



2023

Formulary

(List of Covered Drugs)

Illinois

Molina Dual Options Medicare-Medicaid Plan

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For more recent information or other questions, contact us at (877) 901-8181, TTY:711, Monday-Friday, 8 a.m. to 8 p.m., local time or visit MolinaHealthcare.com/Duals.

- **Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Molina Dual Options Medicare-Medicaid Plan | 2023 *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 Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ ATENCIÓN: Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (877) 901-8181, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- ❖ 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.
- ❖ <https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx>
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. 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 (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

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:

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- 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).

You can also find an up-to-date list of drugs that we cover on our website at MolinaHealthcare.com/Duals or call Member Services at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

B2. Does the Drug List ever change?

Yes, and Molina Dual Options must follow Medicare and 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 authorization (PA) or approval 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 (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

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If you have questions, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

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.
 - 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.

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B4. Are there any restrictions or limits on drug coverage or 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. Molina Dual Options may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Molina Dual Options limits the amount of a drug you can get.
- **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 doctor 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 - 105. 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 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 question 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 the drugs on the Drug List change.

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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 106.

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, Beta-blockers. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the Drug List, call Member Services at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time and ask about it. The call is free. 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 question 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.

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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 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 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 180 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.

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.

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If you have questions, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

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.

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 on our Drug List.

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- 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.

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 106. 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.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs also 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 Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. You can also read Chapter 9, of 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, Beta-blockers. 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> LIQD 160mg/5ml; SOLN 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; SUPP 120mg; SUSP 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; TABS 325mg, 500mg	\$0(3)	NM; *
<i>acetaminophen extra stren</i> TABS 500mg	\$0(3)	NM; *
<i>adult aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin</i> CHEW 81mg; TABS 325mg; TBEC 325mg	\$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>childrens acetaminophen</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>childrens silapap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>ed-apap</i> LIQD 160mg/5ml	\$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 acetaminophen</i> TABS 325mg	\$0(3)	NM; *
<i>gnp acetaminophen extra s</i> TABS 500mg	\$0(3)	NM; *
<i>gnp adult aspirin low str</i> CHEW 81mg	\$0(3)	NM; *
<i>gnp aspirin</i> TBEC 81mg	\$0(3)	NM; *
<i>gnp aspirin low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>gnp headache relief extra</i>	\$0(3)	NM; *
<i>gnp infants pain/fever</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>gnp migraine relief</i>	\$0(3)	NM; *
<i>gnp pain & fever children</i> SUSP 160mg/5ml	\$0(3)	NM; *

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

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

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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>qc pain relief childrens</i> SUSP 160mg/5ml	\$0(3)	NM; *
<i>qc pain relief extra stre</i> TABS 500mg	\$0(3)	NM; *
<i>sm adult aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>sm aspirin adult low stre</i> TBEC 81mg	\$0(3)	NM; *
<i>sm aspirin enteric coated</i> TBEC 325mg	\$0(3)	NM; *
<i>sm aspirin low dose</i> CHEW 81mg	\$0(3)	NM; *
<i>sm migraine relief</i>	\$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>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>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 ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>gnp naproxen</i> TABS 220mg	\$0(3)	NM; *
<i>goodsense ibuprofen</i> TABS 200mg	\$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 ib</i> TABS 200mg	\$0(3)	NM; *
<i>hm naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>ibu</i> TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibu-200</i> TABS 200mg	\$0(3)	NM; *

Updated on 12/01/2023

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen</i> TABS 200mg	\$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> 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> TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>sm naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	
<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, 50mcg/hr, 75mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
<i>OPIOID ANALGESICS, SHORT-ACTING</i>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)

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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>acetaminophen w/ codeine tab 300-15 mg</i>	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	\$0(2)	
<i>endocet tab 2.5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP 200mcg</i>	\$0(1)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl 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)
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml</i>	\$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)
<i>MORPHINE SULFATE/SODIUM C SOLN 1mg/ml</i>	\$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)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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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ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	\$0(2)	NDS
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	\$0(1)	
<i>atovaquone SUSP 750mg/5ml</i>	\$0(1)	
<i>aztreonam SOLR 1gm, 2gm</i>	\$0(1)	
<i>CAYSTON SOLR 75mg</i>	\$0(2)	NDS, NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	\$0(1)	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	\$0(1)	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0(1)	
<i>CLINDMYC/NAC INJ 300/50ML</i>	\$0(2)	
<i>CLINDMYC/NAC INJ 600/50ML</i>	\$0(2)	
<i>CLINDMYC/NAC INJ 900/50ML</i>	\$0(2)	
<i>colistimethate sodium SOLR 150mg</i>	\$0(1)	
<i>cvs pinworm treatment SUSP 144mg/ml</i>	\$0(3)	NM; *
<i>dapsone TABS 25mg, 100mg</i>	\$0(1)	
<i>DAPTOMYCIN SOLR 350mg</i>	\$0(2)	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	\$0(2)	NDS

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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)	
<i>gentamicin in saline inj</i> 0.8 mg/ml	\$0(1)	
<i>gentamicin in saline inj</i> 1 mg/ml	\$0(1)	
<i>gentamicin in saline inj</i> 1.2 mg/ml	\$0(1)	
<i>gentamicin in saline inj</i> 1.6 mg/ml	\$0(1)	
<i>gentamicin in saline inj</i> 2 mg/ml	\$0(1)	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	\$0(1)	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	\$0(1)	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	\$0(1)	
<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)	
<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)	
<i>paromomycin sulfate</i> CAPS 250mg	\$0(1)	
<i>pentamidine isethionate inh</i> SOLR 300mg	\$0(1)	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	\$0(1)	
<i>pin-away</i> SUSP 144mg/ml	\$0(3)	NM; *
<i>praziquantel</i> TABS 600mg	\$0(1)	
<i>reeses pinworm medicine</i> SUSP 144mg/ml	\$0(3)	NM; *
SIVEXTRO SOLR 200mg; TABS 200mg	\$0(2)	NDS
<i>streptomycin sulfate</i> SOLR 1gm	\$0(1)	
<i>sulfadiazine</i> TABS 500mg	\$0(2)	

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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>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>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
<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
NOXAFIL SUSP 40mg/ml	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>nystatin</i> TABS 500000unit	\$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>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; 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</i> tab 62.5-25 mg	\$0(1)	
<i>atovaquone-proguanil hcl</i> tab 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

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
INTELENCE TABS 25mg	\$0(2)	NM
ISENTRESS CHEW 25mg	\$0(2)	NM

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	\$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	\$0(2)	NDS, NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	NM
LEXIVA SUSP 50mg/ml	\$0(2)	NM
maraviroc TABS 150mg, 300mg	\$0(2)	NDS, NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	\$0(1)	NM
NORVIR PACK 100mg	\$0(2)	NM
PIFELTRO TABS 100mg	\$0(2)	NDS, NM
PREZISTA SUSP 100mg/ml	\$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	\$0(2)	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg	\$0(2)	NDS, NM
ritonavir TABS 100mg	\$0(1)	NM
RUKOBIA TB12 600mg	\$0(2)	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	\$0(2)	NDS, NM
SELZENTRY TABS 25mg	\$0(2)	NM
SUNLENCA TBPK 300mg	\$0(2)	NDS, NM, LA
tenofovir disoproxil fumarate TABS 300mg	\$0(1)	NM
TIVICAY TABS 10mg	\$0(2)	NM
TIVICAY TABS 25mg, 50mg	\$0(2)	NDS, NM
TIVICAY PD TBSO 5mg	\$0(2)	NDS, NM
TROGARZO SOLN 200mg/1.33ml	\$0(2)	NDS, NM, LA
TYBOST TABS 150mg	\$0(2)	NM
VIRACEPT TABS 250mg, 625mg	\$0(2)	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	\$0(2)	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	\$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	\$0(1)	NM
BIKTARVY TAB 30-120-15 MG	\$0(2)	NDS, NM

