



2025

List of Covered Drugs (Formulary) 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.

Molina Dual Options Medicare-Medicaid Plan | 2025 *List of Covered Drugs (Drug List or 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*.

Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ)	6
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.)	6
B2. Does the <i>Drug List</i> ever change?	7
B3. What happens when there is a change to the <i>Drug List</i> ?	7
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	9
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	9
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)?.....	9
B7. How can I find a drug on the <i>Drug List</i> ?.....	9
B8. What if the drug I want to take is not on the <i>Drug List</i> ?	10
B9. What if I am a new Molina Dual Options member and can't find my drug on the <i>Drug List</i> or have a problem getting my drug?	10
B10. Can I ask for an exception to cover my drug?	11
B11. How can I ask for an exception?.....	12
B12. How long does it take to get an exception?	12
B13. What are generic drugs?.....	12
B14. What are original biological products and how are they related to biosimilars?	12

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.



B15. What are OTC drugs?.....	12
B16. What is my copay?.....	13
B17. What are drug tiers?	13
C. Overview of the <i>List of Covered Drugs</i>	13
C1. Drugs Grouped by Medical Condition.....	14
D. Index of Covered Drugs	113

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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.
- ❖ Molina Dual Options Medicare-Medicaid Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, Molina Dual Options provides services free of charge and in a timely manner:

- Molina Dual Options provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- Molina Dual Options provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Dual Options Member Services at 1-800-665-3086 or TTY/TDD: 711, Monday to Friday, 8 a.m. to 8 p.m., local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: civil.rights@molinahealthcare.com
Website: <https://molinahealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019
TTY/TDD: 800-537-7697

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.



Complaint forms are available here: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. Someone that speaks English can help you. This is a free service.
- ❖ Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (877) 901-8181, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.
- ❖ Traditional Chinese: 我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打(877) 901-8181，TTY: 711，服務時間為當地時間的週一到週五的上午8點至晚上8點。能說中文的人士會為您提供協助。這是免費的服務。
- ❖ Simplified Chinese: 如果您对我们的健康计划或药品计划有任何疑问，我们可以提供免费的口译服务解答您的疑问。若要获得口译服务，请致电我们，电话：(877) 901-8181，TTY: 711，周一至周五提供服务，服务时间为当地时间上午8点至晚上8点。说中文的人士会帮助您。这是免费服务。
- ❖ Tagalog: Mayroon kaming libreng serbisyo ng tagapagsalin para sagutin ang anumang katanungan na maaaring mayroon ka tungkol saaming planong pangkalsugan o plano sa gamot. Para makakuha ng tagapagsalin, tawagan lang kami sa numerong (877) 901-8181, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m. lokal na oras. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.
- ❖ French: Nous assurons gracieusement des services d'interprétariat afin de répondre à toute question que vous pourriez avoir sur votre santé ou plan de traitement. Pour obtenir l'assistance d'un interprète, il suffit de nous appeler au (877) 901-8181, TTY : 711, du lundi au vendredi de 8 h à 20 h (heure locale). Une personne parlant français pourra vous assister. Ce service est proposé sans frais.
- ❖ Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào mà bạn có thể có về chương trình sức khỏe hoặc thuốc của chúng tôi. Để có thông dịch viên, chỉ cần gọi cho chúng tôi theo số (877) 901-8181, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối theo giờ địa phương. Một người nói tiếng Anh có thể giúp bạn. Đây là dịch vụ miễn phí.

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.



- ❖ German: Wir bieten kostenlose Dolmetscherdienste an, um alle Ihre Fragen zu unserem Gesundheits- oder Arzneimittelplan zu beantworten. Um einen Dolmetscher zu bekommen, rufen Sie uns einfach unter (877) 901-8181, TTY: 711, Montag – Freitag, 8.00 bis 20.00 Uhr Ortszeit an. Jemand, der Englisch spricht, kann Ihnen helfen. Dies ist ein kostenloser Dienst.
- ❖ Korean: 저희는 건강 또는 약물 계획에 대한 질문에 답변해 드리는 무료 통역 서비스를 제공합니다. 통역을 원하시면 (877) 901-8181, TTY: 711로 전화해 주시면 됩니다. 월요일부터 금요일까지 오전 8시부터 오후 8시까지 현지 시간입니다. 영어를 구사하는 사람이 도와드릴 수 있습니다. 이것은 무료 서비스입니다.
- ❖ Russian: Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру (877) 901-8181 (TTY: 711). Линия работает с понедельника по пятницу с 8:00 до 20:00 по местному времени. Вам бесплатно поможет русскоязычный сотрудник.
- ❖ Arabic:

لوصول إلى نيدل فيودلأا قطخ وأ قيصلا قطخلا لوح كدوارت دق قلئسأ يأ بلع قبالل قينااملا قيروفلا قمرتلا تامدخ رفون قيصلا قئاوهلا قز هجا يمدختسم بلا قيسلابو، (877) 901-8181 مقررلا بلع انب لاصتلا وه كيلع ام لك، يروف مكرتم بلع، يلحملا قيقولاب، ءاسم 8 عاسلا نتج ءا حابص 8 عاسلا نم، عمجلا بلا نينثلا نم 711 انامج قمدخلا هذھ مدقت. كتدعاسم قيرعلا عغلا ثدحتي صخشئل نكميو. (TTY) مقررلا بلع لاصتلا اجري
- ❖ Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero (877) 901-8181, TTY: 711, dal lunedì al venerdì, dalle 8:00 alle 20:00 ora locale. Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito.
- ❖ Portuguese: Dispomos de serviços de interpretação gratuitos para responder a possíveis dúvidas que possa ter sobre o nosso plano de saúde ou plano para medicamentos. Para falar com um intérprete, ligue (877) 901-8181, TTY: 711, segunda – sexta, 08h00 até 20h00 horário local. Alguém que fala português pode ajudá-lo. Este é um serviço gratuito.
- ❖ French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante nou an oswa sou medikaman yo. Pou fè aranjman pou yon entèprèt, tou senpleman rele (877) 901-8181, TTY: 711, lendi jiska vandredi a 8am. rive 8pm lè lokal. Yon moun ki pale angle ka ede w. Sa a se yon sèvis gratis.
- ❖ Polish: Oferujemy bezpłatne usługi tłumacza, który pomoże uzyskać odpowiedzi na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub dawkowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić do nas pod numer (877) 901-8181, TTY: 711. Jest on dostępny od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu lokalnego. Pomocy udzieli osoba mówiąca po polsku. Ta usługa jest bezpłatna.

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.



- ❖ Hindi: हमारे पास निःशुल्क दुभाषिया सेवाएँ हैं, जो आपको हमारे स्वास्थ्य या दवा योजना के बारे में किसी भी प्रश्न का उत्तर देने में मदद करेंगी। दुभाषिया पाने के लिए, बस हमें (877) 901-8181, TTY: 711, सोमवार से शुक्रवार, सुबह 8 बजे से शाम 8 बजे तक स्थानीय समय पर कॉल करें। अंग्रेजी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।
- ❖ Japanese: 弊社では、健康または医薬品プランに関するご質問にお答えする無料の通訳サービスをご用意しております。通訳をご希望の場合は、(877) 901-8181、TTY: 711、月曜日から金曜日、現地時間午前 8 時から午後 8 時までお電話ください。英語を話すスタッフが対応いたします。これは無料サービスです。
- ❖ 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.
- ❖ Este documento está disponible de forma gratuita en español.
- ❖ 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 in section C1 are the drugs covered by Molina Dual Options. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

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

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.

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.



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's up to date *Drug List* online at MolinaHealthcare.com/Duals. Updates to the *Drug List* are posted on the website monthly.
- 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.

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

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

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product 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.

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.



- We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).

Some of these drug types may be new to you. For more information, refer to Section B14.

- 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 effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. 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 remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we 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.

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.



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 in section C1. 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 in section C1 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.

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

There are two ways to find a drug:

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 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 in section D.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” in section C1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.

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.

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:

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.



- 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*.

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.

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.



- 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 generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

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

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilars alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.

B15. 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.

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

B16. 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's rules.

- 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.
-

B17. What are drug tiers?

Tiers are groups of drugs on our *Drug List*.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.
- Tier 3 drugs are Non-Medicare Rx/Over The Counter (OTC) drugs

All tiers have no 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 in section D. 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.

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.



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 prescriber 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.

C1. Drugs Grouped by Medical Condition

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

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

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

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

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

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

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

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

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

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



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.

MOLINA_IL_CY25_2T_MMP eff 11/1/2025

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> CAPS .6mg	\$0(1)	QL (60 caps / 30 days)
<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 80mg/2.5ml, 160mg/5ml, 650mg/20.3ml; TABS 325mg, 500mg	\$0(3)	*
<i>aspirin</i> CHEW 81mg; TABS 325mg; TBEC 325mg	\$0(3)	*
<i>aspirin adult low dose</i> TBEC 81mg	\$0(3)	*
<i>aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	*
<i>aspirin low strength</i> CHEW 81mg	\$0(3)	*
<i>aspirin regimen</i> TBEC 81mg	\$0(3)	*
<i>childrens acetaminophen</i> SUSP 160mg/5ml	\$0(3)	*
<i>ed-apap</i> LIQD 160mg/5ml	\$0(3)	*
<i>feverall childrens</i> SUPP 120mg	\$0(3)	*
FEVERALL INFANTS SUPP 80mg	\$0(3)	*
FEVERALL JUNIOR STRENGTH SUPP 325mg	\$0(3)	*
<i>ft aspirin</i> TABS 325mg	\$0(3)	*
<i>ft aspirin low dose</i> TBEC 81mg	\$0(3)	*
<i>ft enteric coated aspirin</i> TBEC 325mg	\$0(3)	*
<i>ft migraine relief</i>	\$0(3)	*
<i>ft pain relief</i> TABS 325mg	\$0(3)	*
<i>ft pain relief adult extr</i> TABS 500mg	\$0(3)	*
<i>gnp acetaminophen</i> TABS 325mg	\$0(3)	*
<i>gnp adult aspirin low str</i> CHEW 81mg	\$0(3)	*
<i>gnp aspirin</i> TABS 325mg; TBEC 81mg, 325mg	\$0(3)	*
<i>gnp aspirin low dose</i> TBEC 81mg	\$0(3)	*
<i>gnp headache relief extra</i>	\$0(3)	*
<i>gnp infants pain/fever</i> SUSP 160mg/5ml	\$0(3)	*
<i>gnp migraine relief</i>	\$0(3)	*

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp pain & fever children</i> SUSP 160mg/5ml	\$0(3)	*
<i>gnp pain & fever infants</i> SUSP 160mg/5ml	\$0(3)	*
<i>gnp pain relief</i> TABS 325mg	\$0(3)	*
<i>gnp pain relief extra str</i> TABS 500mg	\$0(3)	*
<i>goodsense aspirin</i> CHEW 81mg	\$0(3)	*
<i>goodsense aspirin adults</i> TABS 325mg	\$0(3)	*
<i>goodsense migraine formul</i>	\$0(3)	*
<i>goodsense pain & fever ch</i> SUSP 160mg/5ml	\$0(3)	*
<i>goodsense pain & fever in</i> SUSP 160mg/5ml	\$0(3)	*
<i>goodsense pain relief</i> TABS 325mg	\$0(3)	*
<i>goodsense pain relief ext</i> TABS 500mg	\$0(3)	*
<i>headache relief</i>	\$0(3)	*
<i>headache relief/extra str</i>	\$0(3)	*
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	\$0(1)	B/D
<i>liquid acetaminophen</i> LIQD 160mg/5ml	\$0(3)	*
<i>m-pap</i> LIQD 160mg/5ml	\$0(3)	*
<i>mapap childrens</i> CHEW 80mg	\$0(3)	*
<i>migraine relief</i>	\$0(3)	*
<i>pain & fever childrens</i> SUSP 160mg/5ml	\$0(3)	*
<i>pain & fever infants</i> SUSP 160mg/5ml	\$0(3)	*
<i>pain reliever plus</i>	\$0(3)	*
<i>sm aspirin adult low stre</i> TBEC 81mg	\$0(3)	*
<i>sm aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	*
<i>sm migraine relief</i>	\$0(3)	*
<i>sm pain & fever childrens</i> SUSP 80mg/2.5ml, 160mg/5ml	\$0(3)	*
<i>sm pain & fever infants</i> SUSP 160mg/5ml	\$0(3)	*
<i>sm pain reliever</i> TABS 325mg	\$0(3)	*
<i>sm pain reliever children</i> SUSP 160mg/5ml	\$0(3)	*
<i>sm pain reliever extra st</i> TABS 500mg	\$0(3)	*
<i>tri-buffered aspirin</i>	\$0(3)	*
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>all day pain relief</i> TABS 220mg	\$0(3)	*
<i>all day relief</i> TABS 220mg	\$0(3)	*
<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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	\$0(1)	
<i>diflunisal</i> TABS 500mg	\$0(1)	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	\$0(1)	
<i>flurbiprofen</i> TABS 100mg	\$0(1)	
<i>ft all day pain relief</i> TABS 220mg	\$0(3)	*
<i>ft ibuprofen</i> TABS 200mg	\$0(3)	*
<i>gnp ibuprofen</i> TABS 200mg	\$0(3)	*
<i>gnp naproxen</i> TABS 220mg	\$0(3)	*
<i>goodsense ibuprofen</i> TABS 200mg	\$0(3)	*
<i>goodsense naproxen sodium</i> TABS 220mg	\$0(3)	*
<i>ibu</i> TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen</i> TABS 200mg	\$0(3)	*
<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 dr</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 220mg	\$0(3)	*
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>sm ibuprofen</i> TABS 200mg	\$0(3)	*
<i>sm naproxen sodium</i> TABS 220mg	\$0(3)	*
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	\$0(2)	NDS, 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

