



2024 Formulary (List of Covered Drugs) Michigan

Molina Dual Options MI Health Link Medicare-Medicaid Plan

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For more recent information or other questions, contact us at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., ET or visit MolinaHealthcare.com/Duals

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

Molina Dual Options MI Health Link Medicare-Medicaid Plan | 2024 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by Molina Dual Options. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Molina Dual Options. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a list of drugs that members can get in Molina Dual Options.

- ❖ Molina Dual Options MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (855) 735-5604, TTY: 711, [Monday - Friday, 8 a.m. to 8 p.m., ET]. The call is free.
- ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., ET. The call is free.
- ❖ To make a standing request to get materials in a language other than English or in an alternate format now and in the future, please contact Member Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., ET.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 12 are the drugs covered by Molina Dual Options. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Molina Dual Options will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at a Molina Dual Options network pharmacy.
- Molina Dual Options may have additional steps to access certain drugs (refer to question B4 below).



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

You can also find an up-to-date list of drugs that we cover on our website at MolinaHealthcare.com/Duals, ask your Care Coordinator for help, or call Member Services toll-free at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., ET.

B2. Does the Drug List ever change?

Yes, and Molina Dual Options must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval (PA) for a drug. (PA is permission from Molina Dual Options before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

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

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

- You can always check Molina Dual Options’ up to date Drug List online at MolinaHealthcare.com/Duals.
- You can also call Member Services to check the current Drug List at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., ET.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Talk with your doctor or other prescriber to find an alternative that is safe for you.

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

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

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 31-day supply of the drug after you ask for a refill.

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

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

B4. Are there any restrictions or limits on drug coverage? Or are there any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Molina Dual Options before you fill your prescription. If you don't get approval, Molina Dual Options may not cover the drug.
- **Quantity limits:** Sometimes Molina Dual Options limits the amount of a drug you can get.



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- **Step therapy:** Sometimes Molina Dual Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 12 - 110. You can also get more information by visiting our website at MolinaHealthcare.com/Duals. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

You can also ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

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

The table of drugs on page 12 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Molina Dual Options changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it on page number 111.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page 12. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.



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B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Member Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., ET and ask about it. If you learn that Molina Dual Options will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Molina Dual Options member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you are a member of Molina Dual Options. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 31 days of medication.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by Molina Dual Options, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility, and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Dual Options member.
- This is in addition to the temporary supply during the first 90 days you are a member of Molina Dual Options.

Transition Policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their



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doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the Member Handbook to learn more about how to request an exception. Please contact Member Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception.

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan for Part D drugs (tiers 1 and 2) and 90 days for your Medicaid drugs (tier 3). If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 31-day supply (unless the prescription is written for fewer days). After we cover the temporary 31-day supply, we generally will not pay for these drugs as part of our transition policy again.

We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

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

Yes. You can ask Molina Dual Options to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Molina Dual Options may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

B11. How can I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber can call Molina Dual Options or fax the supporting statement to (866) 290-1309.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Molina Dual Options covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter." Molina Dual Options covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Molina Dual Options Drug List to find out what OTC drugs are covered.

B15. What is my copay?

As a Molina Dual Options member, you have no copays for prescription and OTC drugs as long as you follow Molina Dual Options' rules.

B16. What are drug tiers?

Tiers are groups of drugs.

- Tier 1 drugs are generic drugs. For Tier 1 drugs, you pay \$0 copay.
- Tier 2 drugs are brand name drugs. For Tier 2 drugs, you pay \$0 copay.
- Tier 3 drugs are Non-Medicare Rx/Over The Counter (OTC) drugs. For Tier 3 drugs, you pay \$0 copay.



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C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Molina Dual Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 111. The index alphabetically lists all drugs covered by Molina Dual Options.

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

The information in the necessary actions, restrictions, or limits on use column tells you if Molina Dual Options has any rules for covering your drug.

Note: The * next to a drug means the drug is not a “Part D drug.”

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., ET. You can also read Chapter 9 in the *Member Handbook* to learn how to appeal a decision.



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C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA = Prior Authorization (approval): you must have approval before you can get this drug.

QL = Quantity Limits: the amount of the drug that the plan will cover.

ST = Step Therapy Criteria: you must try another drug before you can get this one.

NM = Non-Mail Order: this drug cannot be filled through mail order.

B/D = This drug may be covered under Medicare Part B or D depending upon the circumstances.

LA = Limited Access Drug: this drug may be available only at certain pharmacies.

(*) = Non-Part D Drugs, or OTC items that are covered by Medicaid.

NDS = Non-Extended Days Supply: you will be limited to how many days supply you can receive.



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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION**GOUT - DRUGS TO TREAT GOUT**

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

MISCELLANEOUS

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm adult aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>sm aspirin adult low stre</i> TBEC 81mg	\$0(3)	NM; *
<i>sm aspirin enteric coated</i> TBEC 325mg	\$0(3)	NM; *
<i>sm aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>sm pain & fever childrens</i> SUSP 80mg/2.5ml, 160mg/5ml	\$0(3)	NM; *
<i>sm pain & fever infants</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>sm pain relief extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>sm pain reliever</i> TABS 325mg	\$0(3)	NM; *
<i>sm pain reliever children</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>sm pain reliever extra st</i> TABS 500mg	\$0(3)	NM; *
<i>tension headache</i>	\$0(3)	NM; *
<i>tri-buffered aspirin</i>	\$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>all day pain relief</i> TABS 220mg	\$0(3)	NM; *
<i>all day relief</i> TABS 220mg	\$0(3)	NM; *
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	\$0(1)	QL (30 caps / 30 days)
<i>childrens ibuprofen</i> SUSP 100mg/5ml, 200mg/10ml	\$0(3)	NM; *
<i>diclofenac potassium</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	\$0(1)	
<i>diflunisal</i> TABS 500mg	\$0(1)	
<i>ec-naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	\$0(1)	
<i>flurbiprofen</i> TABS 100mg	\$0(1)	
<i>gnp childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>gnp ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>gnp ibuprofen childrens</i> CHEW 100mg	\$0(3)	NM; *
<i>gnp ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>gnp naproxen</i> TABS 220mg	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp naproxen sodium</i> CAPS 220mg	\$0(3)	NM; *
<i>goodsense ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>goodsense ibuprofen child</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>goodsense ibuprofen infan</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>goodsense naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>hm ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>hm ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>hm naproxen sodium</i> CAPS 220mg	\$0(3)	NM; *
<i>ibu</i> TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibuprofen junior strength</i> CHEW 100mg	\$0(3)	NM; *
<i>infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>meloxicam</i> TABS 7.5mg, 15mg	\$0(1)	
<i>nabumetone</i> TABS 500mg, 750mg	\$0(1)	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	\$0(1)	
<i>naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>naproxen sodium</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>qc ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>qc naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sm ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib childrens</i> CHEW 100mg	\$0(3)	NM; *
<i>sm infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>sm naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>OPIOID ANALGESICS, LONG-ACTING</i>		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
<i>OPIOID ANALGESICS, SHORT-ACTING</i>		
<i>acetaminophen w/ codeine soln</i> 120- 12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300- 15 mg	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300- 30 mg	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300- 60 mg	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	\$0(2)	
<i>endocet tab</i> 2.5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	\$0(1)	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	\$0(1)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	\$0(1)	QL (2700 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i>	\$0(1)	B/D
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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES - MISCELLANEOUS

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMVERM CHEW 100mg	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	\$0(1)	
FLOWFLEX KIT TEST	\$0(3)	QL (8 kits / 30 days), NM; *
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 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; *
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$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; *
<i>ivermectin</i> TABS 3mg	\$0(1)	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	\$0(1)	
<i>linezolid</i> SUSR 100mg/5ml	\$0(2)	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	\$0(1)	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	\$0(1)	
LUCIRA CHECK KIT COVID-19	\$0(3)	QL (8 kits / 30 days), NM; *
<i>meropenem</i> SOLR 1gm, 500mg	\$0(1)	
<i>methenamine hippurate</i> TABS 1gm	\$0(1)	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	\$0(1)	
<i>neomycin sulfate</i> TABS 500mg	\$0(1)	
<i>nitazoxanide</i> TABS 500mg	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	\$0(2)	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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; *
<i>pentamidine isethionate inh</i> SOLR 300mg	\$0(1)	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	\$0(1)	
PILOT COVID KIT HOME TES	\$0(3)	QL (8 kits / 30 days), NM; *
<i>praziquantel</i> 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; *
<i>streptomycin sulfate</i> SOLR 1gm	\$0(2)	NDS
<i>sulfadiazine</i> TABS 500mg	\$0(2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	\$0(1)	
<i>tinidazole</i> TABS 250mg, 500mg	\$0(1)	
<i>tobramycin</i> NEBU 300mg/5ml	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	\$0(1)	
<i>trimethoprim</i> TABS 100mg	\$0(1)	
<i>vancomycin hcl</i> CAPS 125mg	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	\$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
<i>amphotericin b</i> SOLR 50mg	\$0(1)	B/D
<i>amphotericin b liposome</i> SUSR 50mg	\$0(2)	NDS, B/D