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 600-200-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(2)	NDS, 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 150-300 mg</i>	\$0(1)	NM
<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)	

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<i>rifabutin</i> CAPS 150mg	\$0(1)	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, NM, LA, PA
TRECTOR TABS 250mg	\$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	\$0(1)	
<i>acyclovir sodium</i> SOLN 50mg/ml	\$0(1)	B/D
<i>adefovir dipivoxil</i> TABS 10mg	\$0(2)	NDS, NM
BARACLUDE SOLN .05mg/ml	\$0(2)	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	\$0(1)	NM
EPCLUSA PAK 150-37.5	\$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	\$0(2)	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	\$0(1)	
<i>ganciclovir sodium</i> SOLR 500mg	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hcv)</i> TABS 100mg	\$0(1)	NM
MAVYRET PAK 50-20MG	\$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSP 6mg/ml	\$0(1)	QL (1080 mL / year)
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)	

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

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<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)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
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 100mg, 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)	
<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</i> TABS 400mg	\$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	\$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)	

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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>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)	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	\$0(2)	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	\$0(1)	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	\$0(1)	
<i>nafcillin sodium SOLR 10gm</i>	\$0(2)	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	\$0(1)	
<i>PEN GK/DEXTR INJ 40000/ML</i>	\$0(2)	
<i>PEN GK/DEXTR INJ 60000/ML</i>	\$0(2)	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	\$0(1)	
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	\$0(2)	
<i>penicillin g sodium SOLR 5000000unit</i>	\$0(1)	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	\$0(1)	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	\$0(1)	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0(1)	

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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>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100 SOLR 100mg</i>	\$0(1)	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg</i>	\$0(1)	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	\$0(1)	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	\$0(1)	
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	\$0(2)	NDS, NM, LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	\$0(1)	PA
<i>tigecycline SOLR 50mg</i>	\$0(2)	NDS
<i>TIGECYCLINE SOLR 50mg</i>	\$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>BENDEKA SOLN 100mg/4ml</i>	\$0(2)	NDS, B/D, NM, LA
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	\$0(1)	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	\$0(1)	B/D
<i>cyclophosphamide CAPS 25mg, 50mg</i>	\$0(1)	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml</i>	\$0(2)	NDS, B/D
<i>cyclophosphamide SOLR 1gm, 2gm, 500mg</i>	\$0(2)	NDS, B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	\$0(2)	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml</i>	\$0(2)	NDS, B/D
<i>GLEOSTINE CAPS 10mg, 40mg</i>	\$0(2)	NM
<i>GLEOSTINE CAPS 100mg</i>	\$0(2)	NDS, NM
<i>LEUKERAN TABS 2mg</i>	\$0(2)	
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml</i>	\$0(1)	B/D
<i>oxaliplatin SOLR 50mg, 100mg</i>	\$0(2)	NDS, B/D
<i>paraplatin SOLN 1000mg/100ml</i>	\$0(1)	B/D

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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
ELLENCES 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, NM, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, NM, LA, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	\$0(1)	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	\$0(1)	B/D
ONUREG TABS 200mg, 300mg	\$0(2)	NDS, 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
TABLOID TABS 40mg	\$0(2)	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	\$0(2)	NDS, NM, 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
EMCYT CAPS 140mg	\$0(2)	NDS
ERLEADA TABS 60mg, 240mg	\$0(2)	NDS, NM, LA, PA
EULEXIN CAPS 125mg	\$0(2)	NDS
<i>exemestane</i> TABS 25mg	\$0(1)	
<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

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<i>megestrol acetate</i> TABS 20mg, 40mg	\$0(2)	
<i>nilutamide</i> TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, NM, LA, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, NM, LA, PA
ORSERDU TABS 86mg, 345mg	\$0(2)	NDS, 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(2)	NDS
XTANDI CAPS 40mg; TABS 40mg, 80mg	\$0(2)	NDS, 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, NM, LA, PA
<i>bexarotene</i> CAPS 75mg	\$0(2)	NDS, 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
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
SYNRIBO SOLR 3.5mg	\$0(2)	NDS, NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	\$0(2)	NDS
WELIREG TABS 40mg	\$0(2)	NDS, NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	\$0(1)	B/D

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<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, NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	\$0(2)	NDS, NM, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	\$0(2)	NDS, 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 TABS 100mg, 400mg, 500mg	\$0(2)	NDS, NM, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, NM, LA, PA
BRUKINSA CAPS 80mg	\$0(2)	NDS, 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, 300mg	\$0(2)	NDS, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	\$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	\$0(2)	NDS, NM, LA, PA
COTELLIC TABS 20mg	\$0(2)	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	\$0(2)	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA

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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>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
EXKIVITY CAPS 40mg	\$0(2)	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	\$0(2)	NDS, NM, LA, PA
<i>gefitinib</i> TABS 250mg	\$0(2)	NDS, NM, PA
GILOTTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, 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, LA, 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, 560mg	\$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, NM, LA, PA
IRESSA TABS 250mg	\$0(2)	NDS, NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	\$0(2)	NDS, NM, LA, PA
KISQALI 200 DOSE TBPB 200mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPB 200mg	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPB 200mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KRAZATI TABS 200mg	\$0(2)	NDS, NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, 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, 100mg	\$0(2)	NDS, NM, LA, PA
LUMAKRAS TABS 120mg, 320mg	\$0(2)	NDS, NM, LA, PA
LYNPARZA TABS 100mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI TBPB 4mg	\$0(2)	NDS, NM, LA, PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	\$0(2)	NDS, NM, LA, PA
MEKTOVI TABS 15mg	\$0(2)	NDS, NM, LA, PA
MONJUVI SOLR 200mg	\$0(2)	NDS, NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, NM, LA, PA
NERLYNX TABS 40mg	\$0(2)	NDS, NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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, NM, LA, PA
OGIVRI SOLR 150mg	\$0(2)	NDS, NM, LA, PA
OGIVRI INJ 420MG	\$0(2)	NDS, NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	\$0(2)	NDS, NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	\$0(2)	NDS, NM, LA, PA
PHESGO SOL	\$0(2)	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	\$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	\$0(2)	NDS, NM, PA
QINLOCK TABS 50mg	\$0(2)	NDS, NM, LA, PA
RETEVMO CAPS 40mg, 80mg	\$0(2)	NDS, NM, LA, PA
REZLIDHIA CAPS 150mg	\$0(2)	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	\$0(2)	NDS, 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, 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, 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, NM, PA
STIVARGA TABS 40mg	\$0(2)	NDS, 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, NM, PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	\$0(2)	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	\$0(2)	NDS, NM, PA
TAZVERIK TABS 200mg	\$0(2)	NDS, NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	\$0(2)	NDS, NM, LA, PA
TEPMETKO TABS 225mg	\$0(2)	NDS, NM, LA, PA
TIBSOVO TABS 250mg	\$0(2)	NDS, NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
TRUSELTIQ 50MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, LA, PA
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, LA, PA
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	\$0(2)	NDS, LA, PA
TRUSELTIQ 125MG DAILY DOSE	\$0(2)	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	\$0(2)	NDS, NM, LA, PA
TURALIO CAPS 125mg, 200mg	\$0(2)	NDS, NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	\$0(2)	NDS, 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, 100mg; SOLN 20mg/ml	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	\$0(2)	NDS, NM, LA, PA
VONJO CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	\$0(2)	NDS, NM, LA, PA
XALKORI CAPS 200mg, 250mg	\$0(2)	NDS, NM, LA, PA
XOSPATA TABS 40mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	\$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	\$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	\$0(2)	NDS, QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	\$0(2)	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, NM, LA, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, 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 cap</i> 2.5-10 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 10-20 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 10-40 mg	\$0(1)	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab</i> 5- 6.25mg	\$0(1)	
<i>benazepril & hydrochlorothiazide tab</i> 10-12.5 mg	\$0(1)	
<i>benazepril & hydrochlorothiazide tab</i> 20-12.5 mg	\$0(1)	
<i>benazepril & hydrochlorothiazide tab</i> 20-25 mg	\$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>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)	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>quinapril-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)	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</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>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</i> tab 5-20 mg	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg	\$0(1)	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	\$0(2)	
ENTRESTO TAB 49-51MG	\$0(2)	
ENTRESTO TAB 97-103MG	\$0(2)	
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg	\$0(1)	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg	\$0(1)	QL (30 tabs / 30 days)