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methadone hydrochloride i</i> CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
<i>OPIOID ANALGESICS, SHORT-ACTING</i>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	\$0(2)	
<i>endocet tab</i> 2.5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	\$0(2)	
<i>oxycodone hcl</i> CONC 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	\$0(1)	QL (360 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

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 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)
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i>	\$0(2)	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	\$0(1)	
ARIKAYCE SUSP 590mg/8.4ml	\$0(2)	NDS, NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	\$0(1)	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	\$0(1)	
CAYSTON SOLR 75mg	\$0(2)	NDS, NM, 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</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)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sodium SOLR 150mg</i>	\$0(1)	
<i>cvs pinworm treatment SUSP 144mg/ml</i>	\$0(3)	*
<i>dapsone TABS 25mg, 100mg</i>	\$0(1)	
DAPTOMYCIN SOLR 350mg	\$0(2)	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	\$0(2)	NDS
EMVERM CHEW 100mg	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	\$0(1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
IMPAVIDO CAPS 50mg	\$0(2)	NDS, PA
<i>ivermectin TABS 3mg</i>	\$0(1)	QL (12 tabs / 90 days), PA
<i>ivermectin TABS 6mg</i>	\$0(1)	QL (10 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	\$0(1)	
<i>linezolid SUSR 100mg/5ml</i>	\$0(2)	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	\$0(1)	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	\$0(2)	
<i>meropenem SOLR 1gm, 2gm, 500mg</i>	\$0(1)	
<i>methenamine hippurate TABS 1gm</i>	\$0(1)	
<i>metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg</i>	\$0(1)	
<i>neomycin sulfate TABS 500mg</i>	\$0(1)	
<i>nitazoxanide TABS 500mg</i>	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	\$0(2)	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	\$0(2)	
<i>pentamidine isethionate inh SOLR 300mg</i>	\$0(1)	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	\$0(1)	
<i>pin-away SUSP 144mg/ml</i>	\$0(3)	*
<i>pinworm medicine SUSP 144mg/ml</i>	\$0(3)	*
<i>polymyxin b sulfate SOLR 500000unit</i>	\$0(1)	
<i>praziquantel TABS 600mg</i>	\$0(1)	
<i>pyrimethamine TABS 25mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), PA
<i>reeses pinworm medicine SUSP 144mg/ml</i>	\$0(3)	*
<i>streptomycin sulfate SOLR 1gm</i>	\$0(2)	NDS
<i>sulfadiazine TABS 500mg</i>	\$0(2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0(1)	
<i>tinidazole TABS 250mg, 500mg</i>	\$0(1)	
TOBI PODHALER CAPS 28mg	\$0(2)	NDS, NM, PA
<i>tobramycin NEBU 300mg/5ml</i>	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	\$0(1)	
<i>trimethoprim TABS 100mg</i>	\$0(1)	
<i>vancomycin hcl CAPS 125mg</i>	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg</i>	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>amphotericin b SOLR 50mg</i>	\$0(1)	B/D
<i>amphotericin b liposome SUSR 50mg</i>	\$0(2)	NDS, B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	\$0(1)	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0(1)	
<i>flucytosine CAPS 250mg, 500mg</i>	\$0(2)	NDS, PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	\$0(1)	
<i>itraconazole CAPS 100mg</i>	\$0(1)	PA
<i>ketoconazole TABS 200mg</i>	\$0(1)	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	\$0(1)	
<i>nystatin TABS 500000unit</i>	\$0(1)	
<i>posaconazole SUSP 40mg/ml</i>	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>posaconazole TBEC 100mg</i>	\$0(2)	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	\$0(1)	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>voriconazole</i> SOLR 200mg	\$0(1)	PA
<i>voriconazole</i> SUSR 40mg/ml	\$0(2)	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	\$0(1)	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days)
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0(1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$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
EDURANT PED TBSO 2.5mg	\$0(2)	NDS, NM
<i>efavirenz</i> TABS 600mg	\$0(1)	NM
<i>emtricitabine</i> CAPS 200mg	\$0(1)	NM
EMTRIVA SOLN 10mg/ml	\$0(2)	NM
<i>etravirine</i> TABS 100mg, 200mg	\$0(2)	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	\$0(2)	NDS, NM
FUZEON SOLR 90mg	\$0(2)	NDS, NM
INTELENCE TABS 25mg	\$0(2)	NM
ISENTRESS CHEW 25mg	\$0(2)	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	\$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	\$0(2)	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	NM
<i>maraviroc</i> TABS 150mg, 300mg	\$0(2)	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	\$0(1)	NM

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(1)	NM
EVOTAZ TAB 300-150	\$0(2)	NDS, NM
GENVOYA TAB	\$0(2)	NDS, NM
JULUCA TAB 50-25MG	\$0(2)	NDS, NM
KALETRA SOL	\$0(2)	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 675/150	\$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)	NM
TRIUMEQ TAB	\$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine CAPS 250mg</i>	\$0(2)	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	\$0(1)	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	\$0(1)	
PRIFTIN TABS 150mg	\$0(2)	
<i>pyrazinamide TABS 500mg</i>	\$0(1)	
<i>rifabutin CAPS 150mg</i>	\$0(1)	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, NM, PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	\$0(1)	
<i>acyclovir sodium SOLN 50mg/ml</i>	\$0(1)	B/D
<i>adefovir dipivoxil TABS 10mg</i>	\$0(1)	NM
BARACLUDE SOLN .05mg/ml	\$0(2)	NDS, NM, ST
<i>entecavir TABS .5mg, 1mg</i>	\$0(1)	NM

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EPCLUSA PAK 150-37.5	\$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	\$0(1)	
<i>ganciclovir sodium</i> SOLR 500mg	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	\$0(1)	NM
LIVTENCITY TABS 200mg	\$0(2)	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	\$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	\$0(1)	QL (1080 mL / year)
PAXLOVID PAK	\$0(1)	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	\$0(1)	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	\$0(1)	QL (60 tabs / 90 days)
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)	
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	\$0(1)	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)	
CEFAZOLIN SOLR 2gm, 3gm	\$0(2)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CEFAZOLIN/DEX SOL 2GM/50ML-3%	\$0(2)	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	\$0(2)	
CEFAZOLIN/DEX SOL 3GM/150ML-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>cefotetan disodium</i> SOLR 1gm, 2gm	\$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
<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>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	\$0(1)	
<i>erythromycin ethylsuccinate</i> TABS 400mg	\$0(1)	
<i>erythromycin lactobionate</i> SOLR 500mg	\$0(1)	
<i>fidaxomicin</i> TABS 200mg	\$0(2)	NDS
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin</i> 200 mg/100ml in d5w	\$0(1)	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0(1)	
<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)	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	\$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 for susp 200-28.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>ampicillin</i> CAPS 500mg	\$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</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	\$0(2)	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	\$0(1)	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	\$0(1)	
<i>nafcillin sodium</i> SOLR 10gm	\$0(2)	NDS
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>penicillin g sodium</i> SOLR 5000000unit	\$0(1)	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100</i> SOLR 100mg	\$0(1)	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	\$0(1)	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	\$0(1)	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	\$0(1)	
NUZYRA SOLR 100mg	\$0(2)	NDS, NM
NUZYRA TABS 150mg	\$0(2)	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	\$0(1)	
<i>tigecycline</i> SOLR 50mg	\$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	\$0(2)	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	\$0(2)	NDS, B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	\$0(1)	B/D

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	\$0(1)	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	\$0(1)	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	\$0(2)	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	\$0(2)	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	\$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	\$0(2)	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	\$0(2)	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	\$0(2)	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	\$0(2)	NM
GLEOSTINE CAPS 100mg	\$0(2)	NDS, NM
LEUKERAN TABS 2mg	\$0(2)	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 100mg	\$0(2)	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	\$0(2)	NDS, B/D, NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	\$0(2)	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	\$0(1)	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	\$0(1)	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	\$0(1)	B/D
INQOVI TAB 35-100MG	\$0(2)	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	\$0(2)	NDS, NM
<i>mercaptopurine</i> TABS 50mg	\$0(1)	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	\$0(1)	B/D
ONUREG TABS 200mg, 300mg	\$0(2)	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	\$0(2)	NDS, B/D
PURIXAN SUSP 2000mg/100ml	\$0(2)	NDS, NM

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TABLOID TABS 40mg	\$0(2)	NDS
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate</i> TABS 250mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	\$0(1)	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	\$0(2)	NDS, QL (60 tabs / 30 days), 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
ERLEADA TABS 60mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	\$0(2)	NDS
<i>exemestane</i> TABS 25mg	\$0(1)	
FIRMAGON SOLR 80mg	\$0(2)	NM, PA
FIRMAGON SOLR 120mg/vial	\$0(2)	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	\$0(2)	NDS, B/D
<i>letrozole</i> TABS 2.5mg	\$0(1)	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	\$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	\$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	\$0(2)	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	\$0(2)	
<i>nilutamide</i> TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, NM, PA
ORSERDU TABS 86mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	\$0(2)	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	\$0(1)	
<i>toremifene citrate</i> TABS 60mg	\$0(1)	PA
XTANDI CAPS 40mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XTANDI TABS 40mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	\$0(2)	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	\$0(1)	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	\$0(1)	B/D
IWILFIN TABS 192mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	\$0(2)	NDS, NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	\$0(2)	NDS
WELIREG TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	\$0(1)	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D, NM

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 inj 100mg</i>	\$0(2)	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	\$0(1)	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	\$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	\$0(2)	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	\$0(2)	NM, PA
<i>bortezomib</i> SOLR 3.5mg	\$0(2)	NDS, NM, PA
BOSULIF CAPS 50mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	\$0(2)	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BRUKINSA TABS 160mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FRUZAQLA CAPS 1mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	\$0(2)	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	\$0(2)	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	\$0(2)	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, NM, PA
HERCEPTIN SOLR 150mg	\$0(2)	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, 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, PA
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	\$0(2)	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	\$0(2)	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INLYTA TABS 5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	\$0(2)	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	\$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LENVIMA 10 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	\$0(2)	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	\$0(2)	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	\$0(2)	NDS, NM, PA
NERLYNX TABS 40mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NINLARO CAPS 2.3mg, 3mg, 4mg	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
OGSIVEO TABS 50mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	\$0(2)	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	\$0(2)	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	\$0(2)	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ROMVIMZA CAPS 14mg, 20mg, 30mg	\$0(2)	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	\$0(2)	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	\$0(2)	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	\$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	\$0(2)	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSE TABS 40mg, 80mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	\$0(2)	NDS, NM, PA
TECENTRIQ INJ HYBREZA	\$0(2)	NDS, QL (1 vial / 21 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TEPMETKO TABS 225mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	\$0(2)	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	\$0(2)	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPk 160mg, 200mg	\$0(2)	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	\$0(2)	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	\$0(2)	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XALKORI CPSP 20mg	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg	\$0(2)	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	\$0(2)	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	\$0(2)	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	\$0(2)	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	\$0(2)	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	\$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, NM, PA
ZOLINZA CAPS 100mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, 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)	
<i>mesna</i> TABS 400mg	\$0(2)	NDS
MESNEX TABS 400mg	\$0(2)	NDS

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	\$0(2)	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	\$0(2)	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium & 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>sacubitril-valsartan tab 24-26 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>olmesartan medoxomil TABS 5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	\$0(1)	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	\$0(2)	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	\$0(1)	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	\$0(1)	
<i>MULTAQ TABS 400mg</i>	\$0(2)	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 200mg, 400mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	\$0(1)	
<i>quinidine sulfate</i> TABS 200mg, 300mg	\$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)	
ANTIPIPEMICS, 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)	
ANTIPIPEMICS, 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)
ANTIPIPEMICS, 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)
NEXLETOL TABS 180mg	\$0(2)	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	\$0(2)	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	\$0(1)	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0(1)	PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
REPATHA SOSY 140mg/ml	\$0(2)	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	\$0(2)	NM, PA
VASCEPA CAPS .5gm, 1gm	\$0(2)	
<i>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</i>		
<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)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	
<i>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</i>		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	\$0(1)	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>betaxolol hcl</i> TABS 10mg, 20mg	\$0(1)	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	\$0(1)	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	\$0(1)	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	\$0(1)	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	\$0(1)	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	\$0(1)	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	\$0(1)	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	\$0(1)	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	\$0(1)	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	\$0(1)	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	\$0(1)	
<i>isradipine</i> CAPS 2.5mg, 5mg	\$0(1)	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	\$0(1)	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	\$0(1)	
<i>nimodipine</i> CAPS 30mg	\$0(1)	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	\$0(1)	

