIST TABS 25mg	$0(3)	NM; *
ALA-HIST IR TABS 2mg	$0(3)	NM; *
all day allergy TABS 10mg	$0(3)	NM; *
all day allergy childrens SOLN 5mg/5ml	$0(3)	NM; *
aller-chlor TABS 4mg	$0(3)	NM; *
allergy TABS 4mg	$0(3)	NM; *
allergy childrens LIQD 12.5mg/5ml; SOLN 5mg/5ml; SUSP 30mg/5ml	$0(3)	NM; *
allergy relief CAPS 25mg; TABS 4mg, 5mg, 10mg, 25mg, 180mg	$0(3)	NM; *
allergy relief 24hr TABS 180mg	$0(3)	NM; *
allergy relief childrens LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml	$0(3)	NM; *

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VENTOLIN HFA AERS 108mcg/act	$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	$0(2)	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	$0(1)	
zafirlukast TABS 10mg, 20mg	$0(1)	
MISCELLANEOUS		
acetylcysteine 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
cromolyn sodium NEBU 20mg/2ml	$0(1)	B/D
cromolyn sodium (nasal) AERS 5.2mg/act	$0(3)	NM; *
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	$0(1)	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .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, 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
pirfenidone CAPS 267mg	$0(2)	NDS, QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
pirfenidone 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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
roflumilast TABS 250mcg	$0(1)	QL (56 tabs / year)
roflumilast 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
theophylline 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
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
allergy relief SUSP 50mcg/act	$0(3)	NM; *
budesonide (nasal) SUSP 32mcg/act	$0(3)	NM; *
flunisolide (nasal) SOLN .025%	$0(1)	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	$0(1)	QL (1 bottle / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	$0(3)	NM; *
gnp budesonide nasal spra SUSP 32mcg/act	$0(3)	NM; *
hm allergy relief nasal s SUSP 50mcg/act	$0(3)	NM; *
qc allergy relief SUSP 50mcg/act	$0(3)	NM; *
sm allergy relief nasal s SUSP 50mcg/act	$0(3)	NM; *
XHANCE EXHU 93mcg/act	$0(2)	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	$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)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	$0(1)	QL (60 inhalations / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
acne medication 2.5 GEL 2.5%	$0(3)	NM; *
acne medication 5 GEL 5%	$0(3)	NM; *
acne medication 10 GEL 10%	$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	$0(3)	NM; *
adapalene GEL .1%	$0(3)	NM; *
amnesteem CAPS 10mg, 20mg, 40mg	$0(1)	PA
benzoyl peroxide GEL 2.5%, 5%, 10%	$0(3)	NM; *
benzoyl peroxide wash LIQD 5%	$0(3)	NM; *
benzoyl peroxide-erythromycin gel 5-3%	$0(1)	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lidocaine PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
lidocaine hcl SOLN 4%	$0(1)	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	$0(1)	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
tridacaine ii PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
BETADINE SOLN 10%	$0(3)	NM; *
bexarotene (topical) GEL 1%	$0(2)	NDS, QL (60 gm / 30 days), NM, PA
diclofenac sodium (topical) GEL 1%	$0(1)	QL (1000 gm / 30 days)
diclofenac sodium (topical) SOLN 1.5%	$0(1)	QL (300 mL / 28 days)
FIRST AID ANTISEPTIC OINT OINT 10%	$0(3)	NM; *
fluorouracil (topical) CREA 5%	$0(1)	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	$0(1)	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	$0(1)	
imiquimod CREA 5%	$0(1)	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	$0(1)	
lidocaine CREA 4%	$0(3)	NM; *
metronidazole (topical) CREA .75%; GEL .75%	$0(1)	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	$0(1)	QL (59 mL / 30 days)
nitroglycerin (intra-anal) OINT .4%	$0(1)	QL (30 gm / 30 days)
PANRETIN GEL .1%	$0(2)	NDS, QL (60 gm / 30 days), PA
podofilox SOLN .5%	$0(1)	QL (7 mL / 28 days)
povidone-iodine SOLN 10%	$0(3)	NM; *
procto-med hc CREA 2.5%	$0(1)	
proctocort CREA 1%	$0(1)	
proctosol hc CREA 2.5%	$0(1)	
proctozone-hc CREA 2.5%	$0(1)	
qc povidone iodine 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; *
sm povidone-iodine SOLN 10%	$0(3)	NM; *
tacrolimus (topical) OINT .03%, .1%	$0(1)	QL (100 gm / 30 days)
VALCHLOR GEL .016%	$0(2)	NDS, QL (60 gm / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
gnp lice treatment LIQD 1%	$0(3)	NM; *
goodsense lice killing cr LIQD 1%	$0(3)	NM; *
lice killing maximum stre	$0(3)	NM; *
lice killing shampoo	$0(3)	NM; *
lice treatment creme rins LIQD 1%	$0(3)	NM; *
malathion LOTN .5%	$0(1)	QL (59 mL / 30 days)
permethrin CREA 5%	$0(1)	QL (60 gm / 30 days)
sm lice killing maximum s	$0(3)	NM; *
sm lice treatment LIQD 1%	$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)
sodium chloride (gu irrigant) SOLN .9%	$0(1)	
water for irrigation, sterile irrigation soln	$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	$0(1)	
chlorhexidine gluconate (mouth-throat) SOLN .12%	$0(1)	
clotrimazole TROC 10mg	$0(1)	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	$0(1)	
lidocaine hcl (mouth-throat) SOLN 2%	$0(1)	
nystatin (mouth-throat) SUSP 100000unit/ml	$0(1)	
periogard SOLN .12%	$0(1)	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	$0(1)	
triamcinolone acetonide (mouth) PSTE .1%	$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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUE METRIX KIT AIR	$0	
TRUE METRIX KIT METER	$0	
TRUE METRIX STRIPS	$0	

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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 5604-735 (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 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.