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>caspofungin acetate</i> SOLR 50mg, 70mg	\$0(1)	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	\$0(1)	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	\$0(1)	
<i>flucytosine</i> CAPS 250mg, 500mg	\$0(2)	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	\$0(1)	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	\$0(1)	
<i>itraconazole</i> CAPS 100mg	\$0(1)	PA
<i>ketoconazole</i> TABS 200mg	\$0(1)	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	\$0(2)	NDS
<i>nystatin</i> TABS 500000unit	\$0(1)	
<i>posaconazole</i> SUSP 40mg/ml	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	\$0(2)	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	\$0(1)	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg	\$0(1)	PA
<i>voriconazole</i> SUSR 40mg/ml	\$0(2)	NDS, PA
<i>voriconazole</i> TABS 50mg	\$0(1)	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days), PA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	\$0(1)	
<i>atovaquone-proguanil hcl tab</i> 250- 100 mg	\$0(1)	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	\$0(1)	
COARTEM TAB 20-120MG	\$0(2)	
<i>mefloquine hcl</i> TABS 250mg	\$0(1)	
<i>primaquine phosphate</i> TABS 26.3mg	\$0(1)	
PRIMAQUINE PHOSPHATE TABS 26.3mg	\$0(2)	
<i>quinine sulfate</i> CAPS 324mg	\$0(1)	PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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**ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS
INFECTION**

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	\$0(1)	NM
APTIVUS CAPS 250mg	\$0(2)	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	\$0(1)	NM
<i>darunavir</i> TABS 600mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	\$0(2)	NDS, NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	\$0(1)	NM
<i>emtricitabine</i> CAPS 200mg	\$0(1)	NM
EMTRIVA SOLN 10mg/ml	\$0(2)	NM
<i>etravirine</i> TABS 100mg, 200mg	\$0(2)	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	\$0(2)	NDS, NM
FUZEON SOLR 90mg	\$0(2)	NDS, NM, LA
INTELENCE TABS 25mg	\$0(2)	NM
ISENTRESS CHEW 25mg	\$0(2)	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	\$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	\$0(2)	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	NM
LEXIVA SUSP 50mg/ml	\$0(2)	NM
<i>maraviroc</i> TABS 150mg, 300mg	\$0(2)	NDS, NM
<i>nevirapine</i> 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
<i>ritonavir</i> TABS 100mg	\$0(1)	NM
RUKOBIA TB12 600mg	\$0(2)	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	\$0(2)	NDS, NM
SELZENTRY TABS 25mg	\$0(2)	NM
SUNLENCA TBPK 300mg	\$0(2)	NDS, NM, LA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tenofovir disoproxil fumarate</i> TABS 300mg	\$0(1)	NM
TIVICAY TABS 10mg	\$0(2)	NM
TIVICAY TABS 25mg, 50mg	\$0(2)	NDS, NM
TIVICAY PD TBSO 5mg	\$0(2)	NDS, NM
TROGARZO SOLN 200mg/1.33ml	\$0(2)	NDS, NM, LA
TYBOST TABS 150mg	\$0(2)	NM
VIRACEPT TABS 250mg, 625mg	\$0(2)	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	\$0(2)	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	\$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab</i> 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, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	\$0(2)	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab</i> 600-200-300 mg	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab</i> 400-300-300 mg	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab</i> 600-300-300 mg	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> 100-150 mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> 133-200 mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> 167-250 mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> 200-300 mg	\$0(1)	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	\$0(2)	NDS, NM
GENVOYA TAB	\$0(2)	NDS, NM
JULUCA TAB 50-25MG	\$0(2)	NDS, NM
<i>lamivudine-zidovudine tab</i> 150-300 mg	\$0(1)	NM

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0(1)	NM
ODEFSEY TAB	\$0(2)	NDS, NM
PREZCOBIX TAB 800-150	\$0(2)	NDS, NM
STRIBILD TAB	\$0(2)	NDS, NM
SYMTUZA TAB	\$0(2)	NDS, NM
TRIUMEQ PD TAB	\$0(2)	NDS, NM
TRIUMEQ TAB	\$0(2)	NDS, NM
TRIZIVIR TAB	\$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine CAPS 250mg</i>	\$0(2)	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	\$0(1)	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	\$0(1)	
PRIFTIN TABS 150mg	\$0(2)	
<i>pyrazinamide TABS 500mg</i>	\$0(1)	
<i>rifabutin CAPS 150mg</i>	\$0(1)	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, NM, LA, PA
TRECTOR TABS 250mg	\$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	\$0(1)	
<i>acyclovir sodium SOLN 50mg/ml</i>	\$0(1)	B/D
<i>adefovir dipivoxil TABS 10mg</i>	\$0(1)	NM
BARACLUDE SOLN .05mg/ml	\$0(2)	NDS, NM
<i>entecavir TABS .5mg, 1mg</i>	\$0(1)	NM
EPCLUSA PAK 150-37.5	\$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	\$0(1)	
<i>ganciclovir sodium SOLR 500mg</i>	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hbv) TABS 100mg</i>	\$0(1)	NM
MAVYRET PAK 50-20MG	\$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oseltamivir phosphate</i> CAPS 30mg	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	\$0(1)	QL (1080 mL / year)
PAXLOVID TAB 150-100	\$0(2)	QL (40 tabs / 30 days); \$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)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	\$0(1)	NM
<i>rimantadine hydrochloride</i> TABS 100mg	\$0(1)	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	\$0(1)	
<i>valganciclovir hcl</i> SOLR 50mg/ml	\$0(2)	NDS
<i>valganciclovir hcl</i> TABS 450mg	\$0(1)	
VEMLIDY TABS 25mg	\$0(2)	NDS, NM
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	\$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	\$0(1)	
CEFACLOR ER TB12 500mg	\$0(2)	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)	
CEFAZOLIN SOLR 2gm, 3gm	\$0(2)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>cefepime hcl</i> SOLR 1gm, 2gm	\$0(1)	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	\$0(1)	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	\$0(1)	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	\$0(1)	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	\$0(1)	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
TEFLARO SOLR 400mg, 600mg	\$0(2)	NDS
<i>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</i>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	\$0(1)	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	\$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	\$0(2)	NDS
<i>e.e.s. 400</i> TABS 400mg	\$0(1)	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	\$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	\$0(2)	
<i>erythrocine stearate</i> TABS 250mg	\$0(1)	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	\$0(1)	
<i>erythromycin ethylsuccinate</i> TABS 400mg	\$0(1)	
<i>erythromycin lactobionate</i> SOLR 500mg	\$0(1)	
<i>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</i>		
CIPRO SUSR 500mg/5ml	\$0(2)	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0(1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0(1)	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0(1)	
<i>moxifloxacin hcl TABS 400mg</i>	\$0(1)	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	\$0(1)	
<i>PENICILLINS - DRUGS TO TREAT INFECTIONS</i>		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>ampicillin CAPS 500mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	\$0(2)	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	\$0(1)	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	\$0(1)	
<i>nafcillin sodium</i> SOLR 10gm	\$0(2)	NDS
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
PEN GK/DEXTR INJ 40000/ML	\$0(2)	
PEN GK/DEXTR INJ 60000/ML	\$0(2)	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>penicillin g sodium</i> SOLR 5000000unit	\$0(1)	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for</i> inj 2.25 gm (2-0.25 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for</i> inj 4.5 gm (4-0.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for</i> inj 13.5 gm (12-1.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for</i> inj 40.5 gm (36-4.5 gm)	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100</i> SOLR 100mg	\$0(1)	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	\$0(1)	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	\$0(1)	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	\$0(1)	
NUZYRA SOLR 100mg; TABS 150mg	\$0(2)	NDS, NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	\$0(1)	PA
<i>tigecycline</i> SOLR 50mg	\$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	\$0(2)	NDS, B/D, NM, LA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	\$0(1)	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	\$0(1)	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	\$0(1)	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	\$0(2)	NDS, B/D
<i>cyclophosphamide</i> 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
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 100mg	\$0(2)	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	\$0(1)	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	\$0(2)	NDS, B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	\$0(2)	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	\$0(2)	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	\$0(1)	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	\$0(1)	B/D
<i>gemcitabine hcl</i> 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
LONSURF TAB 15-6.14	\$0(2)	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	\$0(1)	B/D
ONUREG TABS 200mg, 300mg	\$0(2)	NDS, QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	\$0(2)	NDS, B/D
PURIXAN SUSP 2000mg/100ml	\$0(2)	NDS, NM, LA
TABLOID TABS 40mg	\$0(2)	
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate</i> TABS 250mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	\$0(1)	
<i>bicalutamide</i> TABS 50mg	\$0(1)	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	\$0(2)	NM, PA
ERLEADA TABS 60mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	\$0(2)	NDS
<i>exemestane</i> TABS 25mg	\$0(1)	
FIRMAGON SOLR 80mg	\$0(2)	NM, PA
FIRMAGON SOLR 120mg/vial	\$0(2)	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	\$0(2)	NDS, B/D
<i>letrozole</i> TABS 2.5mg	\$0(1)	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	\$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	\$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	\$0(2)	NDS, NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	\$0(2)	
<i>nilutamide</i> TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, NM, LA, PA
ORSERDU TABS 86mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
WELIREG TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	\$0(1)	B/D
<i>docetaxel</i> 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
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	\$0(1)	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	\$0(1)	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	\$0(2)	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	\$0(1)	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 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, 3.5mg	\$0(2)	NDS, NM, PA
<i>bortezomib</i> SOLR 3.5mg	\$0(2)	NDS, NM, PA
BOSULIF CAPS 50mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	\$0(2)	NDS, QL (150 caps / 25 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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
DAURISMO TABS 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EXKIVITY CAPS 40mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	\$0(2)	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	\$0(2)	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JAYPIRCA TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	\$0(2)	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
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
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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	\$0(2)	NDS, NM, LA, PA
OGIVRI INJ 420MG	\$0(2)	NDS, NM, LA, PA
OGSIVEO TABS 50mg	\$0(2)	NDS, QL (180 tabs / 30 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
<i>pazopanib hcl</i> TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
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
REZLIDHIA CAPS 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
<i>sorafenib tosylate</i> TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	\$0(2)	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISO 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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TIBSOVO TABS 250mg	\$0(2)	NDS, QL (60 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
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
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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 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
ZOLINZA CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	\$0(1)	B/D
<i>leucovorin calcium</i> 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		
<i>amlodipine besylate-benazepril hcl</i> <i>cap 2.5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl</i> <i>cap 10-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl</i> <i>cap 10-40 mg</i>	\$0(1)	QL (30 caps / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	\$0(1)	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	\$0(1)	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	\$0(1)	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	\$0(1)	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	\$0(1)	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	\$0(1)	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	\$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone</i> TABS 25mg, 50mg	\$0(1)	
<i>KERENDIA</i> TABS 10mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	\$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	\$0(1)	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	\$0(1)	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ENTRESTO</i> TAB 24-26MG	\$0(2)	QL (60 tabs / 30 days)
<i>ENTRESTO</i> TAB 49-51MG	\$0(2)	QL (60 tabs / 30 days)
<i>ENTRESTO</i> TAB 97-103MG	\$0(2)	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>candesartan cilexetil</i> TABS 4mg, 8mg, 16mg	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil</i> TABS 32mg	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>olmesartan medoxomil</i> TABS 5mg	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	\$0(1)	QL (30 tabs / 30 days)