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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>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)

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You can find information on what the symbols and abbreviations in this table mean by referring to page 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/afl)</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)	
<i>gemfibrozil</i> TABS 600mg	\$0(1)	

Updated on 12/01/2023

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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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)
PRALUENT SOAJ 75mg/ml, 150mg/ml	\$0(2)	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
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)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</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>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</i> 200mg, 400mg	\$0(1)	
<i>atenolol TABS</i> 25mg, 50mg, 100mg	\$0(1)	
<i>betaxolol hcl TABS</i> 10mg, 20mg	\$0(1)	
<i>bisoprolol fumarate TABS</i> 5mg, 10mg	\$0(1)	
<i>carvedilol TABS</i> 3.125mg, 6.25mg, 12.5mg, 25mg	\$0(1)	
<i>labetalol hcl TABS</i> 100mg, 200mg, 300mg	\$0(1)	
<i>metoprolol succinate TB24</i> 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>metoprolol tartrate SOLN</i> 5mg/5ml; <i>TABS</i> 25mg, 50mg, 100mg	\$0(1)	
<i>nadolol TABS</i> 20mg, 40mg, 80mg	\$0(1)	
<i>nebivolol hcl TABS</i> 2.5mg, 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS</i> 20mg	\$0(1)	QL (60 tabs / 30 days)
<i>pindolol TABS</i> 5mg, 10mg	\$0(1)	
<i>propranolol hcl CP24</i> 60mg, 80mg, 120mg, 160mg; <i>SOLN</i> 20mg/5ml, 40mg/5ml; <i>TABS</i> 10mg, 20mg, 40mg, 60mg, 80mg	\$0(1)	
<i>timolol maleate TABS</i> 5mg, 10mg, 20mg	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate TABS</i> 2.5mg, 5mg, 10mg	\$0(1)	
<i>cartia xt CP24</i> 120mg, 180mg, 240mg, 300mg	\$0(1)	
<i>dilt-xr CP24</i> 120mg, 180mg, 240mg	\$0(1)	
<i>diltiazem hcl CP12</i> 60mg, 90mg, 120mg; <i>SOLN</i> 25mg/5ml, 50mg/10ml, 125mg/25ml; <i>TABS</i> 30mg, 60mg, 90mg, 120mg	\$0(1)	
<i>diltiazem hcl coated beads CP24</i> 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>diltiazem hcl extended release beads</i> <i>CP24</i> 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$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>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 5- 50 mg</i>	\$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 25-25 mg</i>	\$0(1)	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	\$0(1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0(1)	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	\$0(2)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	\$0(2)	
<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)	
VERQUVO TABS 2.5mg, 5mg, 10mg	\$0(2)	
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)	
NITRO-BID OINT 2%	\$0(2)	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	\$0(1)	
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
<i>ambrisentan</i> TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA

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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>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	\$0(1)	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	\$0(2)	NDS, NM, LA, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	\$0(1)	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>lorazepam</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	\$0(1)	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
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)	
CELONTIN CAPS 300mg	\$0(2)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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(2)	NDS
<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)	
<i>NAYZILAM</i> SOLN 5mg/0.1ml	\$0(2)	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	
<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	\$0(1)	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	\$0(1)	
<i>phenytoin sodium</i> SOLN 50mg/ml	\$0(1)	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	\$0(1)	
<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

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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>primidone</i> TABS 50mg, 125mg, 250mg	\$0(1)	
<i>roweepra</i> TABS 500mg	\$0(1)	
<i>rufinamide</i> SUSP 40mg/ml	\$0(2)	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	\$0(1)	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	\$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	\$0(2)	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	\$0(2)	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	\$0(2)	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	\$0(2)	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
SYMPAZAN FILM 5mg, 10mg, 20mg	\$0(2)	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	\$0(1)	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	\$0(1)	
<i>valproic acid</i> CAPS 250mg	\$0(1)	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	\$0(2)	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	\$0(2)	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	\$0(2)	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	\$0(2)	
<i>vigabatrin</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	\$0(2)	NDS, QL (1200 mL / 30 days)
XCOPRI TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	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
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	\$0(1)	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	\$0(1)	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	\$0(1)	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl tab</i> 28 x 5 mg & 21 x 10 mg titration pack	\$0(2)	PA; PA if < 30 yrs
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)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUVELITY TAB 45-105MG	\$0(2)	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	\$0(1)	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	\$0(1)	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	\$0(2)	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	\$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	\$0(2)	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	\$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days), PA
<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)	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
MARPLAN TABS 10mg	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
VIIIBRYD KIT STARTER	\$0(2)	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)

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)	
<i>carb/levo orally disintegrating tab</i> 25-250mg	\$0(1)	
<i>carbidopa & levodopa tab</i> 10-100 mg	\$0(1)	
<i>carbidopa & levodopa tab</i> 25-100 mg	\$0(1)	
<i>carbidopa & levodopa tab</i> 25-250 mg	\$0(1)	
<i>carbidopa & levodopa tab</i> er 25-100 mg	\$0(1)	
<i>carbidopa & levodopa tab</i> er 50-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	\$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>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	\$0(1)	
<i>entacapone</i> TABS 200mg	\$0(1)	
INBRIJA CAPS 42mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	\$0(2)	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	\$0(1)	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	\$0(1)	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	\$0(1)	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	\$0(1)	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	\$0(2)	PA; PA if 70 years and older
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</i> SOLN 1mg/ml	\$0(1)	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	\$0(2)	NDS, QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	\$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	\$0(2)	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	\$0(2)	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>clozapine</i> TABS 25mg, 50mg	\$0(1)	
<i>clozapine</i> TABS 100mg	\$0(1)	QL (270 tabs / 30 days)

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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>clozapine</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	\$0(2)	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	\$0(1)	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	\$0(1)	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	\$0(1)	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	\$0(1)	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	\$0(2)	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	\$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	\$0(2)	NDS, QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	\$0(2)	NDS, QL (30 tabs / 30 days)
LATUDA TABS 80mg	\$0(2)	NDS, QL (60 tabs / 30 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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	\$0(1)	
<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)
RISPERDAL CONSTA SRER 12.5mg, 25mg	\$0(2)	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 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)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	\$0(2)	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 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

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

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

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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>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	\$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	\$0(2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er</i> TBCR 20mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	\$0(1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	\$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
DAYVIGO TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	\$0(1)	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<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