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	\$0(1)	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	\$0(1)	
<i>amiloride hcl</i> TABS 5mg	\$0(1)	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	\$0(1)	
<i>chlorthalidone</i> TABS 25mg, 50mg	\$0(1)	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	\$0(1)	
<i>furosemide inj</i> SOLN 10mg/ml	\$0(1)	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	\$0(1)	
<i>indapamide</i> TABS 1.25mg, 2.5mg	\$0(1)	
<i>methazolamide</i> TABS 25mg, 50mg	\$0(1)	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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**PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT
PULMONARY HYPERTENSION**

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
alyq TABS 20mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
bosentan TBSO 32mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	\$0(1)	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, NM, PA
UPTRAIVI TABS 200mcg	\$0(2)	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAIVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAIVI PACK TAB 200/800	\$0(2)	NDS, QL (1 pack / 28 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	\$0(2)	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	\$0(2)	NDS, QL (224 caps / 28 days), NM, PA

**CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM
DISORDERS**

ANTIANXIETY - DRUGS TO TREAT ANXIETY

alprazolam TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	\$0(1)	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	\$0(1)	
lorazepam CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
lorazepam SOLN 4mg/ml, 20mg/10ml	\$0(1)	
lorazepam TABS .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)
<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)	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
MARPLAN TABS 10mg	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	\$0(1)	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	\$0(1)	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	\$0(2)	
<i>paroxetine hcl</i> SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
<i>phenelzine sulfate</i> TABS 15mg	\$0(1)	
<i>protriptyline hcl</i> TABS 5mg, 10mg	\$0(2)	
RALDESY SOLN 10mg/ml	\$0(2)	QL (1800 mL / 30 days), PA
<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), PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	\$0(2)	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	\$0(2)	NDS, QL (14 caps / 14 days), NM, PA

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	\$0(1)	
<i>benztropine mesylate</i> SOLN 1mg/ml	\$0(1)	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA applies 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 er</i> 25-100 mg	\$0(1)	
<i>carbidopa & levodopa tab er</i> 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)	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	\$0(1)	
<i>entacapone</i> TABS 200mg	\$0(1)	
INBRIJA CAPS 42mg	\$0(2)	NDS, QL (300 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 applies if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFI PRSY 720mg/2.4ml, 960mg/3.2ml	\$0(2)	NDS, QL (1 syringe / 56 days)
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(1)	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	\$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	\$0(2)	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	\$0(2)	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>clozapine</i> TABS 25mg, 50mg	\$0(1)	
<i>clozapine</i> TABS 100mg	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	\$0(1)	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	\$0(2)	NDS, QL (60 caps / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COBENFY CAP 100-20MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	\$0(2)	NDS, QL (2 packs / year), PA
ERZOFRI SUSY 39mg/0.25ml	\$0(2)	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	\$0(2)	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	\$0(2)	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	\$0(2)	QL (2 packs / year), PA
FANAPT PAK PACK B	\$0(2)	QL (2 packs / year), PA
FANAPT PAK PACK C	\$0(2)	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	\$0(1)	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	\$0(1)	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	\$0(1)	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	\$0(1)	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	\$0(2)	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	\$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	\$0(2)	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	\$0(1)	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LYBALVI TAB 20-10MG	\$0(2)	NDS, QL (30 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, PA
NUPLAZID TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	\$0(1)	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	\$0(2)	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	\$0(2)	NDS, QL (90 films / 30 days), PA
<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)	
<i>pimozide</i> TABS 1mg, 2mg	\$0(1)	
<i>quetiapine fumarate</i> TABS 25mg	\$0(1)	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	\$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	\$0(2)	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	\$0(1)	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	\$0(1)	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days), ST

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	\$0(1)	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
VERSACLOZ SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	\$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
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	\$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	\$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	\$0(1)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	\$0(1)	QL (300 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	\$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	\$0(1)	
<i>diazepam inj</i> SOLN 5mg/ml	\$0(1)	
<i>diazepam intensol</i> CONC 5mg/ml	\$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	\$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, PA
<i>epitol</i> TABS 200mg	\$0(1)	
EPRONTIA SOLN 25mg/ml	\$0(2)	QL (480 mL / 30 days), PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	\$0(1)	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	\$0(1)	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	\$0(1)	
FINTEPLA SOLN 2.2mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), NM, 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	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	\$0(1)	
<i>lacosamide</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	\$0(1)	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	\$0(1)	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$0(1)	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
LEVETIRACETAM TB3D 250mg	\$0(2)	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	\$0(1)	
<i>methsuximide</i> CAPS 300mg	\$0(1)	
NAYZILAM SOLN 5mg/0.1ml	\$0(2)	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	
<i>perampanel</i> TABS 2mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>phenobarbital</i> ELIX 20mg/5ml	\$0(2)	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA applies 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
<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, 50mg; TABS 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>topiramate</i> SOLN 25mg/ml	\$0(1)	QL (480 mL / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	\$0(2)	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	\$0(2)	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	\$0(2)	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	\$0(2)	NDS, QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0(2)	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	\$0(2)	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
ZTALMY SUSP 50mg/ml	\$0(2)	NDS, QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-dextroamphetamine</i> cap er 24hr 5 mg	\$0(1)	QL (30 caps / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	\$0(2)	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl SOLN 5mg/5ml</i>	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	\$0(1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	\$0(1)	QL (180 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>HYPNOTICS - DRUGS TO TREAT INSOMNIA</i>		
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 applies if 65 years and older
<i>temazepam</i> CAPS 15mg	\$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	\$0(2)	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</i>		
AIMOVIG 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
EMGALITY SOAJ 120mg/ml	\$0(2)	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	\$0(2)	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	\$0(2)	QL (2 syringes / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl TABS 1mg, 2.5mg</i>	\$0(1)	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	\$0(2)	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg</i>	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	\$0(1)	QL (24 units / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	\$0(1)	QL (12 units / 30 days)
<i>sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml</i>	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS 25mg, 50mg, 100mg</i>	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	\$0(2)	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	\$0(2)	NDS, QL (2 packs / year), NM, PA
<i>lithium SOLN 8meq/5ml</i>	\$0(1)	
<i>lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg</i>	\$0(1)	
NUEDEXTA CAP 20-10MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide TABS 60mg</i>	\$0(1)	
<i>riluzole TABS 50mg</i>	\$0(1)	
<i>tetrabenazine TABS 12.5mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tetrabenazine</i> TABS 25mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</i>		
<i>BAFIERTAM</i> CPDR 95mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
<i>BETASERON</i> KIT .3mg	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
<i>COPAXONE</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>COPAXONE</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	\$0(1)	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>KESIMPTA</i> SOAJ 20mg/0.4ml	\$0(2)	NDS, QL (16 pens / 365 days), NM, PA
<i>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</i>		
<i>baclofen</i> TABS 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	\$0(1)	
<i>carisoprodol</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	\$0(2)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methocarbamol</i> TABS 500mg	\$0(2)	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	\$0(2)	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	\$0(1)	
<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
<i>modafinil</i> TABS 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	\$0(1)	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), NM, 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)
<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)	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	\$0(1)	
<i>ft nicotine</i> LOZG 4mg	\$0(3)	*
<i>gnp nicotine gum</i> GUM 2mg, 4mg	\$0(3)	*
<i>gnp nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	*

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	*
<i>gnp nicotine polacrilex m</i> LOZG 4mg	\$0(3)	*
<i>gnp nicotine transdermal</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	*
<i>goodsense nicotine</i> LOZG 2mg, 4mg	\$0(3)	*
<i>goodsense nicotine polacr</i> GUM 2mg, 4mg; LOZG 4mg	\$0(3)	*
<i>hm nicotine polacrilex</i> LOZG 2mg	\$0(3)	*
<i>naloxone hcl</i> LIQD 4mg/0.1ml	\$0(3)	*
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	\$0(1)	
<i>naltrexone hcl</i> TABS 50mg	\$0(1)	
<i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	*
<i>nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	*
<i>nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	*
<i>nicotine polacrilex mini</i> LOZG 2mg	\$0(3)	*
NICOTINE SYS KIT TRANSDER	\$0(3)	*
<i>nicotine transdermal syst</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	*
NICOTROL INHALER INHA 10mg	\$0(2)	
NICOTROL NS SOLN 10mg/ml	\$0(2)	
<i>sm nicotine</i> GUM 4mg; LOZG 2mg	\$0(3)	*
<i>sm nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	*
<i>sm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	*
<i>varenicline tartrate</i> TABS .5mg, 1mg	\$0(1)	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	\$0(1)	QL (2 packs / year)
VIVITROL SUSR 380mg	\$0(2)	NDS, NM

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	\$0(1)	PA
<i>testosterone pump</i> GEL 1.62%	\$0(1)	QL (150 gm / 30 days), PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	\$0(1)	
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, 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)

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	\$0(2)	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	\$0(2)	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	\$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	\$0(2)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	\$0(2)	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)
<i>ANTIDIABETICS, INSULINS</i>		
ADMELOG SOLN 100unit/ml	\$0(2)	
ADMELOG SOLOSTAR SOPN 100unit/ml	\$0(2)	
ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	\$0(2)	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CEQUR SIMPL KIT PATCH 2U (3-DAY)	\$0(2)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	\$0(2)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	\$0(2)	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	\$0(2)	
FIASP FLEXTOUCH SOPN 100unit/ml	\$0(2)	
FIASP PENFILL SOCT 100unit/ml	\$0(2)	
FIASP PUMPCART SOCT 100unit/ml	\$0(2)	B/D
GAUZE PADS 2" X 2"	\$0(2)	PA
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-EMBECTA	\$0(2)	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	\$0(2)	PA
INSULIN SYRINGES: BD-EMBECTA	\$0(2)	PA
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 DX KIT INT G7G6	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	\$0(2)	QL (1 kit / year), PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OMNIPOD 5 G7 MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	\$0(2)	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	\$0(2)	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	\$0(2)	
TOUJEO SOLOSTAR SOPN 300unit/ml	\$0(2)	
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
<i>CALCIUM REGULATORS</i>		
<i>alendronate sodium</i> SOLN 70mg/75ml	\$0(1)	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	\$0(1)	
BONSITY SOPN 560mcg/2.24ml	\$0(2)	NDS, NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	\$0(1)	B/D
<i>ibandronate sodium</i> TABS 150mg	\$0(1)	B/D
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

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	\$0(1)	
<i>risedronate sodium</i> TBEC 35mg	\$0(1)	ST
TERIPARATIDE SOPN 560mcg/2.24ml	\$0(2)	NDS, NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	\$0(2)	NDS
<i>deferasirox</i> TABS 90mg; TBSO 125mg	\$0(1)	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg	\$0(2)	NM, PA
<i>deferasirox</i> TBSO 250mg, 500mg	\$0(2)	NDS, NM, PA
<i>kionex</i> SUSP 15gm/60ml	\$0(1)	
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>sps rectal</i> SUSP 15gm/60ml	\$0(1)	
<i>trientine hcl</i> CAPS 250mg	\$0(2)	NDS, NM, PA
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>amethyst</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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>camila</i> TABS .35mg	\$0(1)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>chateal eq</i>	\$0(1)	
<i>cryselle-28</i>	\$0(1)	
<i>curae</i> TABS 1.5mg	\$0(3)	*
<i>cyred eq</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane</i> TABS .35mg	\$0(1)	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	\$0(2)	
<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>dolishale</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate</i> <i>tab 3-0.02-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate</i> <i>tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02</i> <i>mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i>	\$0(1)	
<i>econtra one-step</i> TABS 1.5mg	\$0(3)	*
<i>elinest</i>	\$0(1)	
<i>eluryng</i>	\$0(1)	
<i>emzahh</i> TABS .35mg	\$0(1)	
<i>enilloring</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin</i> TABS .35mg	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
<i>feirza 1.5/30</i>	\$0(1)	
<i>feirza 1/20</i>	\$0(1)	
<i>finzala</i>	\$0(1)	
<i>galbriela</i>	\$0(1)	
<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>haloette</i>	\$0(1)	
<i>heather</i> TABS .35mg	\$0(1)	
<i>her style</i> TABS 1.5mg	\$0(3)	*
<i>iclevia</i>	\$0(1)	
<i>incassia</i> TABS .35mg	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jaimiess</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel</i> 1.5/30	\$0(1)	
<i>junel</i> 1/20	\$0(1)	
<i>junel fe</i> 1.5/30	\$0(1)	
<i>junel fe</i> 1/20	\$0(1)	
<i>junel fe</i> 24	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	
<i>kariva</i>	\$0(1)	
<i>kelnor</i> 1/35	\$0(1)	
<i>kelnor</i> 1/50	\$0(1)	
<i>kurvelo</i>	\$0(1)	
<i>larin</i> 1.5/30	\$0(1)	
<i>larin</i> 1/20	\$0(1)	
<i>larin</i> 24 fe	\$0(1)	
<i>larin fe</i> 1.5/30	\$0(1)	
<i>larin fe</i> 1/20	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor-eth est tab</i> 0.15-0.02/0.025/0.03 <i>mg &eth est</i> 0.01 mg	\$0(1)	
<i>levonorg-eth est tab</i> 0.1-0.02mg(84) & <i>eth est tab</i> 0.01mg(7)	\$0(1)	
<i>levonorg-eth est tab</i> 0.15-0.03mg(84) & <i>eth est tab</i> 0.01mg(7)	\$0(1)	
<i>levonorgestrel & ethinyl estradiol (91-day)</i> <i>tab</i> 0.15-0.03 mg	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab</i> 0.1 <i>mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab</i> 0.15 <i>mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel (emergency oc)</i> TABS 1.5mg	\$0(3)	*