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

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

ANTILIPEMICS, FIBRATES

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gemfibrozil</i> TABS 600mg	\$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	\$0(1)	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	\$0(1)	
<i>ezetimibe</i> TABS 10mg	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	\$0(1)	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0(1)	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
REPATHA SOSY 140mg/ml	\$0(2)	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	\$0(2)	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	\$0(2)	NM, PA
VASCEPA CAPS .5gm, 1gm	\$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0(1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab</i> <i>5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab</i> <i>50-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	\$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	\$0(1)	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>betaxolol hcl TABS 10mg, 20mg</i>	\$0(1)	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	\$0(1)	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	\$0(1)	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	\$0(1)	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	\$0(1)	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	\$0(1)	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	\$0(1)	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	\$0(1)	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	\$0(1)	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	\$0(1)	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	\$0(1)	
<i>isradipine</i> CAPS 2.5mg, 5mg	\$0(1)	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	\$0(1)	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	\$0(1)	
<i>nimodipine</i> CAPS 30mg	\$0(1)	
NYMALIZE SOLN 6mg/ml	\$0(2)	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	\$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	\$0(1)	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	\$0(1)	
<i>amiloride hcl</i> TABS 5mg	\$0(1)	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	\$0(1)	
<i>chlorthalidone</i> TABS 25mg, 50mg	\$0(1)	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	\$0(1)	
<i>furosemide inj</i> SOLN 10mg/ml	\$0(1)	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	\$0(1)	
<i>indapamide</i> TABS 1.25mg, 2.5mg	\$0(1)	
<i>methazolamide</i> TABS 25mg, 50mg	\$0(1)	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	\$0(1)	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	\$0(1)	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	\$0(1)	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	\$0(1)	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	\$0(1)	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	\$0(1)	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	\$0(1)	
<i>CORLANOR</i> SOLN 5mg/5ml	\$0(2)	QL (450 mL / 30 days)
<i>CORLANOR</i> TABS 5mg, 7.5mg	\$0(2)	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	\$0(1)	
<i>digoxin</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	\$0(1)	
<i>guanfacine hcl</i> TABS 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>metyrosine</i> CAPS 250mg	\$0(2)	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>minoxidil</i> TABS 2.5mg, 10mg	\$0(1)	
<i>ranolazine</i> TB12 500mg, 1000mg	\$0(1)	
<i>VERQUVO</i> TABS 2.5mg, 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	\$0(1)	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	\$0(1)	
<i>NITRO-BID</i> OINT 2%	\$0(2)	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NAMZARIC CAP 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	
NAMZARIC CAP PACK	\$0(2)	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	\$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	\$0(2)	
AUVELITY TAB 45-105MG	\$0(2)	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	\$0(1)	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	\$0(1)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	\$0(1)	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	\$0(2)	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	\$0(2)	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	\$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> 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
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MARPLAN TABS 10mg	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	\$0(1)	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	\$0(1)	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	\$0(2)	
<i>paroxetine hcl</i> SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
<i>phenelzine sulfate</i> TABS 15mg	\$0(1)	
<i>protriptyline hcl</i> TABS 5mg, 10mg	\$0(2)	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>tranylcypromine sulfate</i> TABS 10mg	\$0(1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	\$0(2)	NDS, QL (28 caps / 14 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

<i>amantadine hcl</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	\$0(1)	
<i>benztropine mesylate</i> SOLN 1mg/ml	\$0(1)	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	\$0(1)	
<i>carb/levo orally disintegrating tab</i> 10-100mg	\$0(1)	
<i>carb/levo orally disintegrating tab</i> 25-100mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carb/levo orally disintegrating tab 25-250mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone TABS 200mg</i>	\$0(1)	
INBRIJA CAPS 42mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	\$0(2)	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	\$0(1)	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	\$0(1)	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	\$0(1)	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	\$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)
<i>aripiprazole SOLN 1mg/ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	\$0(1)	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	\$0(1)	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	\$0(1)	
NUPLAZID CAPS 34mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	\$0(1)	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	\$0(1)	
PERSERIS PRSY 90mg, 120mg	\$0(2)	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	\$0(1)	
<i>quetiapine fumarate</i> TABS 25mg	\$0(1)	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> 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)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	\$0(1)	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	\$0(1)	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
VERSACLOZ SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	\$0(2)	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	\$0(2)	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	\$0(2)	NDS, QL (1 vial / 28 days), NM, PA
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
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	\$0(1)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TDBP 2mg	\$0(1)	QL (300 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	\$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	\$0(1)	
<i>diazepam inj</i> SOLN 5mg/ml	\$0(1)	
<i>diazepam intensol</i> CONC 5mg/ml	\$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	\$0(2)	
DILANTIN INFATABS CHEW 50mg	\$0(2)	
DILANTIN-125 SUSP 125mg/5ml	\$0(2)	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	\$0(1)	
EPIDIOLEX SOLN 100mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	\$0(1)	
EPRONTIA SOLN 25mg/ml	\$0(2)	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	
<i>felbamate</i> SUSP 600mg/5ml	\$0(2)	NDS
<i>felbamate</i> TABS 400mg, 600mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FINTEPLA SOLN 2.2mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	\$0(1)	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	\$0(1)	
<i>lacosamide</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	\$0(1)	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	\$0(1)	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$0(1)	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0(1)	
<i>methsuximide</i> CAPS 300mg	\$0(1)	
NAYZILAM SOLN 5mg/0.1ml	\$0(2)	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	
<i>phenobarbital</i> ELIX 20mg/5ml	\$0(2)	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	\$0(2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>methylphenidate hcl SOLN 5mg/5ml</i>	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	\$0(1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>HYPNOTICS - DRUGS TO TREAT INSOMNIA</i>		
<i>DAYVIGO TABS 5mg, 10mg</i>	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon CAPS 20mg</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>temazepam</i> CAPS 7.5mg, 30mg	\$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	\$0(1)	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> 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
<i>zaleplon</i> 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
<i>zolpidem tartrate</i> 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

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	\$0(2)	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	\$0(2)	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	\$0(2)	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)
<i>NURTEC</i> TBDP 75mg	\$0(2)	QL (16 tabs / 30 days), PA
<i>QULIPTA</i> TABS 10mg, 30mg, 60mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	\$0(1)	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	\$0(1)	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	\$0(1)	QL (12 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
AUSTEDO XR TB24 24mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	\$0(2)	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	\$0(2)	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
NUEDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	\$0(1)	
<i>riluzole</i> TABS 50mg	\$0(1)	
<i>tetrabenazine</i> TABS 12.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
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
<i>dalfampridine</i> TB12 10mg	\$0(1)	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KESIMPTA SOAJ 20mg/0.4ml	\$0(2)	NDS, QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen</i> TABS 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	\$0(1)	
<i>carisoprodol</i> 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
<i>cyclobenzaprine hcl</i> 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
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
<i>methocarbamol</i> 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
<i>methocarbamol</i> 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
<i>tizanidine hcl</i> TABS 2mg, 4mg	\$0(1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil</i> TABS 50mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil</i> 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		
<i>acamprosate calcium</i> TBEC 333mg	\$0(1)	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>disulfiram TABS 250mg, 500mg</i>	\$0(1)	
<i>gnp nicotine gum GUM 4mg</i>	\$0(3)	NM; *
<i>gnp nicotine mini lozenge LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>gnp nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>gnp nicotine polacrilex m LOZG 4mg</i>	\$0(3)	NM; *
<i>gnp nicotine transdermal PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>goodsense nicotine LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>goodsense nicotine gum GUM 4mg</i>	\$0(3)	NM; *
<i>goodsense nicotine polacr GUM 2mg, 4mg; LOZG 4mg</i>	\$0(3)	NM; *
<i>hm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg</i>	\$0(3)	NM; *
<i>hm nicotine transdermal s PT24 7mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	\$0(1)	
<i>naltrexone hcl TABS 50mg</i>	\$0(1)	
<i>nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>nicotine mini lozenge LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex mini LOZG 2mg</i>	\$0(3)	NM; *
<i>NICOTINE SYS KIT TRANSDER</i>	\$0(3)	NM; *
<i>nicotine transdermal syst PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>NICOTROL INHALER INHA 10mg</i>	\$0(2)	
<i>NICOTROL NS SOLN 10mg/ml</i>	\$0(2)	
<i>sm nicotine GUM 4mg; LOZG 2mg</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>sm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>varenicline tartrate</i> TABS .5mg, 1mg	\$0(1)	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	\$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