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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>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
<i>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</i>		
<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>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)
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	\$0(1)	QL (12 tabs / 30 days)
<i>MISCELLANEOUS</i>		
<i>AUSTEDO</i> TABS 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>AUSTEDO</i> TABS 9mg, 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>AUSTEDO XR</i> TB24 6mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>AUSTEDO XR</i> TB24 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>AUSTEDO XR</i> TB24 24mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TAB TITR KIT	\$0(2)	NDS, QL (2 packs / year), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	\$0(2)	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
NUDEXTA 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)	NM, PA
<i>fingolimod hcl</i> CAPS .5mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	\$0(2)	NDS, QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen</i> TABS 10mg, 20mg	\$0(1)	
<i>carisoprodol</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	\$0(2)	PA; PA if 70 years and older

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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>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
<i>methocarbamol</i> TABS 500mg, 750mg	\$0(2)	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	\$0(1)	
<i>vanadom</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</i>		
<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
SODIUM OXYBATE SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA
XYREM SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA
<i>PSYCHOTHERAPEUTIC-MISC</i>		
<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)
<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)</i> TB12 150mg	\$0(1)	
<i>disulfiram</i> TABS 250mg, 500mg	\$0(1)	
<i>gnp nicotine gum</i> GUM 2mg, 4mg	\$0(3)	NM; *
<i>gnp nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>gnp nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>gnp nicotine polacrilex m</i> LOZG 4mg	\$0(3)	NM; *
<i>gnp nicotine transdermal</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>goodsense nicotine</i> LOZG 2mg, 4mg	\$0(3)	NM; *

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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>goodsense nicotine gum</i> GUM 4mg	\$0(3)	NM; *
<i>goodsense nicotine polacr</i> GUM 2mg, 4mg; LOZG 4mg	\$0(3)	NM; *
<i>hm nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>hm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	\$0(1)	
<i>naltrexone hcl</i> TABS 50mg	\$0(1)	
<i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
<i>nicotine polacrilex mini</i> LOZG 2mg	\$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine transdermal syst</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
NICOTROL INHALER INHA 10mg	\$0(2)	
NICOTROL NS SOLN 10mg/ml	\$0(2)	
<i>sm nicotine</i> GUM 4mg; LOZG 2mg	\$0(3)	NM; *
<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)	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>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

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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>ANTIDIABETICS</i>		
<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)
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	\$0(2)	QL (60 tabs / 30 days)
JARDIANCE TABS 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)
<i>nateglinide</i> TABS 60mg, 120mg	\$0(1)	QL (90 tabs / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 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>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)
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 12.5-1000MG	\$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
VICTOZA SOPN 18mg/3ml	\$0(2)	QL (3 pens / 30 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		
BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
FIASP FLEX INJ TOUCH	\$0(2)	
FIASP INJ 100/ML	\$0(2)	
FIASP PENFIL INJ U-100	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FIASP PMPCRT INJ U-100	\$0(2)	B/D
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	\$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	\$0(2)	NDS
INSULIN PEN NEEDLES: BD/NOVO	\$0(2)	
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGES: BD	\$0(2)	
LANTUS SOLN 100unit/ml	\$0(2)	
LANTUS SOLOSTAR SOPN 100unit/ml	\$0(2)	
LEVEMIR SOLN 100unit/ml	\$0(2)	
LEVEMIR FLEXPEN SOPN 100unit/ml	\$0(2)	
LEVEMIR FLEXTOUCH 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 SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG 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)
NOVOLOG PENFILL SOCT 100unit/ml	\$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 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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
OMNIPOD PDM KIT CLASSIC	\$0(2)	QL (1 kit / year), PA
SOLQUA INJ 100/33	\$0(2)	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	\$0(2)	
TOUJEO SOLOSTAR SOPN 300unit/ml	\$0(2)	
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	
V-GO 20 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 30 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 40 KIT	\$0(2)	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
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
FORTEO SOPN 600mcg/2.4ml	\$0(2)	NDS, NM, PA
<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
<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

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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>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	\$0(2)	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	\$0(2)	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	\$0(2)	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)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>chateal</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)	

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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>deblitane</i> TABS .35mg	\$0(1)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 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>emoquette</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 estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
<i>femynor</i>	\$0(1)	
<i>finzala</i>	\$0(1)	
<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	
<i>haloette</i>	\$0(1)	
<i>heather</i> TABS .35mg	\$0(1)	
<i>iclevia</i>	\$0(1)	
<i>incassia</i> TABS .35mg	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel 1.5/30</i>	\$0(1)	
<i>junel 1/20</i>	\$0(1)	
<i>junel fe 1.5/30</i>	\$0(1)	

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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>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)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>lutra</i>	\$0(1)	
<i>lyleq TABS .35mg</i>	\$0(1)	
<i>lyza TABS .35mg</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	

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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>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin 24 fe</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-lynyah</i>	\$0(1)	
<i>my choice TABS 1.5mg</i>	\$0(3)	NM; *
<i>my way TABS 1.5mg</i>	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day TABS 1.5mg</i>	\$0(3)	NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be TABS .35mg</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone (contraceptive) TABS .35mg</i>	\$0(1)	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol- fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<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)	

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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>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>pirmella 1/35</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>tydemy</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vestura</i>	\$0(1)	
<i>vienva</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wera</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xulane</i>	\$0(1)	

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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>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
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>amabelz</i>	\$0(2)	
DELESTROGEN OIL 10mg/ml	\$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</i> <i>0.5-0.1 mg</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab</i> <i>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</i> <i>tab 0.5 mg-2.5 mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	\$0(2)	
<i>yuvaferm</i> TABS 10mcg	\$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	\$0(1)	
DEXAMETHASONE INTENSOL CONC 1mg/ml	\$0(2)	

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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>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)	
PREDNISON INTENSOL CONC 5mg/ml	\$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
<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 .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
MISCELLANEOUS		
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	\$0(1)	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	\$0(2)	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	\$0(2)	NDS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	\$0(2)	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	\$0(2)	NDS, NM, LA, PA
<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>miglustat</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	\$0(2)	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	\$0(2)	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	\$0(1)	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	\$0(2)	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	\$0(1)	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	\$0(2)	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	\$0(2)	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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>sevelamer carbonate</i> PACK 2.4gm	\$0(2)	NDS, QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	\$0(2)	NDS, 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)	
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)	
<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)	

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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>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 CPCR 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; *
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	\$0(3)	NM; *
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	\$0(3)	NM; *
<i>alumina/magnesia/simethic</i>	\$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	NM; *
<i>antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>antacid anti-gas maximum</i>	\$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 plus anti-gas rel</i>	\$0(3)	NM; *
<i>antacid regular strength</i>	\$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; *
<i>gnp antacid anti-gas/maxi</i>	\$0(3)	NM; *
<i>gnp antacid extra strengt</i> CHEW 750mg	\$0(3)	NM; *
<i>gnp antacid/regular stren</i>	\$0(3)	NM; *
<i>heartburn relief extra st</i>	\$0(3)	NM; *
<i>hm advanced antacid maxim</i>	\$0(3)	NM; *