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
LILETTA IUD 20.1mcg/day	\$0(2)	NM
<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>lojaimiess</i>	\$0(1)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>luizza 1.5/30</i>	\$0(1)	
<i>luizza 1/20</i>	\$0(1)	
<i>luteria</i>	\$0(1)	
<i>lyleq TABS .35mg</i>	\$0(1)	
<i>lyza TABS .35mg</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	\$0(1)	
<i>meleya TABS .35mg</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 fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-lingah</i>	\$0(1)	
<i>my choice TABS 1.5mg</i>	\$0(3)	*
<i>my way TABS 1.5mg</i>	\$0(3)	*
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day TABS 1.5mg</i>	\$0(3)	*
NEXPLANON IMPL 68mg	\$0(2)	NM
<i>nikki</i>	\$0(1)	
<i>nora-be TABS .35mg</i>	\$0(1)	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone (contraceptive) TABS .35mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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-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)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>option 2 TABS 1.5mg</i>	\$0(3)	*
<i>orquidea TABS .35mg</i>	\$0(1)	
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	
<i>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>rosyrah</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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>turqoz</i>	\$0(1)	
<i>tydemy</i>	\$0(1)	
<i>valtya 1/50</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>xarah fe</i>	\$0(1)	
<i>xelria fe</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zafemy</i>	\$0(1)	
<i>zovia 1/35</i>	\$0(1)	
<i>zumandimine</i>	\$0(1)	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>abigale</i>	\$0(2)	
<i>abigale lo</i>	\$0(2)	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	\$0(2)	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	\$0(2)	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	\$0(1)	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	\$0(1)	
<i>fyavolv tab 0.5mg-2.5mcg</i>	\$0(2)	
<i>fyavolv tab 1mg-5mcg</i>	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	\$0(1)	
<i>fludrocortisone acetate</i> TABS .1mg	\$0(1)	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	\$0(1)	
<i>hydrocortisone sod succinate</i> SOLR 100mg	\$0(1)	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	\$0(1)	B/D
<i>methylprednisolone</i> TBPK 4mg	\$0(1)	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	\$0(1)	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	\$0(1)	B/D
<i>prednisolone</i> SOLN 15mg/5ml	\$0(1)	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	\$0(1)	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$0(1)	B/D
<i>prednisone</i> TBPK 5mg, 10mg	\$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	\$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
<i>cvs glucose</i> GEL 40%	\$0(3)	*
<i>diazoxide</i> SUSP 50mg/ml	\$0(2)	NDS
TRUEPLUS GLUCOSE GEL GEL 15gm/32ml	\$0(3)	*
<i>value plus glucose</i> GEL 40%	\$0(3)	*

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	\$0(2)	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	\$0(2)	NDS, NM, PA
<i>betaine powder for oral solution</i>	\$0(2)	NDS, NM
<i>cabergoline</i> TABS .5mg	\$0(1)	
<i>carglumic acid</i> TBSO 200mg	\$0(2)	NDS, NM, PA
CERDELGA CAPS 84mg	\$0(2)	NDS, NM, PA
CEREZYME SOLR 400unit	\$0(2)	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	\$0(1)	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	\$0(2)	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	\$0(1)	
<i>desmopressin acetate spray</i> SOLN .01%	\$0(1)	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	\$0(1)	
FABRAZYME SOLR 5mg, 35mg	\$0(2)	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	\$0(2)	NDS, NM, PA
GENOTROPIN MINISQUICK PRSY .2mg	\$0(2)	NM, PA
GENOTROPIN MINISQUICK PRSY .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, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	\$0(2)	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	\$0(1)	B/D
LUMIZYME SOLR 50mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	\$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	\$0(2)	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	\$0(2)	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	\$0(2)	NDS, NM, 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

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; <i>SOSY</i> 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
<i>SIGNIFOR</i> SOLN .3mg/ml, .6mg/ml, .9mg/ml	\$0(2)	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	\$0(2)	NDS, NM, PA
<i>SOMATULINE DEPOT</i> SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, PA
<i>SOMAVERT</i> SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, PA
<i>SYNAREL</i> SOLN 2mg/ml	\$0(2)	NDS, PA
<i>VEOZAH</i> TABS 45mg	\$0(2)	PA
<i>zelvysia</i> PACK 100mg, 500mg	\$0(2)	NDS, NM, PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>gallifrey</i> TABS 5mg	\$0(1)	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>megestrol acetate</i> SUSP 40mg/ml	\$0(2)	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	\$0(2)	PA
<i>norethindrone acetate</i> TABS 5mg	\$0(1)	
<i>progesterone</i> CAPS 100mg, 200mg	\$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>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)	
<i>SYNTHROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

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
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
<i>acid gone</i>	\$0(3)	*
ACID GONE	\$0(3)	*
<i>almacone double strength</i>	\$0(3)	*
<i>alum & mag hydroxide-simethicone susp</i> 200-200-20 mg/5ml	\$0(3)	*
<i>alum & mag hydroxide-simethicone susp</i> 400-400-40 mg/5ml	\$0(3)	*
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	*
<i>antacid</i> CHEW 750mg	\$0(3)	*
<i>antacid calcium regular s</i> CHEW 500mg	\$0(3)	*
<i>antacid extra strength</i> CHEW 750mg	\$0(3)	*
<i>antacid maximum strength</i>	\$0(3)	*
<i>antacid regular strength</i>	\$0(3)	*
<i>antacid/antigas liquid</i>	\$0(3)	*
<i>cal-gest antacid</i> CHEW 500mg	\$0(3)	*
<i>calcium antacid</i> CHEW 500mg	\$0(3)	*
<i>calcium antacid extra str</i> CHEW 750mg	\$0(3)	*
CALCIUM CARBONATE SUSP 1250mg/5ml	\$0(3)	*
<i>ft antacid & antigas</i>	\$0(3)	*
<i>ft antacid extra strength</i> CHEW 750mg	\$0(3)	*
<i>ft antacid regular streng</i> CHEW 500mg	\$0(3)	*
<i>gnp antacid</i> CHEW 500mg	\$0(3)	*
<i>gnp antacid & anti-gas/re</i>	\$0(3)	*
<i>gnp antacid and anti-gas/</i>	\$0(3)	*
<i>gnp antacid anti-gas/maxi</i>	\$0(3)	*
<i>gnp antacid extra strengt</i> CHEW 750mg	\$0(3)	*
<i>gnp antacid/regular stren</i>	\$0(3)	*
<i>heartburn relief extra st</i>	\$0(3)	*
<i>hm antacid extra strength</i> CHEW 750mg	\$0(3)	*
<i>mag-al plus</i>	\$0(3)	*
<i>mag-al plus xs</i>	\$0(3)	*

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>magnesium oxide</i> TABS 400mg, 420mg	\$0(3)	*
<i>maox</i> TABS 420mg	\$0(3)	*
<i>mintox maximum strength</i>	\$0(3)	*
<i>mintox plus</i>	\$0(3)	*
<i>sm antacid</i> CHEW 500mg	\$0(3)	*
<i>sm antacid extra strength</i> CHEW 750mg	\$0(3)	*
<i>sm calcium antacid extra</i> CHEW 750mg	\$0(3)	*
<i>smooth antacid extra stre</i> CHEW 750mg	\$0(3)	*
<i>sodium bicarbonate (antacid)</i> TABS 325mg, 650mg	\$0(3)	*
SODIUM POW BICARBON	\$0(3)	*
ANTI-DIARRHEAL		
<i>anti-diarrheal</i> SOLN 1mg/7.5ml; TABS 2mg	\$0(3)	*
<i>bismuth subsalicylate</i> CHEW 262mg	\$0(3)	*
<i>ft anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	*
<i>ft stomach relief</i> CHEW 262mg; SUSP 525mg/30ml	\$0(3)	*
<i>gnp anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	*
<i>gnp loperamide hydrochlor</i> SOLN 1mg/7.5ml	\$0(3)	*
<i>gnp pink bismuth</i> CHEW 262mg	\$0(3)	*
<i>gnp pink bismuth ultra st</i> SUSP 525mg/15ml	\$0(3)	*
<i>gnp stomach relief</i> SUSP 525mg/30ml	\$0(3)	*
<i>goodsense anti-diarrheal</i> SOLN 1mg/7.5ml	\$0(3)	*
<i>loperamide hcl</i> SOLN 1mg/7.5ml, 2mg/15ml; TABS 2mg	\$0(3)	*
<i>sm anti-diarrheal</i> CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	\$0(3)	*
<i>sm stomach relief</i> CHEW 262mg; TABS 262mg	\$0(3)	*
<i>stomach relief</i> CHEW 262mg; SUSP 525mg/30ml; TABS 262mg	\$0(3)	*
<i>stomach relief extra stre</i> SUSP 525mg/15ml	\$0(3)	*
<i>stomach relief ultra</i> SUSP 525mg/15ml	\$0(3)	*
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>anti-nausea</i>	\$0(3)	*
<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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>driminate</i> TABS 50mg	\$0(3)	*
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
<i>ft motion sickness</i> TABS 25mg, 50mg	\$0(3)	*
<i>gnp anti-nausea relief</i>	\$0(3)	*
<i>gnp motion sickness relie</i> TABS 25mg, 50mg	\$0(3)	*
<i>gnp nausea relief</i>	\$0(3)	*
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	\$0(1)	
<i>granisetron hcl</i> TABS 1mg	\$0(1)	B/D
<i>meclizine hcl</i> CHEW 25mg; TABS 12.5mg	\$0(3)	*
<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)	*
<i>motion sickness relief/le</i> TABS 25mg	\$0(3)	*
<i>motion-time</i> CHEW 25mg	\$0(3)	*
<i>nausea relief</i>	\$0(3)	*
<i>ondansetron</i> TBDP 4mg, 8mg	\$0(1)	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	\$0(1)	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	\$0(1)	B/D
<i>prochlorperazine</i> SUPP 25mg	\$0(1)	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	\$0(1)	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	\$0(1)	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>sm motion sickness</i> TABS 50mg	\$0(3)	*
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrolate</i> TABS 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	\$0(1)	QL (120 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

**Drug Name
(By Medical Condition)**

**WHAT THE
DRUG WILL
COST YOU
(TIER LEVEL)**

**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE**

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid reducer</i> TABS 10mg	\$0(3)	*
<i>acid reducer original str</i> TABS 10mg	\$0(3)	*
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	\$0(1)	
<i>famotidine</i> TABS 10mg	\$0(3)	*
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	\$0(1)	
<i>famotidine original stren</i> TABS 10mg	\$0(3)	*
<i>ft acid reducer</i> TABS 10mg	\$0(3)	*
<i>gnp acid reducer</i> TABS 10mg	\$0(3)	*
<i>heartburn relief</i> TABS 10mg	\$0(3)	*
<i>nizatidine</i> CAPS 150mg, 300mg	\$0(1)	
<i>sm acid reducer</i> TABS 10mg	\$0(3)	*

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	\$0(1)	
<i>budesonide</i> CPEP 3mg	\$0(1)	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	\$0(1)	
<i>mesalamine</i> CP24 .375gm	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	\$0(1)	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	\$0(1)	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	\$0(1)	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	\$0(1)	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	\$0(1)	

LAXATIVES

<i>bisacodyl</i> SUPP 10mg	\$0(3)	*
<i>bisacodyl ec</i> TBEC 5mg	\$0(3)	*
<i>calcium polycarbophil</i> TABS 625mg	\$0(3)	*
<i>chocolated laxative regul</i> CHEW 15mg	\$0(3)	*
<i>clearlax</i> POWD 17gm/scoop	\$0(3)	*
<i>colace 2-in-1</i>	\$0(3)	*
<i>COLACE CLEAR</i> CAPS 50mg	\$0(3)	*
<i>constulose</i> SOLN 10gm/15ml	\$0(1)	
<i>docusate calcium</i> CAPS 240mg	\$0(3)	*
<i>docusate mini</i> ENEM 283mg/5ml	\$0(3)	*