<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>methylestosterone</i> CAPS 10mg	\$0(2)	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	\$0(1)	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	\$0(1)	PA

ANTIDIABETICS

<i>acarbose</i> 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)
<i>glimepiride</i> TABS 1mg, 2mg	\$0(1)	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 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
<i>nateglinide</i> 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
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab</i> 15-500 mg	\$0(1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab</i> 15-850 mg	\$0(1)	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	\$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	\$0(2)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
OMNIPOD 5 G6 KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	\$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)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
ANTI OBESITY AGENTS		
ADIPEX-P CAPS 37.5mg; TABS 37.5mg	\$0(3)	NM, PA; *
<i>benzphetamine hcl</i> TABS 50mg	\$0(3)	NM, PA; *
CONTRACE TAB 8-90MG	\$0(3)	NM, PA; *
<i>diethylpropion hcl</i> TABS 25mg; TB24 75mg	\$0(3)	NM, PA; *
IMCIVREE SOLN 10mg/ml	\$0(3)	NM, PA; *
LOMAIRA TABS 8mg	\$0(3)	NM, PA; *
<i>orlistat</i> CAPS 120mg	\$0(3)	NM, PA; *
<i>phendimetrazine tartrate</i> TABS 35mg	\$0(3)	NM, PA; *
<i>phentermine hcl</i> 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		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	\$0(1)	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	\$0(1)	B/D
<i>ibandronate sodium</i> 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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	\$0(1)	B/D
PROLIA SOSY 60mg/ml	\$0(2)	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> 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
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	\$0(2)	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	\$0(2)	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	\$0(1)	NM, PA
LOKELMA PACK 5gm, 10gm	\$0(2)	
<i>penicillamine</i> TABS 250mg	\$0(2)	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>sps</i> SUSP 15gm/60ml	\$0(1)	
<i>trientine hcl</i> CAPS 250mg	\$0(2)	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	\$0(2)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>afirmelle</i>	\$0(1)	
<i>altavera</i>	\$0(1)	
<i>alyacen 1/35</i>	\$0(1)	
<i>alyacen 7/7/7</i>	\$0(1)	
<i>amethia</i>	\$0(1)	
<i>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra eq</i>	\$0(1)	
<i>aurovela 1/20</i>	\$0(1)	
<i>aurovela 24 fe</i>	\$0(1)	
<i>aurovela fe 1.5/30</i>	\$0(1)	
<i>aurovela fe 1/20</i>	\$0(1)	
<i>aviane</i>	\$0(1)	
<i>ayuna</i>	\$0(1)	
<i>azurette</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>blisovi 24 fe</i>	\$0(1)	
<i>blisovi fe 1.5/30</i>	\$0(1)	
<i>briellyn</i>	\$0(1)	
<i>camila</i> TABS .35mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>chateal eq</i>	\$0(1)	
<i>cryselle-28</i>	\$0(1)	
<i>cyred eq</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane</i> TABS .35mg	\$0(1)	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	\$0(2)	
<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>desogestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	\$0(1)	
<i>econtra ez</i> TABS 1.5mg	\$0(3)	NM; *
<i>econtra one-step</i> TABS 1.5mg	\$0(3)	NM; *
<i>elinest</i>	\$0(1)	
<i>eluryng</i>	\$0(1)	
<i>enilloring</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin</i> TABS .35mg	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl</i> <i>estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl</i> <i>estradiol tab 1 mg-50 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
<i>finzala</i>	\$0(1)	
<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	
<i>haloette</i>	\$0(1)	
<i>heather</i> TABS .35mg	\$0(1)	
<i>iclevia</i>	\$0(1)	
<i>incassia</i> TABS .35mg	\$0(1)	
<i>introvale</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>isibloom</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel 1.5/30</i>	\$0(1)	
<i>junel 1/20</i>	\$0(1)	
<i>junel fe 1.5/30</i>	\$0(1)	
<i>junel fe 1/20</i>	\$0(1)	
<i>junel fe 24</i>	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	
<i>kariva</i>	\$0(1)	
<i>kelnor 1/35</i>	\$0(1)	
<i>kelnor 1/50</i>	\$0(1)	
<i>kurvelo</i>	\$0(1)	
<i>larin 1.5/30</i>	\$0(1)	
<i>larin 1/20</i>	\$0(1)	
<i>larin 24 fe</i>	\$0(1)	
<i>larin fe 1.5/30</i>	\$0(1)	
<i>larin fe 1/20</i>	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>leena</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel (emergency oc) TABS 1.5mg</i>	\$0(3)	NM; *
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
<i>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	
<i>loestrin fe 1.5/30</i>	\$0(1)	
<i>loestrin fe 1/20</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>luter</i>	\$0(1)	
<i>lyleq</i> TABS .35mg	\$0(1)	
<i>lyza</i> TABS .35mg	\$0(1)	
<i>marlissa</i>	\$0(1)	
<i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin 24 fe</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-lynyah</i>	\$0(1)	
<i>my choice</i> TABS 1.5mg	\$0(3)	NM; *
<i>my way</i> TABS 1.5mg	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day</i> TABS 1.5mg	\$0(3)	NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be</i> TABS .35mg	\$0(1)	
<i>norelgestromin-ethinyl estradiol td</i> <i>ptwk 150-35 mcg/24hr</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone (contraceptive) TABS</i> <i>.35mg</i>	\$0(1)	
<i>norethindrone ac-ethinyl estrad-fe</i> <i>tab 1-20/1-30/1-35 mg-mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol-</i> <i>fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc TABS .35mg</i>	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	
<i>nortrel 1/35 (21)</i>	\$0(1)	
<i>nortrel 1/35 (28)</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
<i>nylia 1/35</i>	\$0(1)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>nymyo</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>opcicon one-step TABS 1.5mg</i>	\$0(3)	NM; *
<i>option 2 TABS 1.5mg</i>	\$0(3)	NM; *
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	
<i>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	
<i>sharobel TABS .35mg</i>	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	
<i>syeda</i>	\$0(1)	
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	
<i>tri-lo-estarylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo</i>	\$0(1)	
<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>trivora-28</i>	\$0(1)	
<i>turqoz</i>	\$0(1)	
<i>tydemy</i>	\$0(1)	
<i>velivet</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vestura</i>	\$0(1)	
<i>vienva</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wera</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zafemy</i>	\$0(1)	
<i>zovia 1/35</i>	\$0(1)	
<i>zumandimine</i>	\$0(1)	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	\$0(1)	
SYNAREL SOLN 2mg/ml	\$0(2)	NDS, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>amabelz tab 0.5-0.1mg</i>	\$0(2)	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>estradiol</i> 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)	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	\$0(2)	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	\$0(1)	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	\$0(1)	
<i>fyavolv tab 0.5mg-2.5mcg</i>	\$0(2)	
<i>fyavolv tab 1mg-5mcg</i>	\$0(2)	
<i>jinteli</i>	\$0(2)	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>mimvey</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0(2)	
<i>yuvaferm</i> TABS 10mcg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</i>		
<i>dexamethasone</i> 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
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	\$0(1)	
<i>fludrocortisone acetate</i> TABS .1mg	\$0(1)	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	\$0(1)	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	\$0(1)	B/D
<i>methylprednisolone</i> TBPk 4mg	\$0(1)	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	\$0(1)	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	\$0(1)	B/D
<i>prednisolone</i> SOLN 15mg/5ml	\$0(1)	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	\$0(1)	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$0(1)	B/D
<i>prednisone</i> TBPk 5mg, 10mg	\$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	\$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	
<i>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</i>		
<i>diazoxide</i> SUSP 50mg/ml	\$0(2)	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
GVOKE KIT SOLN 1mg/0.2ml	\$0(2)	
GVOKE PFS SOSY 1mg/0.2ml	\$0(2)	
<i>MISCELLANEOUS</i>		
ALDURAZYME SOLN 2.9mg/5ml	\$0(2)	NDS, NM, LA, PA
<i>betaine powder for oral solution</i>	\$0(2)	NDS, NM, LA
<i>cabergoline</i> TABS .5mg	\$0(1)	
<i>carglumic acid</i> TBSO 200mg	\$0(2)	NDS, NM, LA, PA
CERDELGA CAPS 84mg	\$0(2)	NDS, NM, LA, PA
CEREZYME SOLR 400unit	\$0(2)	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	\$0(1)	B/D, QL (60 tabs / 30 days), NM