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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>hm antacid</i>	\$0(3)	NM; *
<i>hm antacid anti-gas extra</i>	\$0(3)	NM; *
<i>hm antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>hm antacid regular streng</i> CHEW 500mg	\$0(3)	NM; *
<i>hm calcium antacid extra</i> CHEW 750mg	\$0(3)	NM; *
<i>mag-al plus</i>	\$0(3)	NM; *
<i>mag-al plus xs</i>	\$0(3)	NM; *
<i>magnesium oxide</i> TABS 400mg, 420mg	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>mintox plus</i>	\$0(3)	NM; *
<i>qc antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>qc antacid/anti-gas</i>	\$0(3)	NM; *
<i>qc antacid/anti-gas maxim</i>	\$0(3)	NM; *
<i>sm antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>sm antacid advanced</i>	\$0(3)	NM; *
<i>sm antacid advanced maxi</i>	\$0(3)	NM; *
<i>sm antacid maximum streng</i>	\$0(3)	NM; *
<i>sm antacid/antigas</i>	\$0(3)	NM; *
<i>sm calcium antacid extra</i> CHEW 750mg	\$0(3)	NM; *
<i>sodium bicarbonate (antacid)</i> TABS 325mg, 650mg	\$0(3)	NM; *
SODIUM POW BICARBON	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrheal</i> CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>bismatrol</i> CHEW 262mg	\$0(3)	NM; *
<i>bismuth subsalicylate</i> CHEW 262mg	\$0(3)	NM; *
<i>gnp anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *
<i>gnp loperamide hydrochlor</i> SOLN 1mg/7.5ml	\$0(3)	NM; *
<i>gnp pink bismuth</i> CHEW 262mg; TABS 262mg	\$0(3)	NM; *
<i>gnp stomach relief</i> SUSP 262mg/15ml	\$0(3)	NM; *
<i>gnp ultra stomach relief</i> SUSP 525mg/15ml	\$0(3)	NM; *
<i>goodsense anti-diarrheal</i> SOLN 1mg/7.5ml	\$0(3)	NM; *
<i>goodsense stomach relief</i> CHEW 262mg	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *
<i>hm stomach relief</i> CHEW 262mg	\$0(3)	NM; *
<i>loperamide hcl</i> SOLN 1mg/7.5ml, 2mg/15ml; TABS 2mg	\$0(3)	NM; *
<i>qc anti-diarrheal</i> CAPS 2mg	\$0(3)	NM; *
<i>sm anti-diarrheal</i> CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>sm stomach relief</i> CHEW 262mg; TABS 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>anti-nausea</i>	\$0(3)	NM; *
<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>driminate</i> TABS 50mg	\$0(3)	NM; *
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
<i>gnp motion sickness relie</i> TABS 25mg, 50mg	\$0(3)	NM; *
<i>gnp nausea relief</i>	\$0(3)	NM; *
<i>goodsense nausea relief</i>	\$0(3)	NM; *
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	\$0(1)	
<i>granisetron hcl</i> TABS 1mg	\$0(1)	B/D
<i>hm anti-nausea</i>	\$0(3)	NM; *
<i>hm motion sickness</i> TABS 50mg	\$0(3)	NM; *
<i>hm motion sickness relief</i> TABS 25mg	\$0(3)	NM; *
<i>meclizine hcl</i> CHEW 25mg; TABS 12.5mg	\$0(3)	NM; *
<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>motion sickness relief</i> TABS 50mg	\$0(3)	NM; *
<i>motion sickness relief/le</i> TABS 25mg	\$0(3)	NM; *
<i>motion-time</i> CHEW 25mg	\$0(3)	NM; *

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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>nausea relief</i>	\$0(3)	NM; *
<i>ondansetron</i> TBDP 4mg, 8mg	\$0(1)	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; <i>SOSY</i> 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 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>qc motion sickness relief</i> TABS 50mg	\$0(3)	NM; *
<i>qc travel ease</i> CHEW 25mg	\$0(3)	NM; *
<i>scopolamine</i> PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>sm anti-nausea</i>	\$0(3)	NM; *
<i>sm motion sickness</i> TABS 25mg, 50mg	\$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrolate</i> TABS 1mg, 2mg	\$0(1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>acid reducer original str</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	\$0(1)	
<i>famotidine</i> SUSR 40mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>famotidine</i> TABS 10mg	\$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 original stren</i> TABS 10mg	\$0(3)	NM; *
<i>gnp acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>heartburn relief</i> TABS 10mg	\$0(3)	NM; *
<i>hm famotidine</i> TABS 10mg	\$0(3)	NM; *
<i>nizatidine</i> CAPS 150mg, 300mg	\$0(1)	
<i>qc acid controller</i> TABS 10mg	\$0(3)	NM; *

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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>sm acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>INFLAMMATORY BOWEL DISEASE</i>		
<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)	
<i>LAXATIVES</i>		
<i>bisacodyl</i> SUPP 10mg	\$0(3)	NM; *
<i>bisacodyl ec</i> TBEC 5mg	\$0(3)	NM; *
<i>calcium polycarbophil</i> TABS 625mg	\$0(3)	NM; *
<i>chocolated laxative regul</i> CHEW 15mg	\$0(3)	NM; *
<i>clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>colace 2-in-1</i>	\$0(3)	NM; *
COLACE CLEAR CAPS 50mg	\$0(3)	NM; *
<i>constulose</i> SOLN 10gm/15ml	\$0(1)	
<i>docu</i> LIQD 50mg/5ml, 100mg/10ml	\$0(3)	NM; *
<i>docusate calcium</i> CAPS 240mg	\$0(3)	NM; *
<i>docusate mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>docusate sodium</i> CAPS 100mg, 250mg; LIQD 50mg/5ml, 100mg/10ml	\$0(3)	NM; *
DOCUSOL KIDS ENEM 100mg/5ml	\$0(3)	NM; *
<i>docusol mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>docusol plus mini-enema</i>	\$0(3)	NM; *
<i>dok</i> CAPS 100mg; TABS 100mg	\$0(3)	NM; *
<i>enema ready-to-use</i>	\$0(3)	NM; *
<i>enemeez mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>enemeez plus</i>	\$0(3)	NM; *
<i>enulose</i> SOLN 10gm/15ml	\$0(1)	
<i>fiber laxative</i> TABS 625mg	\$0(3)	NM; *
<i>fiber-lax</i> TABS 625mg	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	\$0(3)	NM; *

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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>gavilax</i> POWD 17gm/scoop	\$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>glycerin (laxative)</i> SUPP 2gm	\$0(3)	NM; *
<i>glycerin childrens</i> SUPP 1gm	\$0(3)	NM; *
<i>gnp clearlax</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>gnp fiber therapy</i> TABS 500mg	\$0(3)	NM; *
<i>gnp gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	NM; *
<i>gnp laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>gnp milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>gnp senna lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>gnp senna plus</i>	\$0(3)	NM; *
<i>gnp stool softener</i> CAPS 100mg, 240mg	\$0(3)	NM; *
<i>gnp stool softener/stimul</i>	\$0(3)	NM; *
<i>gnp womens gentle laxativ</i> TBEC 5mg	\$0(3)	NM; *
GOLYTELY SOL	\$0(2)	
<i>goodsense clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>healthylax</i> PACK 17gm	\$0(3)	NM; *
<i>hm clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>hm enema saline laxative</i>	\$0(3)	NM; *
<i>hm fiber</i> TABS 500mg	\$0(3)	NM; *
<i>hm laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>hm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>hm senna</i> TABS 8.6mg	\$0(3)	NM; *
<i>hm stool softener</i> CAPS 100mg, 250mg	\$0(3)	NM; *
<i>hm stool softener/stimula</i>	\$0(3)	NM; *
KONSYL DAILY FIBER POWD 100%	\$0(3)	NM; *
KONSYL ORIGINAL DAILY FIB PACK 100%	\$0(3)	NM; *
<i>lactulose</i> SOLN 10gm/15ml	\$0(1)	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	\$0(1)	
<i>laxative maximum strength</i> TABS 25mg	\$0(3)	NM; *
<i>laxative regular strength</i> TABS 15mg	\$0(3)	NM; *