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>docusate sodium</i> CAPS 100mg, 250mg; LIQD 50mg/5ml, 100mg/10ml	\$0(3)	*
DOCUSOL KIDS ENEM 100mg/5ml	\$0(3)	*
<i>dok</i> TABS 100mg	\$0(3)	*
<i>enema ready-to-use</i>	\$0(3)	*
<i>enemeez mini</i> ENEM 283mg/5ml	\$0(3)	*
<i>enemeez plus</i>	\$0(3)	*
<i>enulose</i> SOLN 10gm/15ml	\$0(1)	
<i>fiber-lax</i> TABS 625mg	\$0(3)	*
FLEET ENE PED	\$0(3)	*
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	\$0(3)	*
<i>ft clearlax</i> POWD 17gm/scoop	\$0(3)	*
<i>ft fiber laxative</i> TABS 625mg	\$0(3)	*
<i>ft gentle laxative</i> SUPP 10mg	\$0(3)	*
<i>ft laxative</i> TBEC 5mg	\$0(3)	*
<i>ft milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	*
<i>ft senna laxative</i> TABS 8.6mg	\$0(3)	*
<i>ft senna-s</i>	\$0(3)	*
<i>ft stool softener</i> CAPS 100mg, 250mg	\$0(3)	*
<i>gavilax</i> POWD 17gm/scoop	\$0(3)	*
<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>gavilyte-n/flavor pack</i>	\$0(1)	
<i>generlac</i> SOLN 10gm/15ml	\$0(1)	
<i>gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	*
<i>glycerin (laxative)</i> SUPP 2gm	\$0(3)	*
<i>glycerin childrens</i> SUPP 1gm	\$0(3)	*
<i>glycolax</i> POWD 17gm/scoop	\$0(3)	*
<i>gnp clearlax</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	*
<i>gnp fiber therapy</i> TABS 500mg	\$0(3)	*
<i>gnp gentle laxative</i> SUPP 10mg; TBEC 5mg	\$0(3)	*
<i>gnp glycerin adult</i> SUPP 2.1gm	\$0(3)	*
<i>gnp glycerin child</i> SUPP 1.2gm	\$0(3)	*
<i>gnp milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	*
<i>gnp senna lax</i> TABS 8.6mg	\$0(3)	*
<i>gnp senna plus</i>	\$0(3)	*
<i>gnp stool softener</i> CAPS 100mg, 240mg, 250mg	\$0(3)	*
<i>gnp stool softener/stimul</i>	\$0(3)	*
<i>gnp womens gentle laxativ</i> TBEC 5mg	\$0(3)	*

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>goodsense clearlax</i> POWD 17gm/scoop	\$0(3)	*
<i>healthylax</i> PACK 17gm	\$0(3)	*
<i>hm enema saline laxative</i>	\$0(3)	*
<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)	*
<i>laxative regular strength</i> TABS 15mg	\$0(3)	*
<i>milk of magnesia</i> SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	\$0(3)	*
MILK OF MAGNESIA CONCENTR SUSP 2400mg/10ml	\$0(3)	*
NUTRISOURCE PAK FIBER	\$0(3)	*
NUTRISOURCE POW FIBER	\$0(3)	*
PEDIA-LAX LIQD 50mg/15ml; SUPP 2.8gm	\$0(3)	*
<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)	*
<i>senexon-s</i>	\$0(3)	*
SENNA SYRP 176mg/5ml	\$0(3)	*
<i>senna plus</i>	\$0(3)	*
SENNA PLUS CAP 8.6-50MG	\$0(3)	*
<i>senna-lax</i> TABS 8.6mg	\$0(3)	*
<i>senna-time</i> TABS 8.6mg	\$0(3)	*
<i>senna-time s</i>	\$0(3)	*
<i>sennosides</i> CAPS 8.6mg; LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg	\$0(3)	*
<i>sennosides-docusate sodium tab</i> 8.6-50 mg	\$0(3)	*
<i>senokot extra strength</i> TABS 17.2mg	\$0(3)	*
SENOKOT KIDS LAXATIVE GUM CHEW 8.7mg	\$0(3)	*
SENOKOT LAXATIVE GUMMIES CHEW 8.7mg	\$0(3)	*
<i>sm clearlax</i> POWD 17gm/scoop	\$0(3)	*
<i>sm enema</i>	\$0(3)	*
<i>sm fiber</i> TABS 625mg	\$0(3)	*
<i>sm fiber laxative</i> TABS 500mg	\$0(3)	*
<i>sm gentle laxative</i> TBEC 5mg	\$0(3)	*

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	*
<i>sm senna laxative</i> TABS 8.6mg	\$0(3)	*
<i>sm senna-s</i>	\$0(3)	*
<i>sm stool softener</i> CAPS 100mg; TABS 100mg	\$0(3)	*
<i>sm stool softener/stimula</i>	\$0(3)	*
<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)	*
<i>soluble fiber</i>	\$0(3)	*
SORBITOL SOLN 70%	\$0(3)	*
<i>stimulant laxative</i>	\$0(3)	*
STL SOFT/LAX CAP 8.6-50MG	\$0(3)	*
<i>stool softener</i> CAPS 100mg	\$0(3)	*
<i>stool softener + stimulan</i>	\$0(3)	*
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	\$0(1)	QL (60 tabs / 30 days), PA
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)	
<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, 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 12mg/0.6ml; SOSY 8mg/0.4ml, 12mg/0.6ml	\$0(2)	NDS, QL (28 syringes / 28 days), PA
<i>sucalfate</i> TABS 1gm	\$0(1)	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	\$0(1)	
VOWST CAP	\$0(2)	NDS, QL (12 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XERMELO TABS 250mg	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	\$0(2)	NDS, PA
ZENPEP CAP 3000UNIT	\$0(2)	
ZENPEP CAP 5000UNIT	\$0(2)	
ZENPEP CAP 10000UNT	\$0(2)	
ZENPEP CAP 15000UNT	\$0(2)	
ZENPEP CAP 20000UNT	\$0(2)	
ZENPEP CAP 25000UNT	\$0(2)	
ZENPEP CAP 40000UNT	\$0(2)	
ZENPEP CAP 60000UNT	\$0(2)	

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)	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	\$0(1)	QL (60 caps / 30 days)

MISCELLANEOUS

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

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

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	\$0(1)	QL (600 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oxybutynin chloride</i> TABS 5mg	\$0(1)	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<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)	*
<i>7 day vaginal</i> CREA 2%	\$0(3)	*
<i>gnp clotrimazole 3</i> CREA 2%	\$0(3)	*
<i>gnp miconazole 1 combinat</i>	\$0(3)	*
<i>gnp miconazole 3</i>	\$0(3)	*
<i>gnp miconazole 7</i> CREA 2%	\$0(3)	*
<i>metronidazole vaginal</i> GEL .75%	\$0(1)	
<i>miconazole 3 combo pack</i>	\$0(3)	*
<i>miconazole 7</i> CREA 2%; SUPP 100mg	\$0(3)	*
<i>sm 3-day vaginal</i> CREA 2%	\$0(3)	*
<i>sm clotrimazole vaginal</i> CREA 1%	\$0(3)	*
<i>sm miconazole 3</i>	\$0(3)	*
<i>sm miconazole 7</i> CREA 2%; SUPP 100mg	\$0(3)	*
<i>sm tioconazole-1</i> OINT 6.5%	\$0(3)	*
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	\$0(1)	
<i>tioconazole 1</i> OINT 6.5%	\$0(3)	*
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	\$0(1)	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	\$0(1)	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	\$0(2)	QL (74 tabs / 30 days)
<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)	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	\$0(2)	NDS
HEP SOD/NACL INJ 25000UNT	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	\$0(1)	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
<i>rivaroxaban</i> SUSR 1mg/ml	\$0(2)	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
<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		
FULPHILA SOSY 6mg/0.6ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
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
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	\$0(1)	
BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	\$0(1)	
DOPTLET TABS 20mg	\$0(2)	NDS, NM, PA
HAEGARDA SOLR 2000unit	\$0(2)	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	\$0(2)	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	\$0(2)	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	\$0(1)	
<i>sajazir</i> SOSY 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	\$0(2)	
SIKLOS TABS 1000mg	\$0(2)	NDS

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TAVNEOS CAPS 10mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, 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 applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	\$0(1)	
<i>ticagrelor</i> TABS 60mg, 90mg	\$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	\$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	\$0(2)	NDS, NM, PA
COSENTYX SOSY 75mg/0.5ml	\$0(2)	NDS, QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	\$0(2)	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	\$0(2)	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	\$0(2)	NDS, QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	\$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA PSKT 10mg/0.1ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	\$0(2)	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	\$0(2)	NDS, NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	\$0(2)	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	\$0(2)	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	\$0(2)	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	\$0(2)	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	\$0(2)	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	\$0(2)	NDS, NM, PA
RENFLEXIS SOLR 100mg	\$0(2)	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	\$0(2)	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	\$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	\$0(2)	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
SOTYKTU TABS 6mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	\$0(2)	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	\$0(2)	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	\$0(2)	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	\$0(2)	NDS, NM, PA
TREMFYA SOPN 100mg/ml	\$0(2)	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	\$0(2)	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	\$0(2)	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	\$0(2)	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	\$0(2)	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	\$0(2)	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	\$0(2)	NM, PA
YESINTEK SOSY 45mg/0.5ml	\$0(2)	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

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

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	\$0(2)	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	\$0(2)	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM
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, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 100mcg/0.5ml	\$0(2)	NDS, NM, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 5mg	\$0(2)	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	\$0(2)	B/D, NM
<i>azathioprine</i> TABS 50mg	\$0(1)	B/D