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cinacalcet hcl</i> TABS 90mg	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	\$0(2)	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	\$0(1)	
<i>desmopressin acetate spray</i> SOLN .01%	\$0(1)	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	\$0(1)	
FABRAZYME SOLR 5mg, 35mg	\$0(2)	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	\$0(2)	NDS, NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	\$0(2)	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	\$0(2)	NDS, NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, LA, PA
KORLYM TABS 300mg	\$0(2)	NDS, NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	\$0(1)	B/D
LUMIZYME SOLR 50mg	\$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	\$0(2)	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	\$0(2)	NDS, NM, PA
<i>miglustat</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	\$0(2)	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	\$0(2)	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	\$0(1)	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	\$0(2)	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	\$0(1)	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	\$0(2)	NDS, NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	\$0(2)	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, LA, PA
<i>yargesa</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	\$0(1)	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	\$0(1)	QL (360 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	\$0(1)	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	\$0(1)	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	\$0(1)	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	\$0(1)	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	\$0(1)	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	\$0(2)	NDS, QL (180 tabs / 30 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>megestrol acetate</i> SUSP 40mg/ml	\$0(2)	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	\$0(2)	PA
<i>norethindrone acetate</i> TABS 5mg	\$0(1)	
<i>progesterone</i> CAPS 100mg, 200mg	\$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	\$0(1)	
<i>methimazole</i> TABS 5mg, 10mg	\$0(1)	
<i>propylthiouracil</i> TABS 50mg	\$0(1)	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	\$0(1)	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	\$0(1)	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
RAYALDEE CPR 30mcg	\$0(2)	NDS
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
<i>acid gone</i>	\$0(3)	NM; *
<i>almacone double strength</i>	\$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	NM; *
<i>antacid</i> CHEW 500mg, 750mg	\$0(3)	NM; *
<i>antacid calcium regular s</i> CHEW 500mg	\$0(3)	NM; *
<i>antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>antacid maximum strength</i>	\$0(3)	NM; *
<i>antacid regular strength</i>	\$0(3)	NM; *
<i>antacid ultra strength</i> CHEW 1000mg	\$0(3)	NM; *
<i>antacid/antigas liquid</i>	\$0(3)	NM; *
<i>cal-gest antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid extra str</i> CHEW 750mg	\$0(3)	NM; *
<i>calcium carbonate (antacid)</i> SUSP 1250mg/5ml	\$0(3)	NM; *
<i>gnp antacid & anti-gas/re</i>	\$0(3)	NM; *
<i>gnp antacid and anti-gas/</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp antacid anti-gas/maxi</i>	\$0(3)	NM; *
<i>gnp antacid extra strengt CHEW 750mg</i>	\$0(3)	NM; *
<i>gnp antacid/regular stren</i>	\$0(3)	NM; *
<i>heartburn relief extra st</i>	\$0(3)	NM; *
<i>hm antacid</i>	\$0(3)	NM; *
<i>hm antacid anti-gas extra</i>	\$0(3)	NM; *
<i>hm antacid extra strength CHEW 750mg</i>	\$0(3)	NM; *
<i>MAG-AL LIQ</i>	\$0(3)	NM; *
<i>mag-al plus</i>	\$0(3)	NM; *
<i>mag-al plus xs</i>	\$0(3)	NM; *
<i>magnesium oxide TABS 400mg, 420mg</i>	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>qc antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>qc antacid/anti-gas</i>	\$0(3)	NM; *
<i>sm antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>sm antacid advanced</i>	\$0(3)	NM; *
<i>sm antacid advanced maxi</i>	\$0(3)	NM; *
<i>sm antacid extra strength CHEW 750mg</i>	\$0(3)	NM; *
<i>sm antacid maximum streng</i>	\$0(3)	NM; *
<i>smooth antacid extra stre CHEW 750mg</i>	\$0(3)	NM; *
<i>sodium bicarbonate (antacid) TABS 325mg, 650mg</i>	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrheal CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg</i>	\$0(3)	NM; *
<i>bismatrol CHEW 262mg</i>	\$0(3)	NM; *
<i>bismuth subsalicylate CHEW 262mg</i>	\$0(3)	NM; *
<i>gnp anti-diarrheal CAPS 2mg; TABS 2mg</i>	\$0(3)	NM; *
<i>gnp loperamide hydrochlor SOLN 1mg/7.5ml</i>	\$0(3)	NM; *
<i>gnp pink bismuth TABS 262mg</i>	\$0(3)	NM; *
<i>gnp stomach relief SUSP 525mg/30ml</i>	\$0(3)	NM; *
<i>goodsense anti-diarrheal SOLN 1mg/7.5ml</i>	\$0(3)	NM; *
<i>loperamide hcl SOLN 1mg/7.5ml, 2mg/15ml</i>	\$0(3)	NM; *
<i>qc anti-diarrheal CAPS 2mg; TABS 2mg</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm anti-diarrheal</i> CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>sm stomach relief</i> CHEW 262mg	\$0(3)	NM; *
<i>sm stomach relief liquid</i> SUSP 525mg/30ml	\$0(3)	NM; *
<i>stomach relief</i> CHEW 262mg; SUSP 525mg/30ml	\$0(3)	NM; *
<i>stomach relief extra stre</i> SUSP 525mg/15ml	\$0(3)	NM; *
<i>stomach relief ultra</i> SUSP 525mg/15ml	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro</i> SUPP 25mg	\$0(1)	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	\$0(1)	
<i>granisetron hcl</i> TABS 1mg	\$0(1)	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	\$0(2)	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	
<i>ondansetron</i> TBDP 4mg, 8mg	\$0(1)	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	\$0(1)	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	\$0(1)	B/D
<i>prochlorperazine</i> SUPP 25mg	\$0(1)	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	\$0(1)	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	\$0(1)	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrolate</i> TABS 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	\$0(1)	QL (120 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>acid reducer maximum strength</i> TABS 20mg	\$0(3)	NM; *
<i>acid reducer original strength</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	\$0(1)	
<i>famotidine</i> SUSR 40mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>famotidine</i> TABS 10mg, 20mg	\$0(3)	NM; *
<i>famotidine</i> TABS 20mg	\$0(1)	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	\$0(1)	
<i>famotidine maximum strength</i> TABS 20mg	\$0(3)	NM; *
<i>famotidine original strength</i> TABS 10mg	\$0(3)	NM; *
<i>gnp acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>gnp acid reducer maximum strength</i> TABS 20mg	\$0(3)	NM; *
<i>heartburn relief</i> TABS 10mg	\$0(3)	NM; *
<i>heartburn relief maximum strength</i> TABS 20mg	\$0(3)	NM; *
<i>nizatidine</i> CAPS 150mg, 300mg	\$0(1)	
<i>sm acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>sm acid reducer maximum strength</i> TABS 20mg	\$0(3)	NM; *

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	\$0(1)	
<i>budesonide</i> CPEP 3mg	\$0(1)	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	\$0(1)	
<i>mesalamine</i> CP24 .375gm	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	\$0(1)	
<i>mesalamine</i> TBEC 1.2gm	\$0(1)	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	\$0(1)	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	\$0(1)	

LAXATIVES

<i>bisacodyl</i> SUPP 10mg	\$0(3)	NM; *
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You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	\$0(1)	
<i>*sodium phosphates - enema***</i>	\$0(3)	NM; *
<i>stool softener</i> CAPS 100mg	\$0(3)	NM; *
MISCELLANEOUS		
<i>acid reducer complete</i>	\$0(3)	NM; *
<i>alosetron hcl</i> TABS .5mg, 1mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	\$0(1)	
<i>diphenoxylate w/ atropine liq</i> 2.5- <i>0.025 mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab</i> 2.5- <i>0.025 mg</i>	\$0(2)	
GATTEX KIT 5mg	\$0(2)	NDS, NM, LA, PA
<i>hm dual action complete</i>	\$0(3)	NM; *
LINZESS CAPS 72mcg, 145mcg, 290mcg	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	\$0(1)	
<i>misoprostol</i> 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
<i>sucrafate</i> TABS 1gm	\$0(1)	
<i>ursodiol</i> 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)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

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

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

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

MISCELLANEOUS

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

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	\$0(1)	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	\$0(1)	
<i>clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *
<i>3 day vaginal</i> CREA 2%	\$0(3)	NM; *
<i>gnp clotrimazole 3</i> CREA 2%	\$0(3)	NM; *
<i>gnp miconazole 1 combinat</i>	\$0(3)	NM; *
<i>gnp miconazole 3</i>	\$0(3)	NM; *
<i>gnp miconazole 7</i> CREA 2%	\$0(3)	NM; *
<i>metronidazole vaginal</i> GEL .75%	\$0(1)	
<i>miconazole 3 combination</i>	\$0(3)	NM; *
<i>miconazole 3 combo pack</i>	\$0(3)	NM; *
<i>miconazole 7</i> CREA 2%	\$0(3)	NM; *
<i>miconazole nitrate vaginal</i> CREA 2%	\$0(3)	NM; *
<i>qc clotrimazole</i> CREA 1%	\$0(3)	NM; *
<i>qc miconazole 7</i> CREA 2%	\$0(3)	NM; *
<i>sm 3-day vaginal</i> CREA 2%	\$0(3)	NM; *
<i>sm clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *
<i>sm miconazole 3</i>	\$0(3)	NM; *
<i>sm miconazole 7</i> CREA 2%; SUPP 100mg	\$0(3)	NM; *
<i>sm tioconazole-1</i> OINT 6.5%	\$0(3)	NM; *
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	\$0(1)	
<i>tioconazole 1</i> OINT 6.5%	\$0(3)	NM; *
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>ELIQUIS</i> TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
<i>ELIQUIS</i> TABS 5mg	\$0(2)	QL (74 tabs / 30 days)
<i>ELIQUIS STARTER PACK</i> TBPK 5mg	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	\$0(1)	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fondaparinux sodium</i> 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)	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	\$0(1)	B/D
HEPARIN/NACL INJ 25000UNT	\$0(2)	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
<i>warfarin sodium</i> 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		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	\$0(1)	
BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	\$0(1)	
DOPTelet TABS 20mg	\$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	\$0(2)	
ENDARI PACK 5gm	\$0(2)	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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
<i>sajazir</i> SOSY 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	\$0(1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
BRILINTA TABS 60mg, 90mg	\$0(2)	
<i>clopidogrel bisulfate</i> TABS 75mg	\$0(1)	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	\$0(2)	PA; PA if 70 years and older
<i>prasugrel hcl</i> 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
DUPIXENT SOPN 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, 20mg/0.2ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	\$0(2)	NDS, QL (3 syringes / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 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 PNKT 80mg/0.8ml	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/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 30mg	\$0(2)	NDS, QL (60 tabs / 30 days), 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
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 (6 vials / year), 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
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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
XELJANZ SOLN 1mg/ml	\$0(2)	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