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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>milk of magnesia</i> SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	\$0(3)	NM; *
<i>milk of magnesia concentr</i> SUSP 2400mg/10ml	\$0(3)	NM; *
<i>natural psyllium seed ind</i> POWD 100%	\$0(3)	NM; *
PEDIA-LAX LIQD 50mg/15ml; SUPP 2.8gm	\$0(3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	\$0(1)	
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>qc enema</i>	\$0(3)	NM; *
<i>qc gentle laxative</i> SUPP 10mg	\$0(3)	NM; *
<i>qc milk of magnesia</i> SUSP 400mg/5ml	\$0(3)	NM; *
<i>qc natura-lax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>qc stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>qc stool softener plus la</i>	\$0(3)	NM; *
<i>qc stool softener plus st</i>	\$0(3)	NM; *
<i>senexon-s</i>	\$0(3)	NM; *
<i>senna plus</i>	\$0(3)	NM; *
SENNAPLUS CAP 8.6-50MG	\$0(3)	NM; *
<i>senna regular strength</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-time</i> TABS 8.6mg	\$0(3)	NM; *
<i>senna-time s</i>	\$0(3)	NM; *
<i>sennosides</i> CAPS 8.6mg; LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg	\$0(3)	NM; *
<i>sennosides-docusate sodium tab</i> 8.6- 50 mg	\$0(3)	NM; *
<i>senokot extra strength</i> TABS 17.2mg	\$0(3)	NM; *
<i>silace</i> LIQD 150mg/15ml; SYRP 60mg/15ml	\$0(3)	NM; *
<i>sm clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>sm enema</i>	\$0(3)	NM; *
<i>sm fiber</i> TABS 625mg	\$0(3)	NM; *
<i>sm fiber laxative</i> TABS 500mg	\$0(3)	NM; *
<i>sm gentle laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>sm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>sm senna laxative</i> TABS 8.6mg	\$0(3)	NM; *

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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>sm senna-s</i>	\$0(3)	NM; *
<i>sm stool softener</i> CAPS 100mg; TABS 100mg	\$0(3)	NM; *
<i>sm stool softener/stimula</i>	\$0(3)	NM; *
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	\$0(1)	
<i>*sodium phosphates - enema***</i>	\$0(3)	NM; *
<i>soluble fiber</i>	\$0(3)	NM; *
SORBITOL SOLN 70%	\$0(3)	NM; *
<i>stimulant laxative</i>	\$0(3)	NM; *
STL SOFT/LAX CAP 8.6-50MG	\$0(3)	NM; *
<i>stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>stool softener + stimulan</i>	\$0(3)	NM; *
<i>stool softener laxative</i> CAPS 100mg	\$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	\$0(2)	
MISCELLANEOUS		
<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> 2.5-0.025 mg/5ml	\$0(2)	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	\$0(2)	
GATTEX KIT 5mg	\$0(2)	NDS, NM, LA, PA
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, 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 (90 tabs / 30 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)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
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>lansoprazole</i> CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	\$0(1)	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
<i>rabeprazole sodium</i> TBEC 20mg	\$0(1)	QL (30 tabs / 30 days)
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)	
<i>tamsulosin hcl</i> CAPS .4mg	\$0(1)	
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>fesoterodine fumarate</i> TB24 4mg, 8mg	\$0(1)	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	\$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	\$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 5mg	\$0(1)	
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)

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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>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>goodsense miconazole 1</i>	\$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%; SUPP 100mg	\$0(3)	NM; *
<i>miconazole nitrate vaginal</i> CREA 2%	\$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)	

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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>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	\$0(2)	NDS
HEP SOD/D5W INJ 20000UNT	\$0(1)	
HEP SOD/D5W INJ 25000UNT	\$0(1)	
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, 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)	
PROMACTA PACK 12.5mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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		
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; SOLR 25mg	\$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, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	\$0(2)	NDS, 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
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

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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>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</i>		
<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
<i>IMMUNOGLOBULINS</i>		
BIVIGAM SOLN 5gm/50ml, 10%	\$0(2)	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/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, 25gm/500ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE SOLN 2000000unit/0.5ml	\$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, LA, PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	\$0(2)	NDS, B/D, NM, LA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> 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
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	\$0(1)	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	\$0(2)	NDS, B/D, NM
<i>engraft</i> CAPS 25mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	\$0(1)	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	\$0(2)	NDS, B/D, NM
<i>mycophenolate sodium</i> 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
<i>sirolimus</i> SOLN 1mg/ml	\$0(2)	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	\$0(1)	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	\$0(1)	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	\$0(2)	
ACTHIB INJ	\$0(2)	
ADACEL INJ	\$0(2)	
AREXVY SUSR 120mcg/0.5ml	\$0(2)	
BCG VACCINE SOLR 50mg	\$0(2)	
BEXSERO INJ	\$0(2)	
BOOSTRIX INJ	\$0(2)	
DAPTACEL INJ	\$0(2)	
DENG VAXIA SUS	\$0(2)	
DIP/TET PED INJ 25-5LFU	\$0(2)	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	\$0(2)	B/D
GARDASIL 9 INJ	\$0(2)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	\$0(2)	
HEPLISAV-B SOSY 20mcg/0.5ml	\$0(2)	B/D

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HIBERIX SOLR 10mcg	\$0(2)	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	\$0(2)	B/D
INFANRIX INJ	\$0(2)	
IPOL INJ INACTIVE	\$0(2)	
IXIARO INJ	\$0(2)	
KINRIX INJ	\$0(2)	
M-M-R II INJ	\$0(2)	
MENACTRA INJ	\$0(2)	
MENQUADFI INJ	\$0(2)	
MENVEO INJ	\$0(2)	
MENVEO SOL	\$0(2)	
PEDIARIX INJ 0.5ML	\$0(2)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	\$0(2)	
PENTACEL INJ	\$0(2)	
PREHEVBRIO SUSP 10mcg/ml	\$0(2)	B/D
PRIORIX INJ	\$0(2)	
PROQUAD INJ	\$0(2)	
QUADRACEL INJ	\$0(2)	
QUADRACEL INJ 0.5ML	\$0(2)	
RABAVERT INJ	\$0(2)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	\$0(2)	B/D
ROTARIX SUS	\$0(2)	
ROTATEQ SOL	\$0(2)	
SHINGRIX SUSR 50mcg/0.5ml	\$0(2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0(2)	B/D
TENIVAC INJ 5-2LF	\$0(2)	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	\$0(2)	
TRUMENBA INJ	\$0(2)	
TWINRIX INJ	\$0(2)	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	\$0(2)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	\$0(2)	
VARIVAX INJ 1350pfu/0.5ml	\$0(2)	
YF-VAX INJ	\$0(2)	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NACL INJ 0.45%	\$0(2)	
D5W/LYTES INJ #48	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	

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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>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)	
<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)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	\$0(1)	
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</i> SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	\$0(1)	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	\$0(1)	
<i>klor-con 8</i> TBCR 8meq	\$0(1)	
<i>klor-con 10</i> TBCR 10meq	\$0(1)	
<i>klor-con m10</i> TBCR 10meq	\$0(1)	
<i>klor-con m15</i> TBCR 15meq	\$0(1)	
<i>klor-con m20</i> TBCR 20meq	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
<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)	
<i>IV NUTRITION</i>		
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
<i>dextrose</i> SOLN 5%, 10%	\$0(1)	