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	\$0(2)	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg	\$0(1)	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	\$0(2)	NDS, B/D, NM
engraf CAPS 25mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	\$0(1)	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	\$0(2)	NDS, B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	\$0(1)	B/D, NM
NULOJIX SOLR 250mg	\$0(2)	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	\$0(2)	B/D, NM
REZUROCK TABS 200mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml	\$0(2)	NDS, B/D, NM
sirolimus TABS .5mg, 1mg, 2mg	\$0(1)	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	\$0(1)	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	\$0(1)	
ACTHIB INJ	\$0(1)	
ADACEL INJ	\$0(1)	
AREXVY SUSR 120mcg/0.5ml	\$0(1)	
BCG VACCINE SOLR 50mg	\$0(1)	
BEXSERO SUSY .5ml	\$0(1)	
BOOSTRIX INJ	\$0(1)	
DAPTACEL INJ	\$0(1)	
DENG VAXIA SUS	\$0(1)	
DIP/TET PED INJ 25-5LFU	\$0(1)	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	\$0(1)	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	\$0(1)	
HAVRIX SUSY 720elU/0.5ml, 1440unit/ml	\$0(1)	
HEPLISAV-B SOSY 20mcg/0.5ml	\$0(1)	B/D
HIBERIX SOLR 10mcg	\$0(1)	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	\$0(1)	B/D
INFANRIX INJ	\$0(1)	
IPOL INJ INACTIVE	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IXIARO INJ	\$0(1)	
JYNNEOS SUSP .5ml	\$0(1)	B/D
KINRIX INJ	\$0(1)	
M-M-R II INJ	\$0(1)	
MENACTRA INJ	\$0(1)	
MENQUADFI SOLN .5ml	\$0(1)	
MENVEO INJ	\$0(1)	
MENVEO SOL	\$0(1)	
MRESVIA SUSY 50mcg/0.5ml	\$0(1)	
PEDIARIX INJ 0.5ML	\$0(1)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	\$0(1)	
PENBRAYA INJ	\$0(1)	
PENMENVY INJ	\$0(1)	
PENTACEL INJ	\$0(1)	
PRIORIX INJ	\$0(1)	
PROQUAD INJ	\$0(1)	
QUADRACEL INJ 0.5ML	\$0(1)	
RABAVERT INJ	\$0(1)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	\$0(1)	B/D
ROTARIX SUS	\$0(1)	
ROTATEQ SOL	\$0(1)	
SHINGRIX SUSR 50mcg/0.5ml	\$0(1)	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	\$0(1)	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	\$0(1)	
TRUMENBA SUSY .5ml	\$0(1)	
TWINRIX INJ	\$0(1)	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	\$0(1)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	\$0(1)	
VARIVAX SUSR 1350pfu/0.5ml	\$0(1)	
VAXCHORA SUS	\$0(1)	
VIMKUNYA SUSY 40mcg/0.8ml	\$0(1)	
VIVOTIF CAP EC	\$0(1)	
YF-VAX INJ	\$0(1)	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NACL INJ 0.45%	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% in lactated ringers</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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 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 20 meq/l (0.149%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	\$0(2)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
<i>multiple electrolytes ph 5.5</i>	\$0(1)	
<i>multiple electrolytes ph 7.4</i>	\$0(1)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	\$0(2)	
POT CHL 20MEQ/L IN NACL 0.45% INJ	\$0(2)	
POT CHL 40MEQ/L IN NACL 0.9% INJ	\$0(2)	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	\$0(1)	
<i>klor-con 8 TBCR 8meq</i>	\$0(1)	
<i>klor-con 10 TBCR 10meq</i>	\$0(1)	
<i>klor-con m10 TBCR 10meq</i>	\$0(1)	
<i>klor-con m15 TBCR 15meq</i>	\$0(1)	
<i>klor-con m20 TBCR 20meq</i>	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
WESTAB PLUS TAB 27-1MG	\$0(2)	
<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 SOLN 5%, 10%</i>	\$0(1)	
<i>dextrose SOLN 50%, 70%</i>	\$0(1)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	\$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	\$0(2)	B/D
<i>plenamine</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	NDS, B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITAMINS		
B-COMPLEX/FA TAB /VIT C	\$0(3)	*
<i>calcidol</i> SOLN 200mcg/ml	\$0(3)	*
<i>dialyvite 800</i>	\$0(3)	*
<i>ergocalciferol</i> CAPS 1.25mg, 50000unit; SOLN 8000unit/ml	\$0(3)	*
<i>folika-bc</i>	\$0(3)	*
<i>full spectrum b/vitamin c</i>	\$0(3)	*
<i>nephro vitamins</i>	\$0(3)	*
<i>nephro-vite</i>	\$0(3)	*
NEPHRONEX LIQ 0.9/5ML	\$0(3)	*
<i>phytonadione</i> SOLN 10mg/ml; TABS 5mg	\$0(3)	*
<i>pyridoxine hcl</i> SOLN 100mg/ml	\$0(3)	*
<i>rena-vite</i>	\$0(3)	*
<i>rena-vite rx</i>	\$0(3)	*
<i>renal vitamin</i>	\$0(3)	*
<i>reno caps</i>	\$0(3)	*
<i>thiamine hcl</i> SOLN 100mg/ml	\$0(3)	*
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0(1)	
<i>neo-polycin hc ophth oint 1%</i>	\$0(1)	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc ophth susp</i>	\$0(1)	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)	
TOBRADEX OIN 0.3-0.1%	\$0(2)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)	
ZYLET SUS 0.5-0.3%	\$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	\$0(1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)	
BESIVANCE SUSP .6%	\$0(2)	
CILOXAN OINT .3%	\$0(2)	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	\$0(1)	
<i>erythromycin (ophth) OINT 5mg/gm</i>	\$0(1)	
<i>gatifloxacin (ophth) SOLN .5%</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gentamicin sulfate (ophth)</i> SOLN .3%	\$0(1)	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	\$0(1)	QL (12 mL / 30 days)
NATACYN SUSP 5%	\$0(2)	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin</i>	\$0(1)	
<i>neomycin-polymyx-gramicid op sol 1.75- 10000-0.025mg-unt-mg/ml</i>	\$0(1)	
<i>ofloxacin (ophth)</i> SOLN .3%	\$0(1)	
<i>polycin ophth oint</i>	\$0(1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0(1)	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	\$0(1)	
<i>tobramycin (ophth)</i> SOLN .3%	\$0(1)	
<i>trifluridine</i> SOLN 1%	\$0(1)	
XDEMY SOLN .25%	\$0(2)	NDS, NM, PA
ZIRGAN GEL .15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	\$0(1)	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	\$0(1)	
<i>diclofenac sodium (ophth)</i> SOLN .1%	\$0(1)	
FLAREX SUSP .1%	\$0(2)	
<i>fluorometholone (ophth)</i> SUSP .1%	\$0(1)	
<i>flurbiprofen sodium</i> SOLN .03%	\$0(1)	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	\$0(1)	
LOTEMAX OINT .5%	\$0(2)	
<i>loteprednol etabonate</i> SUSP .2%	\$0(1)	
<i>prednisolone acetate (ophth)</i> SUSP 1%	\$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl (ophth)</i> SOLN .05%	\$0(1)	
<i>cromolyn sodium (ophth)</i> SOLN 4%	\$0(1)	
ZERVIAE SOLN .24%	\$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	\$0(1)	
BETOPTIC-S SUSP .25%	\$0(2)	
<i>brimonidine tartrate</i> SOLN .15%, .2%	\$0(1)	
<i>brinzolamide</i> SUSP 1%	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carteolol hcl (ophth)</i> SOLN 1%	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl</i> SOLN 2%	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	\$0(1)	
<i>latanoprost</i> SOLN .005%	\$0(1)	
<i>levobunolol hcl</i> SOLN .5%	\$0(1)	
LUMIGAN SOLN .01%	\$0(2)	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	\$0(1)	
RHOPRESSA SOLN .02%	\$0(2)	
ROCKLATAN DRO	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	\$0(1)	
VYZULTA SOLN .024%	\$0(2)	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	\$0(2)	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	\$0(1)	
CYSTADROPS SOLN .37%	\$0(2)	NDS, NM, PA
CYSTARAN SOLN .44%	\$0(2)	NDS, NM, PA
EYSUVIS SUSP .25%	\$0(2)	
MIEBO SOLN 1.338gm/ml	\$0(2)	
<i>proparacaine hcl</i> SOLN .5%	\$0(1)	
RESTASIS EMUL .05%	\$0(2)	
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	
XIIDRA SOLN 5%	\$0(2)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0(1)	
<i>flac</i> OIL .01%	\$0(1)	
<i>fluocinolone acetonide (otic)</i> OIL .01%	\$0(1)	
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0(1)	
<i>ofloxacin (otic)</i> SOLN .3%	\$0(1)	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	\$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0(2)	QL (1 inhaler / 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>all day allergy TABS 10mg</i>	\$0(3)	*
<i>all day allergy childrens SOLN 5mg/5ml</i>	\$0(3)	*
<i>allergy CAPS 25mg</i>	\$0(3)	*
<i>allergy childrens SOLN 5mg/5ml</i>	\$0(3)	*
<i>allergy relief CAPS 25mg; TABS 5mg, 10mg, 25mg</i>	\$0(3)	*
<i>allergy relief childrens LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml</i>	\$0(3)	*
<i>azelastine hcl SOLN .1%</i>	\$0(1)	
<i>banophen CAPS 25mg, 50mg; TABS 25mg</i>	\$0(3)	*
<i>cetirizine hcl CHEW 5mg, 10mg; TABS 5mg, 10mg</i>	\$0(3)	*
<i>cetirizine hcl SOLN 5mg/5ml</i>	\$0(1)	QL (300 mL / 30 days)
<i>cetirizine hcl allergy ch SOLN 5mg/5ml</i>	\$0(3)	*
<i>cetirizine hcl childrens SOLN 1mg/ml, 5mg/5ml</i>	\$0(3)	*
<i>cetirizine hydrochloride SOLN 1mg/ml, 5mg/5ml</i>	\$0(3)	*
<i>childrens loratadine SOLN 5mg/5ml</i>	\$0(3)	*
<i>ciproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diphenhydramine hcl</i> CAPS 25mg, 50mg; LIQD 12.5mg/5ml, 25mg/10ml; TABS 25mg	\$0(3)	*
<i>diphenhydramine hcl</i> SOLN 50mg/ml	\$0(1)	
<i>ft all day allergy</i> TABS 10mg	\$0(3)	*
<i>ft all day allergy 24 hou</i> TABS 10mg	\$0(3)	*
<i>ft all day allergy relief</i> TABS 10mg	\$0(3)	*
<i>ft allergy relief</i> CAPS 25mg; CHEW 25mg; TABS 25mg	\$0(3)	*
<i>ft allergy relief childre</i> CHEW 5mg; LIQD 12.5mg/5ml; SOLN 5mg/5ml	\$0(3)	*
<i>gnp all day allergy</i> TABS 10mg	\$0(3)	*
<i>gnp all day allergy child</i> SOLN 1mg/ml, 5mg/5ml	\$0(3)	*
<i>gnp all day allergy relie</i> CAPS 10mg	\$0(3)	*
<i>gnp allergy</i> TABS 25mg	\$0(3)	*
<i>gnp allergy relief</i> CAPS 25mg; CHEW 12.5mg; TABS 25mg	\$0(3)	*
<i>gnp allergy relief maximu</i> LIQD 12.5mg/5ml	\$0(3)	*
<i>gnp childrens allergy</i> LIQD 12.5mg/5ml	\$0(3)	*
<i>gnp loratadine</i> SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	\$0(3)	*
<i>gnp loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	*
<i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	*
<i>goodsense allergy relief</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	*
<i>hm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	*
<i>hm loratadine</i> TABS 10mg	\$0(3)	*
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	\$0(2)	PA; PA applies if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>liquid allergy relief</i> LIQD 12.5mg/5ml	\$0(3)	*

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>loratadine</i> CAPS 10mg; SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	\$0(3)	*
<i>loratadine childrens</i> CHEW 5mg; SOLN 5mg/5ml	\$0(3)	*
<i>m-dryl</i> LIQD 12.5mg/5ml	\$0(3)	*
<i>sm all day allergy</i> TABS 10mg	\$0(3)	*
<i>sm all day allergy relief</i> TABS 10mg	\$0(3)	*
<i>sm allergy childrens</i> SOLN 5mg/5ml	\$0(3)	*
<i>sm allergy relief</i> CHEW 25mg	\$0(3)	*
<i>sm allergy relief childre</i> LIQD 12.5mg/5ml	\$0(3)	*
<i>sm loratadine</i> SOLN 5mg/5ml	\$0(3)	*
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	\$0(1)	
VENTOLIN HFA AERS 108mcg/act	\$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	\$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
<i>chest congestion relief</i> LIQD 100mg/5ml	\$0(3)	*
<i>chest congestion relief d</i>	\$0(3)	*
<i>dextromethorphan-guaifenesin liquid 10- 100 mg/5ml</i>	\$0(3)	*
<i>dextromethorphan-guaifenesin syrup 10- 100 mg/5ml</i>	\$0(3)	*
<i>ft nasal decongestant max</i> TABS 30mg	\$0(3)	*

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ft tussin adult</i> LIQD 200mg/10ml	\$0(3)	*
<i>gnp nasal decongestant</i> TABS 30mg	\$0(3)	*
<i>gnp nasal decongestant/ma</i> TABS 30mg	\$0(3)	*
<i>gnp tussin dm cough</i>	\$0(3)	*
<i>gnp tussin mucus & chest</i> LIQD 100mg/5ml	\$0(3)	*
<i>guaifenesin</i> LIQD 100mg/5ml	\$0(3)	*
<i>mucinex fast-max chest co</i> LIQD 400mg/20ml	\$0(3)	*
<i>nasal decongestant</i> TABS 30mg	\$0(3)	*
<i>promethazine w/ codeine syrup</i> 6.25-10 mg/5ml	\$0(3)	*
<i>pseudoephedrine hcl</i> TABS 30mg	\$0(3)	*
<i>sm tussin dm</i>	\$0(3)	*
<i>sm tussin dm cough/chest</i>	\$0(3)	*
<i>sm tussin mucus + chest c</i> LIQD 100mg/5ml	\$0(3)	*
<i>sudogest</i> TABS 30mg	\$0(3)	*
<i>sudogest maximum strength</i> TABS 30mg	\$0(3)	*
<i>tusnel diabetic</i>	\$0(3)	*
<i>tusnel-ex</i> LIQD 100mg/5ml	\$0(3)	*
<i>tussin dm</i>	\$0(3)	*
<i>tussin mucus & chest cong</i> LIQD 100mg/5ml	\$0(3)	*
<i>tussin mucus + chest cong</i> LIQD 100mg/5ml	\$0(3)	*
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
<i>afrin saline nasal mist</i> SOLN .65%	\$0(3)	*
<i>altamist</i> SOLN .65%	\$0(3)	*
ALYFTREK TAB 4-20-50	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	\$0(2)	NDS, NM, PA
<i>ayr</i> SOLN .65%	\$0(3)	*
<i>baby ayr saline</i> SOLN .65%	\$0(3)	*
<i>cromolyn sodium</i> NEBU 20mg/2ml	\$0(1)	B/D
<i>cvs saline nasal spray</i> SOLN .65%	\$0(3)	*
<i>deep sea nasal spray</i> SOLN .65%	\$0(3)	*

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)
<i>eq saline nasal spray</i> SOLN .65%	\$0(3)	*
<i>eq saline nasal spray</i> SOLN .65%	\$0(3)	*
FASENRA SOSY 10mg/0.5ml, 30mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, QL (1 pen / 28 days), NM, PA
<i>gnp nasal moisturizing</i> SOLN .65%	\$0(3)	*
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>meijer saline nasal spray</i> SOLN .65%	\$0(3)	*
<i>nasal moist</i> SOLN .65%	\$0(3)	*
<i>nasal moisturizing spray</i> SOLN .65%	\$0(3)	*
<i>ocean for kids</i> SOLN .65%	\$0(3)	*
OFEV CAPS 100mg, 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	\$0(2)	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	\$0(2)	NDS, NM, PA
<i>qc saline nasal relief</i> SOLN .65%	\$0(3)	*
<i>qc saline nasal spray</i> SOLN .65%	\$0(3)	*
<i>ra saline nasal spray</i> SOLN .65%	\$0(3)	*
<i>roflumilast</i> TABS 250mcg	\$0(1)	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	\$0(1)	QL (30 tabs / 30 days)
<i>saline</i> SOLN .65%	\$0(3)	*