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

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

IMMUNOGLOBULINS

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
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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 2000000unit/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; SOLN 50mg/ml	\$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
engraf 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)	
ADACEL INJ	\$0(1)	
AREXVY SUSR 120mcg/0.5ml	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BCG VACCINE SOLR 50mg	\$0(1)	
BEXSERO INJ	\$0(1)	
BOOSTRIX INJ	\$0(1)	
DAPTACEL INJ	\$0(1)	
DENG VAXIA SUS	\$0(1)	
DIP/TET PED INJ 25-5LFU	\$0(1)	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 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)	
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)
TDVAX INJ 2-2 LF	\$0(1)	B/D
TENIVAC INJ 5-2LF	\$0(1)	B/D

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 INJ 1350pfu/0.5ml	\$0(1)	
YF-VAX INJ	\$0(1)	

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS
ELECTROLYTES/MINERALS, INJECTABLE

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	\$0(2)	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
MG SO4/D5W INJ 10MG/ML	\$0(2)	
<i>multiple electrolytes ph 5.5</i>	\$0(1)	
<i>multiple electrolytes ph 7.4</i>	\$0(1)	
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	\$0(2)	
POT CHL 20MEQ/L IN NACL 0.45% INJ	\$0(2)	
POT CHL 40MEQ/L IN NACL 0.9% INJ	\$0(2)	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	\$0(1)	
POTASSIUM CHLORIDE SOLN 10meq/50ml	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	\$0(1)	
<i>klor-con 8 TBCR 8meq</i>	\$0(1)	
<i>klor-con 10 TBCR 10meq</i>	\$0(1)	
<i>klor-con m10 TBCR 10meq</i>	\$0(1)	
<i>klor-con m15 TBCR 15meq</i>	\$0(1)	
<i>klor-con m20 TBCR 20meq</i>	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	\$0(1)	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
IV NUTRITION		
<i>chromic chloride</i> 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
<i>clinisol sf 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
COPPER SOLN .4mg/ml	\$0(3)	NM; *
<i>dextrose</i> SOLN 5%, 10%	\$0(1)	
<i>dextrose</i> 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
<i>plenamine</i>	\$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; *
<i>manganese chloride</i> SOLN .1mg/ml	\$0(3)	NM; *
<i>phospho-trin k500</i> TABS 500mg	\$0(3)	NM; *
MISCELLANEOUS		
ENLYTE CAP	\$0(3)	NM; *
VITAMINS		
BACMIN TAB	\$0(3)	NM; *
BP VIT 3 CAP	\$0(3)	NM; *
<i>corvita</i>	\$0(3)	NM; *
<i>cyanocobalamin</i> SOLN 1000mcg/ml	\$0(3)	NM; *
<i>dialyvite</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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; *
<i>ergocalciferol</i> CAPS 1.25mg, 50000unit	\$0(3)	NM; *
FLORIVA CHW 0.5MG	\$0(3)	NM; *
FLORIVA CHW 0.25MG	\$0(3)	NM; *
FLORIVA CHW 1MG	\$0(3)	NM; *
<i>folic acid</i> SOLN 5mg/ml; TABS 1mg	\$0(3)	NM; *
FOLTRATE TAB	\$0(3)	NM; *
<i>hydroxocobalamin acetate</i> SOLN 1000mcg/ml	\$0(3)	NM; *
INFUVITE INJ	\$0(3)	NM; *
INFUVITE INJ ADULT	\$0(3)	NM; *
INFUVITE INJ PEDIATRI	\$0(3)	NM; *
<i>multi-vit/iron/fluoride</i>	\$0(3)	NM; *
<i>multi-vitamin/fluoride dr</i>	\$0(3)	NM; *
<i>multi-vitamin/fluoride/ir</i>	\$0(3)	NM; *
<i>multivitamin with fluorid</i>	\$0(3)	NM; *
<i>multivitamin/fluoride</i>	\$0(3)	NM; *
NASCOBAL SOLN 500mcg/0.1ml	\$0(3)	NM; *
NEPHPLEX RX TAB	\$0(3)	NM; *
NIVA-FOL TAB	\$0(3)	NM; *
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	\$0(3)	NM; *
<i>phytonadione</i> 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; *
<i>pyridoxine hcl</i> SOLN 100mg/ml	\$0(3)	NM; *
QUFLORA FE CHW	\$0(3)	NM; *
QUFLORA FE DRO 0.25-9.5	\$0(3)	NM; *
QUFLORA PED CHW 0.5MG	\$0(3)	NM; *
QUFLORA PED CHW 0.25MG	\$0(3)	NM; *
QUFLORA PED CHW 1MG	\$0(3)	NM; *
QUFLORA PED DRO 0.5MG/ML	\$0(3)	NM; *
QUFLORA PED DRO 0.25MG	\$0(3)	NM; *
<i>renal caps</i>	\$0(3)	NM; *
STROVITE ONE TAB	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>thiamine hcl SOLN 100mg/ml</i>	\$0(3)	NM; *
TRI-VI-FLOR SUS 0.5MG/ML	\$0(3)	NM; *
TRI-VI-FLOR SUS 0.25/ML	\$0(3)	NM; *
<i>tri-vite/fluoride</i>	\$0(3)	NM; *
<i>triphrocaps</i>	\$0(3)	NM; *
<i>virt-caps</i>	\$0(3)	NM; *
<i>virt-gard</i>	\$0(3)	NM; *
VITAL-D RX TAB	\$0(3)	NM; *
<i>vitamins a/c/d/fluoride</i>	\$0(3)	NM; *
<i>wescaps</i>	\$0(3)	NM; *

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0(1)
<i>neo-polycin hc ophth oint 1%</i>	\$0(1)
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0(1)
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0(1)
<i>neomycin-polymyxin-hc ophth susp</i>	\$0(1)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)
TOBRADEX OIN 0.3-0.1%	\$0(2)
TOBRADEX ST SUS 0.3-0.05	\$0(2)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)
ZYLET SUS 0.5-0.3%	\$0(2)

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	\$0(1)
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)
BESIVANCE SUSP .6%	\$0(2)
CILOXAN OINT .3%	\$0(2)
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	\$0(1)
<i>erythromycin (ophth) OINT 5mg/gm</i>	\$0(1)
<i>gatifloxacin (ophth) SOLN .5%</i>	\$0(1)
<i>gentamicin sulfate (ophth) SOLN .3%</i>	\$0(1)
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	\$0(1)
NATACYN SUSP 5%	\$0(2)
<i>neo-polycin 5(3.5)mg-400unt- 10000unt op oin</i>	\$0(1)
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>neomycin-polymyx-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i>	\$0(1)	
<i>ofloxacin (ophth) SOLN .3%</i>	\$0(1)	
<i>polycin ophth oint</i>	\$0(1)	
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	\$0(1)	
<i>sulfacetamide sodium (ophth) OINT</i> <i>10%; SOLN 10%</i>	\$0(1)	
<i>tobramycin (ophth) SOLN .3%</i>	\$0(1)	
<i>trifluridine SOLN 1%</i>	\$0(1)	
<i>ZIRGAN GEL .15%</i>	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
<i>ALREX SUSP .2%</i>	\$0(2)	
<i>bromfenac sodium (ophth) SOLN</i> <i>.07%, .075%</i>	\$0(1)	
<i>BROMSITE SOLN .075%</i>	\$0(2)	
<i>dexamethasone sodium phosphate</i> <i>(ophth) SOLN .1%</i>	\$0(1)	
<i>diclofenac sodium (ophth) SOLN .1%</i>	\$0(1)	
<i>EYSUVIS SUSP .25%</i>	\$0(2)	
<i>FLAREX SUSP .1%</i>	\$0(2)	
<i>fluorometholone (ophth) SUSP .1%</i>	\$0(1)	
<i>flurbiprofen sodium SOLN .03%</i>	\$0(1)	
<i>ketorolac tromethamine (ophth)</i> <i>SOLN .4%, .5%</i>	\$0(1)	
<i>LOTEMAX OINT .5%</i>	\$0(2)	
<i>loteprednol etabonate SUSP .2%</i>	\$0(1)	
<i>prednisolone acetate (ophth) SUSP</i> <i>1%</i>	\$0(1)	
<i>PREDNISOLONE SODIUM PHOSP</i> <i>SOLN 1%</i>	\$0(2)	
<i>PROLENSA SOLN .07%</i>	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>alaway SOLN .035%</i>	\$0(3)	NM; *
<i>alaway childrens allergy SOLN</i> <i>.035%</i>	\$0(3)	NM; *
<i>azelastine hcl (ophth) SOLN .05%</i>	\$0(1)	
<i>cromolyn sodium (ophth) SOLN 4%</i>	\$0(1)	
<i>eye itch relief SOLN .035%</i>	\$0(3)	NM; *
<i>ketotifen fumarate (ophth) SOLN</i> <i>.035%</i>	\$0(3)	NM; *
<i>ZADITOR SOLN .035%</i>	\$0(3)	NM; *
<i>ZERVIAE SOLN .24%</i>	\$0(2)	
ANTI GLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl (ophth) SOLN .5%</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BETOPTIC-S SUSP .25%	\$0(2)	
<i>brimonidine tartrate</i> SOLN .15%, .2%	\$0(1)	
<i>brinzolamide</i> SUSP 1%	\$0(1)	
<i>carteolol hcl (ophth)</i> SOLN 1%	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl</i> SOLN 2%	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	\$0(1)	
<i>latanoprost</i> SOLN .005%	\$0(1)	
<i>levobunolol hcl</i> SOLN .5%	\$0(1)	
LUMIGAN SOLN .01%	\$0(2)	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	\$0(1)	
RHOPRESSA SOLN .02%	\$0(2)	
ROCKLATAN DRO	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	\$0(1)	
VYZULTA SOLN .024%	\$0(2)	
MISCELLANEOUS		
<i>artificial tears</i>	\$0(3)	NM; *
ATROPINE SULFATE SOLN 1%	\$0(2)	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	\$0(1)	
<i>carboxymethylcellulose sodium (ophth)</i> GEL 1%; SOLN .5%	\$0(3)	NM; *
CYSTADROPS SOLN .37%	\$0(2)	NDS, NM, LA, PA
CYSTARAN SOLN .44%	\$0(2)	NDS, NM, LA, PA
GENTEAL SEVERE TEARS GEL .3%	\$0(3)	NM; *
<i>genteal tears night-time</i>	\$0(3)	NM; *
<i>gnp artificial tears</i>	\$0(3)	NM; *
<i>gnp lubricating plus eye</i> SOLN .5%	\$0(3)	NM; *
<i>goodsense lubricating plu</i> SOLN .5%	\$0(3)	NM; *
<i>lubricant eye drops</i> SOLN .5%	\$0(3)	NM; *
<i>lubricant eye nighttime</i>	\$0(3)	NM; *
<i>lubricating plus eye drop</i> SOLN .5%	\$0(3)	NM; *
<i>lubrifresh p.m.</i>	\$0(3)	NM; *
MIEBO SOLN 1.338gm/ml	\$0(2)	
<i>proparacaine hcl</i> SOLN .5%	\$0(1)	
<i>refresh celluvise</i> GEL 1%	\$0(3)	NM; *
<i>refresh lacri-lube</i>	\$0(3)	NM; *
REFRESH LIQUIGEL GEL 1%	\$0(3)	NM; *
REFRESH PLUS SOLN .5%	\$0(3)	NM; *
REFRESH TEARS SOLN .5%	\$0(3)	NM; *
RESTASIS EMUL .05%	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	
<i>sm lubricating plus</i> SOLN .5%	\$0(3)	NM; *
<i>systane nighttime</i>	\$0(3)	NM; *
TYRVAYA SOLN .03mg/act	\$0(2)	
XIIDRA SOLN 5%	\$0(2)	