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<i>dextrose SOLN 50%, 70%</i>	\$0(1)	B/D
<i>INTRALIPID EMUL 20gm/100ml, 30gm/100ml</i>	\$0(2)	B/D
<i>NUTRILIPID EMUL 20gm/100ml</i>	\$0(2)	B/D
<i>plenamine</i>	\$0(1)	B/D
<i>PREMASOL SOL 10%</i>	\$0(2)	NDS, B/D
<i>PROSOL INJ 20%</i>	\$0(2)	B/D
<i>TRAVASOL INJ 10%</i>	\$0(2)	B/D
<i>TROPHAMINE INJ 10%</i>	\$0(2)	B/D

VITAMINS

<i>ergocalciferol CAPS 1.25mg, 50000unit; SOLN 8000unit/ml</i>	\$0(3)	NM; *
<i>phytonadione SOLN 10mg/ml; TABS 5mg</i>	\$0(3)	NM; *
<i>pyridoxine hcl SOLN 100mg/ml</i>	\$0(3)	NM; *
<i>reno caps</i>	\$0(3)	NM; *
<i>thiamine hcl SOLN 100mg/ml</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)	
<i>TOBRADEX OIN 0.3-0.1%</i>	\$0(2)	
<i>TOBRADEX ST SUS 0.3-0.05</i>	\$0(2)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)	
<i>ZYLET SUS 0.5-0.3%</i>	\$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)	
<i>BESIVANCE SUSP .6%</i>	\$0(2)	
<i>CILOXAN OINT .3%</i>	\$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)	

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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>gentak</i> OINT .3%	\$0(1)	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	\$0(1)	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	\$0(1)	
NATACYN SUSP 5%	\$0(2)	
<i>neo-polycin</i> 5(3.5)mg-400unt-10000unt op oin	\$0(1)	
<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin	\$0(1)	
<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml	\$0(1)	
<i>ofloxacin (ophth)</i> SOLN .3%	\$0(1)	
<i>polycin ophth oint</i>	\$0(1)	
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	\$0(1)	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	\$0(1)	
<i>tobramycin (ophth)</i> SOLN .3%	\$0(1)	
<i>trifluridine</i> SOLN 1%	\$0(1)	
ZIRGAN GEL .15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	\$0(2)	
BROMSITE SOLN .075%	\$0(2)	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	\$0(1)	
<i>diclofenac sodium (ophth)</i> SOLN .1%	\$0(1)	
<i>difluprednate</i> EMUL .05%	\$0(1)	
EYSUVIS SUSP .25%	\$0(2)	
FLAREX SUSP .1%	\$0(2)	
<i>fluorometholone (ophth)</i> SUSP .1%	\$0(1)	
<i>flurbiprofen sodium</i> SOLN .03%	\$0(1)	
ILEVRO SUSP .3%	\$0(2)	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	\$0(1)	
LOTEMAX OINT .5%	\$0(2)	
<i>prednisolone acetate (ophth)</i> SUSP 1%	\$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	\$0(2)	
PROLENSA SOLN .07%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl (ophth)</i> SOLN .05%	\$0(1)	
<i>cromolyn sodium (ophth)</i> SOLN 4%	\$0(1)	
<i>olopatadine hcl</i> SOLN .1%	\$0(1)	
ZERVIAE SOLN .24%	\$0(2)	

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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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ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA

ALPHAGAN P SOLN .1%	\$0(2)	
<i>betaxolol hcl (ophth)</i> SOLN .5%	\$0(1)	
BETOPTIC-S SUSP .25%	\$0(2)	
<i>brimonidine tartrate</i> SOLN .1%, .15%, .2%	\$0(1)	
<i>brinzolamide</i> SUSP 1%	\$0(1)	
<i>carteolol hcl (ophth)</i> SOLN 1%	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl</i> SOLN 2%	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	\$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

ATROPINE SULFATE SOLN 1%	\$0(2)	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	\$0(1)	
CYSTADROPS SOLN .37%	\$0(2)	NDS, NM, LA, PA
CYSTARAN SOLN .44%	\$0(2)	NDS, NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	\$0(1)	
RESTASIS EMUL .05%	\$0(2)	
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	
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</i> 0.3-0.1%	\$0(1)	
<i>flac</i> OIL .01%	\$0(1)	
<i>fluocinolone acetonide (otic)</i> OIL .01%	\$0(1)	
<i>neomycin-polymyxin-hc otic soln</i> 1%	\$0(1)	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	\$0(1)	
<i>ofloxacin (otic)</i> SOLN .3%	\$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
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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 SOLN .02%</i>	\$0(1)	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	\$0(1)	

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

<i>all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>all day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>allergy childrens</i> LIQD 12.5mg/5ml; SOLN 5mg/5ml	\$0(3)	NM; *
<i>allergy relief</i> CAPS 10mg, 25mg; TABS 10mg, 25mg	\$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%, .15%	\$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 1mg/ml	\$0(1)	
<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; *

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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>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>diphenhist</i> CAPS 25mg	\$0(3)	NM; *
<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>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 all day allergy relie</i> CAPS 10mg	\$0(3)	NM; *
<i>gnp allergy</i> TABS 25mg	\$0(3)	NM; *
<i>gnp allergy childrens</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp allergy relief</i> CAPS 25mg; CHEW 12.5mg	\$0(3)	NM; *
<i>gnp allergy relief maximu</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp childrens allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp loratadine</i> SOLN 5mg/5ml; TABS 10mg; TBP 10mg	\$0(3)	NM; *
<i>gnp loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>goodsense allergy relief</i> TABS 10mg	\$0(3)	NM; *
<i>hm all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>hm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>hm allergy relief</i> CAPS 25mg; TABS 10mg, 25mg	\$0(3)	NM; *
<i>hm allergy relief childre</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>hm cetirizine hydrochlori</i> TABS 10mg	\$0(3)	NM; *
<i>hm loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>hm loratadine childrens</i> SOLN 5mg/5ml	\$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