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>saline mist</i> SOLN .65%	\$0(3)	*
<i>sb saline nose</i> SOLN .65%	\$0(3)	*
<i>sm nasal spray saline</i> SOLN .65%	\$0(3)	*
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA PAK 59.5MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	\$0(2)	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	\$0(2)	NDS, NM, 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>		
ALVESCO AERS 80mcg/act	\$0(2)	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	\$0(2)	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	\$0(1)	B/D

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

**Drug Name
(By Medical Condition)**
**WHAT THE
DRUG WILL
COST YOU
(TIER LEVEL)**
**NECESSARY ACTIONS
RESTRICTIONS OR
LIMITS ON USE**
**STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT
ASTHMA AND COPD**

ADVAIR HFA AER 45/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0(2)	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	\$0(2)	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0(2)	QL (60 blisters / 30 days)
<i>breyana</i>	\$0(1)	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	\$0(1)	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	\$0(1)	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	\$0(2)	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	\$0(2)	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	\$0(2)	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	\$0(1)	QL (60 inhalations / 30 days)

**TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS
DERMATOLOGY, ACNE**

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0(1)	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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> GEL 2%	\$0(1)	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	\$0(1)	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	\$0(1)	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 gm / 30 days)
<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)	
<i>SULFAMYLON</i> CREA 85mg/gm	\$0(2)	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1%	\$0(1)	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	\$0(1)	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	\$0(1)	QL (85 gm / 30 days)
<i>ketconazole (topical)</i> CREA 2%	\$0(1)	QL (60 gm / 30 days)
<i>ketconazole (topical)</i> SHAM 2%	\$0(1)	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	\$0(1)	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	\$0(1)	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	\$0(1)	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	\$0(1)	QL (120 gm / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcipotriene</i> SOLN .005%	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
ENSTILAR AER	\$0(2)	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	\$0(2)	QL (60 gm / 30 days), PA
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
<i>ala-cort</i> CREA 1%	\$0(1)	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	\$0(1)	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	\$0(1)	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	\$0(1)	QL (60 gm / 30 days)
<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 (60 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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocortisone (topical)</i> OINT 1%	\$0(1)	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	\$0(1)	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	\$0(1)	
<i>triderm</i> CREA .5%	\$0(1)	QL (454 gm / 30 days)
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)	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	\$0(1)	QL (300 mL / 28 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)
<i>nitroglycerin (intra-anal)</i> OINT .4%	\$0(1)	QL (30 gm / 30 days)
PANRETIN GEL .1%	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	\$0(1)	QL (100 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)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>proctocort</i> CREA 1%	\$0(1)	
<i>proctosol hc</i> CREA 2.5%	\$0(1)	
<i>proctozone-hc</i> CREA 2.5%	\$0(1)	
<i>tacrolimus (topical)</i> OINT .03%, .1%	\$0(1)	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	\$0(2)	NDS, QL (60 gm / 30 days), NM, 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		
SANTYL OINT 250unit/gm	\$0(2)	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	\$0(1)	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	\$0(1)	
<i>clotrimazole</i> TROC 10mg	\$0(1)	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	\$0(1)	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	\$0(1)	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	\$0(1)	
<i>periogard</i> SOLN .12%	\$0(1)	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	\$0(1)	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	\$0(1)	
PART B		
DIABETIC METERS AND TEST STRIPS		
DEXCOM G6 MIS RECEIVER	\$0	PA
DEXCOM G6 MIS SENSOR	\$0	PA
DEXCOM G6 MIS TRANSMIT	\$0	PA
DEXCOM G7 MIS RECEIVER	\$0	PA
DEXCOM G7 MIS SENSOR	\$0	PA
FREESTY LIBR KIT 2 SENSOR	\$0	PA
FREESTY LIBR KIT 3 SENSOR	\$0	PA
FREESTY LIBR KIT SENSOR	\$0	PA
FREESTY LIBR MIS 2 READER	\$0	PA
FREESTY LIBR MIS 3 READER	\$0	PA
FREESTYLE MIS READER	\$0	PA
TRUE METRIX KIT AIR	\$0	
TRUE METRIX KIT METER	\$0	

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

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

You can find information on what the symbols and abbreviations in this table mean by referring to section C1.

D. Index of Covered Drugs

<i>*sodium phosphates - enema***</i> 86	<i>acyclovir</i> 24	<i>aliskiren fumarate</i> . 48
<i>7 day vaginal</i> 88	<i>acyclovir sodium</i> ... 24	<i>all day allergy</i> 101
<i>abacavir sulfate</i> 22	ADACEL INJ..... 94	<i>all day allergy</i> <i>childrens</i> 101
<i>abacavir sulfate-</i> <i>lamivudine tab 600-</i> <i>300 mg</i> 23	ADALIMUMAB-AACF (2 PEN)..... 90	<i>all day pain relief</i> .. 16
<i>abigale</i> 76	ADALIMUMAB-AACF (2 SYRING)..... 90	<i>all day relief</i> 16
<i>abigale lo</i> 76	ADALIMUMAB-AACF STARTER P 90	<i>allergy</i> 101
ABILIFY ASIMTUFII 53	<i>adefovir dipivoxil</i> ... 24	<i>allergy childrens</i> . 101
ABILIFY MAINTENA 53	ADEMPAS..... 49	<i>allergy relief</i> 101
<i>abiraterone acetate</i> 30	ADMELOG 68	<i>allergy relief childrens</i> 101
<i>abirtega</i> 30	ADMELOG SOLOSTAR 68	<i>allopurinol</i> 15
ABRYSVO 94	ADVAIR HFA AER 115/21 107	<i>almacone double</i> <i>strength</i> 80
<i>acamprosate calcium</i> 65	ADVAIR HFA AER 230/21 107	<i>alose tron hcl</i> 86
<i>acarbose</i> 67	ADVAIR HFA AER 45/21 107	<i>alprazolam</i> 49
<i>accutane</i> 107	<i>afirmelle</i> 71	<i>altamist</i> 104
<i>acebutolol hcl</i> 46	<i>afrin saline nasal mist</i> 104	<i>altavera</i> 71
<i>acetaminophen</i> 15	AIMOVIG 62	<i>alum & mag</i> <i>hydroxide-</i> <i>simethicone susp</i> 200-200-20 <i>mg/5ml</i> 80
<i>acetaminophen w/</i> <i>codeine soln 120-12</i> <i>mg/5ml</i> 18	AIRSUPRA AER 90- 80MCG 107	<i>alum & mag</i> <i>hydroxide-</i> <i>simethicone susp</i> 400-400-40 <i>mg/5ml</i> 80
<i>acetaminophen w/</i> <i>codeine tab 300-15</i> <i>mg</i> 18	AKEEGA TAB 100/500 30	ALUMINUM HYDROXIDE..... 80
<i>acetaminophen w/</i> <i>codeine tab 300-30</i> <i>mg</i> 18	AKEEGA TAB 50/500MG 30	ALUNBRIG..... 32
<i>acetaminophen w/</i> <i>codeine tab 300-60</i> <i>mg</i> 18	<i>ala-cort</i> 109	ALUNBRIG PAK 32
<i>acetazolamide</i> 47	<i>albendazole</i> 19	ALVAIZ 89
<i>acetic acid</i> 87	<i>albuterol sulfate</i> .. 103	ALVESCO 106
<i>acetic acid (otic)</i> . 100	<i>alclometasone</i> <i>dipropionate</i> 109	<i>alyacen 1/35</i> 71
<i>acetylcysteine</i> 104	ALCOHOL SWABS: BD- EMBECTA/MHC/RUG BY..... 68	<i>alyacen 7/7/7</i> 71
<i>acid gone</i> 80	ALDURAZYME 78	ALYFTREK TAB 10-50- 125 104
ACID GONE 80	ALECENSA 32	ALYFTREK TAB 4-20- 50 104
<i>acid reducer</i> 83	<i>alendronate sodium</i> 70	ALYGLO 93
<i>acid reducer original</i> <i>str</i> 83	<i>alfuzosin hcl</i> 87	<i>alyq</i> 49
<i>acitretin</i> 108		<i>amantadine hcl</i> 52
ACTHIB INJ 94		<i>ambrisentan</i> 49
ACTIMMUNE 93		

amethia 71
amethyst 71
amikacin sulfate.... 19
amiloride & hydrochlorothiazide tab 5-50 mg 47
amiloride hcl 47
amiodarone hcl..... 44
amitriptyline hcl.... 50
amlodipine besylate 47
amlodipine besylate-benazepril hcl cap 10-20 mg 41
amlodipine besylate-benazepril hcl cap 10-40 mg 41
amlodipine besylate-benazepril hcl cap 2.5-10 mg 41
amlodipine besylate-benazepril hcl cap 5-10 mg..... 41
amlodipine besylate-benazepril hcl cap 5-20 mg..... 41
amlodipine besylate-benazepril hcl cap 5-40 mg..... 41
amlodipine besylate-olmesartan medoxomil tab 10-20 mg..... 42
amlodipine besylate-olmesartan medoxomil tab 10-40 mg..... 42
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 42
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 42
amlodipine besylate-valsartan tab 10-160 mg 43

amlodipine besylate-valsartan tab 10-320 mg 43
amlodipine besylate-valsartan tab 5-160 mg 43
amlodipine besylate-valsartan tab 5-320 mg 43
amnestem 107
amoxapine 50
amoxicillin..... 27
*amoxicillin & k clavulanate for susp 200-28.5 mg/5ml*27
*amoxicillin & k clavulanate for susp 250-62.5 mg/5ml*27
amoxicillin & k clavulanate for susp 400-57 mg/5ml.. 27
*amoxicillin & k clavulanate for susp 600-42.9 mg/5ml*27
amoxicillin & k clavulanate tab 250-125 mg 27
amoxicillin & k clavulanate tab 500-125 mg 27
amoxicillin & k clavulanate tab 875-125 mg 27
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 27
amphetamine-dextroamphetamine cap er 24hr 10 mg 61
amphetamine-dextroamphetamine cap er 24hr 15 mg 61
amphetamine-dextroamphetamine

cap er 24hr 20 mg 61
amphetamine-dextroamphetamine cap er 24hr 25 mg 61
amphetamine-dextroamphetamine cap er 24hr 30 mg 61
amphetamine-dextroamphetamine cap er 24hr 5 mg 60
amphetamine-dextroamphetamine tab 10 mg 61
amphetamine-dextroamphetamine tab 12.5 mg 61
amphetamine-dextroamphetamine tab 15 mg 61
amphetamine-dextroamphetamine tab 20 mg 61
amphetamine-dextroamphetamine tab 30 mg 61
amphetamine-dextroamphetamine tab 5 mg 61
amphetamine-dextroamphetamine tab 7.5 mg 61
amphotericin b 21
amphotericin b liposome 21
ampicillin 27
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 27
*ampicillin & sulbactam sodium for inj 3 (2-1) gm*27
ampicillin & sulbactam sodium

for iv soln 1.5 (1-0.5) gm 27
 ampicillin & sulbactam sodium
 for iv soln 15 (10-5) gm 27
 ampicillin & sulbactam sodium
 for iv soln 3 (2-1) gm 27
 ampicillin sodium .. 27
 anagrelide hcl 89
 anastrozole 30
 ANORO ELLIPT AER 62.5-25 100
 antacid 80
 antacid calcium regular s 80
 antacid extra strength 80
 antacid maximum strength 80
 antacid regular strength 80
 antacid/antigas liquid 80
 anti-diarrheal 81
 anti-gas/ and gnp antacid . 80
 anti-nausea 81
 aprepitant 81
 aprepitant capsule therapy pack 80 & 125 mg 81
 apri 71
 APTIOM 56
 APTIVUS 22
 ARALAST NP 104
 aranelle 71
 ARCALYST 93
 AREXVY 94
 ARIKAYCE 19
 aripiprazole 53
 ARISTADA 53
 ARISTADA INITIO . 53
 armodafinil 65
 ARNUITY ELLIPTA 106
 asenapine maleate 53

ashlyna 71
 aspirin 15
 aspirin adult low dose 15
 aspirin low dose 15
 aspirin low strength 15
 aspirin regimen 15
 aspirin-dipyridamole cap er 12hr 25-200 mg 90
 ASTAGRAF XL 93
 atazanavir sulfate . 22
 atenolol 46
 atenolol & chlorthalidone tab 100-25 mg 46
 atenolol & chlorthalidone tab 50-25 mg 46
 atomoxetine hcl 61
 atorvastatin calcium 45
 atovaquone 19
 atovaquone-proguanil hcl tab 250-100 mg 22
 atovaquone-proguanil hcl tab 62.5-25 mg 22
 ATROPINE SULFATE 100
 atropine sulfate (ophthalmic) 100
 ATROVENT HFA... 101
 aubra eq 71
 AUGTYRO 32
 aurovela 1/20 71
 aurovela 24 fe 71
 aurovela fe 1.5/30 71
 aurovela fe 1/20 ... 71
 AUSTEDO 63
 AUSTEDO XR 63
 AUSTEDO XR TAB TITR KIT 63
 AUVELITY TAB 45-105MG 50
 aviane 71