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0(1)	
<i>flac</i> OIL .01%	\$0(1)	
<i>fluocinolone acetonide (otic)</i> OIL .01%	\$0(1)	
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0(1)	
<i>ofloxacin (otic)</i> 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)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

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

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

AHIST TABS 25mg	\$0(3)	NM; *
ALA-HIST IR TABS 2mg	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp childrens allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp loratadine</i> SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	\$0(3)	NM; *
<i>gnp loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>goodsense aller-ease</i> TABS 180mg	\$0(3)	NM; *
<i>goodsense allergy relief</i> TABS 10mg	\$0(3)	NM; *
HISTEX SYRP 2.5mg/5ml	\$0(3)	NM; *
HISTEX PD LIQD .938mg/ml	\$0(3)	NM; *
<i>hm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>hm allergy relief</i> CAPS 25mg; TABS 4mg, 10mg, 60mg, 180mg	\$0(3)	NM; *
<i>hm cetirizine hydrochlori</i> TABS 10mg	\$0(3)	NM; *
<i>hm loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>12hr allergy relief</i> TABS 60mg	\$0(3)	NM; *
<i>24hr allergy relief</i> TABS 180mg	\$0(3)	NM; *
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>m-dryl</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
PEDIACLEAR PD CHILDRENS LIQD .625mg/ml	\$0(3)	NM; *
<i>qc allergy childrens</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>sm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm allergy 4 hour</i> TABS 4mg	\$0(3)	NM; *
<i>sm allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm allergy relief</i> TABS 25mg, 60mg	\$0(3)	NM; *
<i>sm allergy relief childre</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm fexofenadine hydrochlo</i> TABS 180mg	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm loratadine</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>triprolidine hcl</i> LIQD .938mg/ml	\$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	\$0(1)	
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		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	\$0(1)	
<i>zafirlukast</i> TABS 10mg, 20mg	\$0(1)	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	\$0(1)	B/D
ARALAST NP SOLR 500mg, 1000mg	\$0(2)	NDS, NM, LA, PA
BRONCHITOL CAPS 40mg	\$0(2)	NDS, QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	\$0(1)	B/D
<i>cromolyn sodium (nasal)</i> AERS 5.2mg/act	\$0(3)	NM; *
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenaclick)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FASENRA SOSY 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
<i>pirfenidone</i> CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	\$0(2)	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	\$0(1)	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	\$0(1)	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA PAK 59.5MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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

<i>allergy relief</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>budesonide (nasal)</i> SUSP 32mcg/act	\$0(3)	NM; *
<i>flunisolide (nasal)</i> SOLN .025%	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(1)	QL (1 bottle / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>gnp budesonide nasal spra</i> SUSP 32mcg/act	\$0(3)	NM; *
<i>hm allergy relief nasal s</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>qc allergy relief</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>sm allergy relief nasal s</i> SUSP 50mcg/act	\$0(3)	NM; *
XHANCE EXHU 93mcg/act	\$0(2)	QL (32 mL / 30 days), PA