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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>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	\$0(1)	
<i>loratadine</i> CAPS 10mg; SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>loratadine childrens</i> CHEW 5mg; SOLN 5mg/5ml	\$0(3)	NM; *
<i>m-dryl</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>qc allergy childrens</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>qc allergy relief</i> TABS 10mg, 25mg	\$0(3)	NM; *
<i>qc childrens allergy</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>siladryl allergy</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 childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm allergy relief</i> LIQD 12.5mg/5ml; TABS 25mg	\$0(3)	NM; *
<i>sm loratadine</i> SOLN 5mg/5ml; TABS 10mg	\$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)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	\$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
<i>chest congestion relief LIQD</i> 100mg/5ml	\$0(3)	NM; *
<i>chest congestion relief d</i>	\$0(3)	NM; *
<i>cough & chest congestion</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin liquid</i> 10-100 mg/5ml	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin syrup</i> 10-100 mg/5ml	\$0(3)	NM; *
<i>diabetic siltussin-dm max</i>	\$0(3)	NM; *
<i>gnp mucus dm maximum stre</i>	\$0(3)	NM; *
<i>gnp mucus er TB12 600mg, 1200mg</i>	\$0(3)	NM; *
<i>gnp mucus relief er maxim TB12</i> 1200mg	\$0(3)	NM; *
<i>gnp nasal decongestant TABS 30mg</i>	\$0(3)	NM; *
<i>gnp nasal decongestant/ma TABS</i> 30mg	\$0(3)	NM; *
<i>gnp tussin dm</i>	\$0(3)	NM; *
<i>gnp tussin dm cough</i>	\$0(3)	NM; *
<i>gnp tussin mucus & chest LIQD</i> 100mg/5ml	\$0(3)	NM; *
<i>goodsense mucus dm</i>	\$0(3)	NM; *
<i>goodsense mucus er maximu TB12</i> 1200mg	\$0(3)	NM; *
<i>guaifenesin LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>hm mucus relief TB12 600mg</i>	\$0(3)	NM; *
<i>hm mucus relief dm</i>	\$0(3)	NM; *
<i>hm mucus relief maximum s TB12</i> 1200mg	\$0(3)	NM; *
<i>hm nasal decongestant TABS 30mg</i>	\$0(3)	NM; *
<i>hm tussin adult LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>hm tussin adult cough & c</i>	\$0(3)	NM; *
<i>mucinex fast-max chest co LIQD</i> 400mg/20ml	\$0(3)	NM; *
<i>mucus relief TB12 600mg</i>	\$0(3)	NM; *
<i>mucus relief dm</i>	\$0(3)	NM; *
<i>mucus relief dm maximum s</i>	\$0(3)	NM; *
<i>mucus relief er TB12 600mg</i>	\$0(3)	NM; *
<i>mucus relief maximum stre TB12</i> 1200mg	\$0(3)	NM; *
<i>mucus-dm maximum strength</i>	\$0(3)	NM; *
<i>nasal decongestant TABS 30mg</i>	\$0(3)	NM; *

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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>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl TABS 30mg</i>	\$0(3)	NM; *
<i>qc mucus relief TB12 600mg</i>	\$0(3)	NM; *
<i>qc mucus relief childrens LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>qc mucus relief er 12 hou TB12 1200mg</i>	\$0(3)	NM; *
<i>qc mucus relief maximum s TB12 1200mg</i>	\$0(3)	NM; *
<i>qc tussin dm cough & ches</i>	\$0(3)	NM; *
<i>qc tussin mucus + chest c LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>robafen dm cough</i>	\$0(3)	NM; *
<i>robafen dm cough/chest co</i>	\$0(3)	NM; *
<i>robafen mucus/chest conge LIQD 200mg/10ml</i>	\$0(3)	NM; *
<i>siltussin dm das</i>	\$0(3)	NM; *
<i>siltussin sa LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>siltussin-dm</i>	\$0(3)	NM; *
<i>sinus congestion maximum TABS 30mg</i>	\$0(3)	NM; *
<i>sm mucus relief TB12 600mg</i>	\$0(3)	NM; *
<i>sm mucus relief maximum s TB12 1200mg</i>	\$0(3)	NM; *
<i>sm mucus relief/12 hour TB12 600mg</i>	\$0(3)	NM; *
<i>sm nasal decongestant max TABS 30mg</i>	\$0(3)	NM; *
<i>sm tussin dm</i>	\$0(3)	NM; *
<i>sm tussin dm cough/chest</i>	\$0(3)	NM; *
<i>sm tussin mucus + chest c LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>sudogest TABS 30mg</i>	\$0(3)	NM; *
<i>sudogest maximum strength TABS 30mg</i>	\$0(3)	NM; *
<i>tusnel diabetic</i>	\$0(3)	NM; *
<i>tussin dm</i>	\$0(3)	NM; *
<i>tussin dm cough + chest c</i>	\$0(3)	NM; *
<i>tussin mucus & chest cong LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>tussin mucus + chest cong LIQD 100mg/5ml</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
<i>cromolyn sodium</i> NEBU 20mg/2ml	\$0(1)	B/D
<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)
FASENRA SOSY 30mg/ml	\$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, NM, LA, PA
KALYDECO PACK 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, 500mcg	\$0(1)	
<i>saline</i> SOLN .65%	\$0(3)	NM; *
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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	\$0(2)	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	\$0(2)	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA PAK 59.5MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	\$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
<i>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</i>		
<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)
XHANCE EXHU 93mcg/act	\$0(2)	QL (32 mL / 30 days), PA
<i>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</i>		
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
FLOVENT DISKUS AEPB 50mcg/blist	\$0(2)	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	\$0(2)	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	\$0(2)	QL (2 inhalers / 30 days)
<i>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</i>		
ADVAIR DISKU AER 100/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	\$0(2)	QL (60 inhalations / 30 days)

Updated on 12/01/2023

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADVAIR DISKU AER 500/50	\$0(2)	QL (60 inhalations / 30 days)
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)
SYMBICORT AER 80-4.5	\$0(2)	QL (3 inhalers / 30 days)
SYMBICORT AER 160-4.5	\$0(2)	QL (3 inhalers / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	\$0(1)	PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	\$0(1)	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<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)
<i>ery</i> PADS 2%	\$0(1)	QL (60 pledgets / 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

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	\$0(1)	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	\$0(1)	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	\$0(1)	
<i>ssd</i> CREA 1%	\$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
SULFAMYLON CREA 85mg/gm	\$0(2)	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77%	\$0(1)	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	\$0(1)	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	\$0(1)	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	\$0(1)	QL (30 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	\$0(1)	QL (45 gm / 30 days)
ketoconazole (topical) CREA 2%	\$0(1)	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	\$0(1)	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	\$0(1)	PA
calcipotriene OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	\$0(1)	QL (120 mL / 30 days), PA
calcitrene OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
tazarotene CREA .1%	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	\$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	\$0(1)	QL (120 mL / 30 days)
selenium sulfide LOTN 2.5%	\$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	\$0(1)	
alclometasone dipropionate CREA .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	\$0(1)	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	\$0(1)	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	\$0(1)	QL (120 gm / 30 days)

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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>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)
<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>halobetasol propionate</i> CREA .05%; OINT .05%	\$0(1)	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	\$0(1)	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>triamcinolone acetonide (topical)</i> CREA .1%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; 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
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	\$0(1)	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA

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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>diclofenac sodium (topical)</i> GEL 1%	\$0(1)	QL (1000 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	\$0(1)	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	\$0(1)	
<i>imiquimod</i> CREA 5%	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	\$0(1)	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	\$0(1)	QL (59 mL / 30 days)
PANRETIN GEL .1%	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	\$0(1)	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	\$0(1)	
<i>proctosol hc</i> CREA 2.5%	\$0(1)	
<i>proctozone-hc</i> CREA 2.5%	\$0(1)	
RECTIV OINT .4%	\$0(2)	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	\$0(1)	QL (100 gm / 30 days)
VALCHLOR GEL .016%	\$0(2)	NDS, QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	\$0(1)	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	\$0(1)	QL (60 gm / 30 days)
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>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)	

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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>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
FREESTY LIBR KIT 2 SENSOR	\$0	PA
FREESTY LIBR MIS 2 READER	\$0	PA
FREESTYLE KIT SENSOR	\$0	PA
FREESTYLE MIS READER	\$0	PA
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 clavulanate for susp
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 clavulanate for susp
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 amoxicillin & k
 clavulanate tab
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 amoxicillin & k
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 amoxicillin & k
 clavulanate tab
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 amoxicillin & k
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 amphetamine-
 dextroamphetamine
 cap er 24hr 15 mg
 54
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 dextroamphetamine
 cap er 24hr 20 mg
 54
 amphetamine-
 dextroamphetamine

cap er 24hr 25 mg
 54
 amphetamine-
 dextroamphetamine
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 54
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 dextroamphetamine
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 dextroamphetamine
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 dextroamphetamine
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Molina Dual Options Medicare-Medicaid Plan

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