STERIOD INHALANTS - DRUGS TO TREAT ASTHMA

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	\$0(1)	B/D

STERIOD/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)
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)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	\$0(1)	QL (60 inhalations / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>acne medication 2.5</i> GEL 2.5%	\$0(3)	NM; *
<i>acne medication 5</i> GEL 5%	\$0(3)	NM; *
<i>acne medication 10</i> GEL 10%	\$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	\$0(3)	NM; *
<i>adapalene</i> GEL .1%	\$0(3)	NM; *
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	\$0(1)	PA
<i>benzoyl peroxide</i> GEL 2.5%, 5%, 10%	\$0(3)	NM; *
<i>benzoyl peroxide wash</i> LIQD 5%	\$0(3)	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0(1)	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	\$0(1)	QL (60 mL / 30 days)
DIFFERIN GEL .1%	\$0(3)	NM; *
<i>ery</i> PADS 2%	\$0(1)	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	\$0(1)	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	\$0(1)	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	\$0(1)	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>DERMATOLOGY, ANTIBIOTICS</i>		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	\$0(1)	QL (30 gm / 30 days)
<i>gnp triple antibiotic</i>	\$0(3)	NM; *
<i>goodsense first aid antib</i>	\$0(3)	NM; *
<i>hm triple antibiotic</i>	\$0(3)	NM; *
<i>mupirocin</i> OINT 2%	\$0(1)	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	\$0(1)	
<i>sm triple antibiotic orig</i>	\$0(3)	NM; *
<i>ssd</i> CREA 1%	\$0(1)	
<i>SULFAMYLON</i> CREA 85mg/gm	\$0(2)	QL (453.6 gm / 30 days)
<i>triple antibiotic</i>	\$0(3)	NM; *
<i>DERMATOLOGY, ANTIFUNGALS</i>		
<i>antifungal</i> CREA 1%	\$0(3)	NM; *
<i>athletes foot</i> CREA 1%	\$0(3)	NM; *
<i>ciclopirox olamine</i> CREA .77%	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(3)	NM; *
<i>clotrimazole (topical)</i> SOLN 1%	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole antifungal</i> CREA 1%	\$0(3)	NM; *
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0(1)	QL (45 gm / 30 days)
<i>FUNGOID TINCTURE</i> SOLN 2%	\$0(3)	NM; *
<i>gnp athletes foot</i> CREA 1%	\$0(3)	NM; *
<i>gnp tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>ketoconazole (topical)</i> CREA 2%	\$0(1)	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>miconazole nitrate (topical)</i> CREA 2%	\$0(3)	NM; *
<i>micotrin ac</i> CREA 1%	\$0(3)	NM; *
<i>mycozyl ac</i> CREA 1%	\$0(3)	NM; *
<i>nyamyc</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	\$0(1)	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>qc antifungal cream</i> CREA 1%	\$0(3)	NM; *
<i>sm antifungal clotrimazol</i> CREA 1%	\$0(3)	NM; *
<i>sm antifungal miconazole</i> CREA 2%	\$0(3)	NM; *
<i>sm antifungal tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>tolnaftate</i> CREA 1%	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>DERMATOLOGY, ANTIPSORIATICS</i>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	\$0(1)	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	\$0(2)	QL (60 gm / 30 days), PA
<i>DERMATOLOGY, ANTISEBORRHEICS</i>		
<i>ketconazole (topical)</i> SHAM 2%	\$0(1)	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	\$0(1)	
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
<i>ala-cort</i> CREA 1%, 2.5%	\$0(1)	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>anti-itch maximum strengt</i> CREA 1%	\$0(3)	NM; *
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	\$0(1)	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	\$0(1)	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	\$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	\$0(2)	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	\$0(1)	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluocinonide</i> SOLN .05%	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	\$0(1)	
<i>gnp hydrocortisone</i> CREA .5%	\$0(3)	NM; *
<i>gnp hydrocortisone maximu</i> OINT 1%	\$0(3)	NM; *
<i>gnp hydrocortisone plus</i> CREA 1%	\$0(3)	NM; *
<i>gnp hydrocortisone/aloe</i> CREA 1%	\$0(3)	NM; *
<i>halobetasol propionate</i> CREA .05%; OINT .05%	\$0(1)	QL (50 gm / 30 days)
<i>hm hydrocortisone plus</i> CREA 1%	\$0(3)	NM; *
<i>hm hydrocortisone/aloe ma</i> CREA 1%	\$0(3)	NM; *
HYDROCORTISONE CREA 1%	\$0(3)	NM; *
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	\$0(1)	
<i>hydrocortisone (topical)</i> CREA .5%, 1%; OINT 1%	\$0(3)	NM; *
<i>hydrocortisone maximum st</i> CREA 1%	\$0(3)	NM; *
<i>hydrocortisone/aloe maxim</i> CREA 1%	\$0(3)	NM; *
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>qc anti-itch/aloe</i> CREA 1%	\$0(3)	NM; *
<i>sm hydrocortisone</i> CREA 1%	\$0(3)	NM; *
<i>sm hydrocortisone maximum</i> OINT 1%	\$0(3)	NM; *
<i>sm hydrocortisone plus</i> CREA 1%	\$0(3)	NM; *
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	\$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0(1)	B/D, QL (30 gm / 30 days)
<i>lidocan PTCH 5%</i>	\$0(1)	QL (3 patches / 1 day), PA
<i>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</i>		
BETADINE SOLN 10%	\$0(3)	NM; *
<i>bexarotene (topical) GEL 1%</i>	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical) GEL 1%</i>	\$0(1)	QL (1000 gm / 30 days)
FIRST AID ANTISEPTIC OINT OINT 10%	\$0(3)	NM; *
<i>fluorouracil (topical) CREA 5%</i>	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	\$0(1)	QL (10 mL / 30 days)
<i>hydrocortisone (rectal) CREA 1%, 2.5%</i>	\$0(1)	
<i>imiquimod CREA 5%</i>	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	\$0(1)	
<i>lidocaine CREA 4%</i>	\$0(3)	NM; *
<i>metronidazole (topical) CREA .75%; GEL .75%</i>	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole (topical) LOTN .75%</i>	\$0(1)	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal) OINT .4%</i>	\$0(1)	QL (30 gm / 30 days)
PANRETIN GEL .1%	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>podofilox SOLN .5%</i>	\$0(1)	QL (7 mL / 28 days)
<i>povidone-iodine SOLN 10%</i>	\$0(3)	NM; *
<i>procto-med hc CREA 2.5%</i>	\$0(1)	
<i>proctosol hc CREA 2.5%</i>	\$0(1)	
<i>proctozone-hc CREA 2.5%</i>	\$0(1)	
<i>qc povidone iodine SOLN 10%</i>	\$0(3)	NM; *
RECTIV OINT .4%	\$0(2)	QL (30 gm / 30 days)
RENOVA CREA .02%	\$0(3)	NM; *
RENOVA PUMP CREA .02%	\$0(3)	NM; *
<i>sm povidone-iodine SOLN 10%</i>	\$0(3)	NM; *
<i>tacrolimus (topical) OINT .03%, .1%</i>	\$0(1)	QL (100 gm / 30 days)
VALCHLOR GEL .016%	\$0(2)	NDS, QL (60 gm / 30 days), NM, LA, PA
<i>DERMATOLOGY, SCABICIDES AND PEDICULIDES</i>		
<i>gnp lice treatment LIQD 1%</i>	\$0(3)	NM; *
<i>goodsense lice killing cr LIQD 1%</i>	\$0(3)	NM; *
<i>lice killing maximum stre</i>	\$0(3)	NM; *
<i>lice killing shampoo</i>	\$0(3)	NM; *
<i>lice treatment creme rins LIQD 1%</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>malathion</i> LOTN .5%	\$0(1)	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	\$0(1)	QL (60 gm / 30 days)
<i>sm lice killing maximum s</i>	\$0(3)	NM; *
<i>sm lice treatment</i> 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)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	\$0(1)	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	\$0(1)	
<i>clotrimazole</i> TROC 10mg	\$0(1)	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	\$0(1)	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	\$0(1)	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	\$0(1)	
<i>periogard</i> SOLN .12%	\$0(1)	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	\$0(1)	
<i>triamcinolone acetonide (mouth)</i> 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 MIS 2 READER	\$0	PA
FREESTY LIBR MIS 3 READER	\$0	PA
FREESTYLE KIT SENSOR	\$0	PA
FREESTYLE MIS READER	\$0	PA
TRUE METRIX KIT AIR	\$0	
TRUE METRIX KIT METER	\$0	
TRUE METRIX STRIPS	\$0	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

D. Index of Covered Drugs

<i>*pediatric vitamins</i>	<i>acetaminophen w/</i>	<i>adefovir dipivoxil ...</i>
<i>acd w/ fluoride soln</i>	<i>codeine tab 300-15</i>	<i>ADEMPAS</i>
<i>0.5 mg/ml***</i>	<i>mg</i>	<i>ADIPLEX-P</i>
<i>*sodium phosphates -</i>	<i>acetaminophen w/</i>	<i>ADMELOG</i>
<i>enema***</i>	<i>codeine tab 300-30</i>	<i>ADMELOG SOLOSTAR</i>
	<i>mg</i>	<i>.....</i>
1	<i>acetaminophen w/</i>	<i>adult aspirin regimen</i>
<i>12hr allergy relief</i>	<i>codeine tab 300-60</i>	<i>.....</i>
	<i>mg</i>	<i>ADVAIR HFA AER</i>
2	<i>acetazolamide</i>	<i>115/21</i>
<i>24hr allergy relief</i>	<i>acetic acid</i>	<i>ADVAIR HFA AER</i>
	<i>acetic acid (otic) ...</i>	<i>230/21</i>
3	<i>acetylcysteine</i>	<i>ADVAIR HFA AER</i>
<i>3 day vaginal</i>	<i>acid gone</i>	<i>45/21</i>
	<i>acid reducer</i>	<i>afirmelle</i>
A	<i>acid reducer complete</i>	<i>AHIST</i>
<i>abacavir sulfate</i>	<i>.....</i>	<i>AIMOVIG</i>
<i>abacavir sulfate-</i>	<i>acid reducer</i>	<i>AKEEGA TAB 100/500</i>
<i>lamivudine tab 600-</i>	<i>maximum stre ...</i>	<i>.....</i>
<i>300 mg</i>	<i>acid reducer original</i>	<i>AKEEGA TAB</i>
<i>ABELCET</i>	<i>str</i>	<i>50/500MG</i>
<i>ABILIFY MAINTENA</i>	<i>acitretin</i>	<i>ala-cort</i>
<i>abiraterone acetate</i>	<i>acne medication 10</i>	<i>ALA-HIST IR</i>
<i>ABRYSVO</i>	<i>.....</i>	<i>alaway</i>
<i>acamprosate calcium</i>	<i>ACNE MEDICATION</i>	<i>alaway childrens</i>
<i>.....</i>	<i>10</i>	<i>allergy</i>
<i>acarbose</i>	<i>acne medication 2.5</i>	<i>albendazole</i>
<i>accutane</i>	<i>.....</i>	<i>albuterol sulfate ..</i>
<i>acebutolol hcl</i>	<i>acne medication 5</i>	<i>alclometasone</i>
<i>acetaminophen</i>	<i>ACTHIB INJ</i>	<i>dipropionate</i>
<i>acetaminophen extra</i>	<i>ACTIMMUNE</i>	<i>ALDURAZYME</i>
<i>stren</i>	<i>acyclovir</i>	<i>ALECENSA</i>
<i>acetaminophen w/</i>	<i>acyclovir sodium ...</i>	<i>alendronate sodium</i>
<i>codeine soln 120-12</i>	<i>ADACEL INJ</i>	<i>.....</i>
<i>mg/5ml</i>	<i>ADALIMUMAB-AACF</i>	<i>alfuzosin hcl</i>
	<i>(2 PEN)</i>	<i>aliskiren fumarate .</i>
	<i>adapalene</i>	<i>all day allergy</i>

<i>all day allergy</i>		<i>amlodipine besylate-</i>	<i>amlodipine besylate-</i>
<i> childrens.....</i>	<i>100</i>	<i> benazepril hcl cap</i>	<i> valsartan tab 5-160</i>
<i>all day pain relief...14</i>		<i> 10-20 mg 39</i>	<i> mg41</i>
<i>all day relief.....14</i>		<i>amlodipine besylate-</i>	<i>amlodipine besylate-</i>
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<i>allergy relief childrens</i>		<i>amlodipine besylate-</i>	<i>amoxicillin & k</i>
<i> 100</i>		<i> benazepril hcl cap</i>	<i> clavulanate chew</i>
<i>allergy</i>		<i> 5-10 mg 39</i>	<i> tab 200-28.5 mg 27</i>
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<i>alyacen 7/7/769</i>		<i> 40 mg 41</i>	<i> clavulanate for susp</i>
<i>amabelz tab 0.5-</i>		<i>amlodipine besylate-</i>	<i> 600-42.9 mg/5ml27</i>
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For more recent information or other questions, contact us at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., ET or visit MolinaHealthcare.com/Duals

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