AVMAPKI PAK FAKZYNJA 32
 ayr 104
 ayuna 71
 AYVAKIT 32
 azacitidine 29
 azathioprine 93
 azelastine hcl 101
 azelastine hcl (ophth) 99
 azithromycin 26
 aztreonam 19
 azurette 71
 baby ayr saline ... 104
 bacitracin (ophthalmic) 98
 bacitracin-polymyxin b ophth oint 98
 bacitracin-polymyxin-neomycin-hc ophth oint 1% 98
 baclofen 64
 BAFIERTAM 64
 balsalazide disodium 83
 BALVERSA 32
 balziva 71
 banophen 101
 BARACLUDE 24
 BASAGLAR KWIKPEN 68
 BCG VACCINE 94
 B-COMPLEX/FA TAB /VIT C 98
 benazepril & hydrochlorothiazide tab 10-12.5 mg .. 41
 benazepril & hydrochlorothiazide tab 20-12.5 mg .. 41
 benazepril & hydrochlorothiazide tab 20-25 mg 41
 benazepril & hydrochlorothiazide tab 5-6.25mg 41
 benazepril hcl 42

BENDAMUSTINE
 HYDROCHLORID. 28
 BENDEKA..... 28
 BENLYSTA..... 94
benzoyl peroxide-
 erythromycin gel 5-
 3%..... 107
benztropine mesylate
 52
 BERINERT 89
 BESIVANCE 98
 BESREMI 31
betaine powder for
 oral solution 78
betamethasone
 dipropionate
 (topical)..... 109
betamethasone
 dipropionate
 augmented..... 109
betamethasone
 valerate 109
 BETASERON 64
betaxolol hcl..... 46
betaxolol hcl (ophth)
 99
bethanechol chloride
 87
 BETOPTIC-S 99
 BEVESPI AER 9-
 4.8MCG..... 100
bexarotene..... 31
bexarotene (topical)
 110
 BEXSERO 94
bicalutamide..... 30
 BICILLIN L-A 28
 BIKTARVY TAB 30-
 120-15 MG 23
 BIKTARVY TAB 50-
 200-25 MG 23
bisacodyl 83
bisacodyl ec 83
bismuth subsalicylate
 81
bisoprolol &
 hydrochlorothiazide
 tab 10-6.25 mg.. 46

bisoprolol &
 hydrochlorothiazide
 tab 2.5-6.25 mg. 46
bisoprolol &
 hydrochlorothiazide
 tab 5-6.25 mg ... 46
bisoprolol fumarate 46
 BIVIGAM..... 93
blisovi 24 fe 71
blisovi fe 1.5/30.... 71
 BONSITY..... 70
 BOOSTRIX INJ 94
bortezomib..... 32
 BORTEZOMIB 32
bosentan 49
 BOSULIF 32
 BRAFTOVI 32
 BREO ELLIPTA INH
 100-25 107
 BREO ELLIPTA INH
 200-25 107
 BREO ELLIPTA INH
 50-25MCG..... 107
breyna..... 107
 BREZTRI AERO AER
 SPHERE 101
 BREZTRI AERO AER
 SPHERE
 (INSTITUTIONAL
 PACK)..... 101
briellyn 71
 BRILINTA..... 90
brimonidine tartrate
 99
brinzolamide 99
 BRIVIACT..... 56
bromfenac sodium
 (ophth)..... 99
bromocriptine
 mesylate 52
 BRUKINSA 32, 33
budesonide 83
budesonide
 (inhalation) 106
budesonide-
 formoterol fumarate
 dihyd aerosol 160-
 4.5 mcg/act..... 107

budesonide-
 formoterol fumarate
 dihyd aerosol 80-
 4.5 mcg/act..... 107
bumetanide..... 47
buprenorphine 17
buprenorphine hcl . 65
buprenorphine hcl-
 naloxone hcl sl film
 12-3 mg (base
 equiv)..... 65
buprenorphine hcl-
 naloxone hcl sl film
 2-0.5 mg (base
 equiv)..... 65
buprenorphine hcl-
 naloxone hcl sl film
 4-1 mg (base
 equiv)..... 65
buprenorphine hcl-
 naloxone hcl sl film
 8-2 mg (base
 equiv)..... 65
buprenorphine hcl-
 naloxone hcl sl tab
 2-0.5 mg (base
 equiv)..... 65
buprenorphine hcl-
 naloxone hcl sl tab
 8-2 mg (base
 equiv)..... 65
bupropion hcl 50
bupropion hcl
 (smoking deterrent)
 65
buspirone hcl..... 49
butorphanol tartrate
 18
cabergoline 78
 CABOMETYX 33
calcidol 98
calcipotriene 108, 109
calcitonin (salmon)
 spray..... 70
calcitrene..... 109
calcitriol..... 80
calcitriol (oral) 80
calcium antacid..... 80

calcium antacid extra
str..... 80
 CALCIUM CARBONATE
..... 80
calcium polycarbophil
..... 83
cal-gest antacid 80
 CALQUENCE 33
 camila 72
 camrese 72
 camrese lo 72
candesartan cilexetil
..... 44
candesartan cilexetil-
hydrochlorothiazide
tab 16-12.5 mg.. 43
candesartan cilexetil-
hydrochlorothiazide
tab 32-12.5 mg.. 43
candesartan cilexetil-
hydrochlorothiazide
tab 32-25 mg 43
 CAPLYTA..... 53
 CAPRELSA..... 33
 captopril 42
captopril &
hydrochlorothiazide
tab 25-15 mg 41
captopril &
hydrochlorothiazide
tab 25-25 mg 41
captopril &
hydrochlorothiazide
tab 50-15 mg 41
captopril &
hydrochlorothiazide
tab 50-25 mg 41
carb/levo orally
disintegrating tab
10-100mg 52
carb/levo orally
disintegrating tab
25-100mg 52
carb/levo orally
disintegrating tab
25-250mg 52
 carbamazepine 56

carbidopa & levodopa
tab 10-100 mg... 52
carbidopa & levodopa
tab 25-100 mg... 52
carbidopa & levodopa
tab 25-250 mg... 52
carbidopa & levodopa
tab er 25-100 mg 52
carbidopa & levodopa
tab er 50-200 mg 52
carbidopa-levodopa-
entacapone tabs
12.5-50-200 mg. 52
carbidopa-levodopa-
entacapone tabs
18.75-75-200 mg 52
carbidopa-levodopa-
entacapone tabs
25-100-200 mg.. 52
carbidopa-levodopa-
entacapone tabs
31.25-125-200 mg
..... 52
carbidopa-levodopa-
entacapone tabs
37.5-150-200 mg 52
carbidopa-levodopa-
entacapone tabs
50-200-200 mg.. 52
 carboplatin 28
 carglumic acid 78
 carisoprodol 64
 carteolol hcl (ophth)
..... 100
 cartia xt..... 47
 carvedilol 46
 caspofungin acetate
..... 21
 CAYSTON..... 19
 cefaclor 25
 cefadroxil..... 25
 CEFAZOLIN 25
 CEFAZOLIN INJ
 1GM/50ML..... 25
 cefazolin sodium ... 25
 CEFAZOLIN SOLN
 2GM/100ML-4% . 25

CEFAZOLIN/DEX SOL
 1GM/50ML-4%... 25
 CEFAZOLIN/DEX SOL
 2GM/50ML-3%... 26
 CEFAZOLIN/DEX SOL
 3GM/150ML-4% . 26
 CEFAZOLIN/DEX SOL
 3GM/50ML-2%... 26
 cefdinir 26
 cefepime hcl..... 26
 cefixime..... 26
 cefotetan disodium 26
 cefoxitin sodium.... 26
 cefpodoxime proxetil
..... 26
 cefprozil..... 26
 ceftazidime 26
 ceftriaxone sodium 26
 cefuroxime axetil .. 26
 cefuroxime sodium 26
 celecoxib 16
 cephalexin 26
 CEQR SIMPL KIT
 PATCH 2U (3-DAY)
..... 69
 CEQR SIMPL KIT
 PATCH 2U (4-DAY)
..... 69
 CEQR SIMPL MIS
 INSERTER 69
 CERDELGA 78
 CEREZYME 78
 cetirizine hcl..... 101
cetirizine hcl allergy
ch 101
cetirizine hcl childrens
..... 101
cetirizine
hydrochloride... 101
 cevimeline hcl..... 111
 chateal eq..... 72
 CHEMET..... 71
chest congestion
relief 103
chest congestion
relief d..... 103
 childrens
 acetaminophen .. 15

childrens loratadine
 101
chlorhexidine
gluconate (mouth-
throat)..... 111
chloroquine
phosphate 22
chlorpromazine hcl 53
chlorthalidone..... 47
chocolated laxative
regul 83
cholestyramine 45
cholestyramine light
 45
ciclopirox 108
ciclopirox olamine 108
cilostazol 89
 CILOXAN..... 98
 CIMDUO TAB 300-300
 23
cinacalcet hcl..... 78
ciprofloxacin 200
*mg/100ml in d5w*26
ciprofloxacin 400
*mg/200ml in d5w*26
ciprofloxacin hcl 27
ciprofloxacin hcl
(ophth) 98
ciprofloxacin-
dexamethasone otic
susp 0.3-0.1%. 100
cisplatin 29
citalopram
hydrobromide 50
claravis..... 107
clarithromycin 26
clearlax 83
clindamycin hcl 19
clindamycin palmitate
hydrochloride..... 19
clindamycin
phosphate 19
clindamycin
phosphate (topical)
 107, 108
clindamycin
phosphate in d5w iv

soln 300 mg/50ml
 19
clindamycin
phosphate in d5w iv
soln 600 mg/50ml
 19
clindamycin
phosphate in d5w iv
soln 900 mg/50ml
 19
clindamycin
phosphate vaginal
 88
 CLINDMYC/NAC INJ
 300/50ML..... 19
 CLINDMYC/NAC INJ
 600/50ML..... 19
 CLINDMYC/NAC INJ
 900/50ML..... 19
 CLINIMIX INJ
 4.25/D10 97
 CLINIMIX INJ
 4.25/D5W 97
 CLINIMIX INJ
 5%/D15W 97
 CLINIMIX INJ
 5%/D20W 97
 CLINIMIX INJ 6/5.. 97
 CLINIMIX INJ 8/10 97
 CLINIMIX INJ 8/14 97
clinisol sf 15% 97
 CLINOLIPID EMU
 20% 97
clobazam 56
clobetasol propionate
 109
clobetasol propionate
e..... 109
clomipramine hcl... 50
*clonazepam.....*56, 57
clonidine 48
clonidine hcl 48
clonidogrel bisulfate
 90
clorazepate
dipotassium 57
clotrimazole 111

clotrimazole (topical)
 108
clotrimazole vaginal
 88
clotrimazole w/
betamethasone
cream 1-0.05% 108
clozapine 53
 COARTEM TAB 20-
 120MG..... 22
 COBENFY CAP 100-
 20MG 54
 COBENFY CAP 125-
 30MG 54
 COBENFY CAP 50-
 20MG 53
 COBENFY STRT CAP
 PACK 54
colace 2-in-1 83
 COLACE CLEAR 83
colchicine 15
colchicine w/
probenecid tab 0.5-
500 mg..... 15
colesevelam hcl 45
colestipol hcl 45
colistimethate sodium
 19
 COMBIGAN SOL
 0.2/0.5% 100
 COMBIVENT AER 20-
 100 101
 COMETRIQ (60MG
 DOSE) 33
 COMETRIQ KIT
 100MG..... 33
 COMETRIQ KIT
 140MG..... 33
 COMPLERA TAB..... 23
compro 81
constulose..... 83
 COPAXONE..... 64
 COPIKTRA..... 33
 CORLANOR..... 48
 COSENTYX 90
 COSENTYX
 SENSOREADY PEN
 90

COSENTYX
UNOREADY 90
COTELLIC 33
CREON CAP
12000UNT 86
CREON CAP
24000UNT 86
CREON CAP
3000UNIT 86
CREON CAP
36000UNT 86
CREON CAP
6000UNIT 86
cromolyn sodium 104
cromolyn sodium
(*mastocytosis*) ... 86
cromolyn sodium
(*ophth*) 99
cryselle-28 72
curae 72
cvs glucose 77
cvs pinworm
treatment..... 19
cvs saline nasal spray
..... 104
*cyclobenzaprine hcl*64
cyclophosphamide. 29
CYCLOPHOSPHAMIDE
..... 29
CYCLOPHOSPHAMIDE
MONOHYDR 29
cycloserine 24
cyclosporine 94
cyclosporine modified
(*for microemulsion*)
..... 94
ciproheptadine hcl
..... 101
cyred eq 72
CYSTADROPS 100
CYSTAGON 78
CYSTARAN 100
cytarabine..... 29
D10W/NACL INJ 0.2%
..... 95
D2.5W/NACL INJ
0.45% 95

dabigatran etexilate
mesylate 88
dalfampridine 64
danazol 66
dantrolene sodium 64
DANZITEN..... 33
dapsone..... 19
DAPTACEL INJ 94
daptomycin 19
DAPTOMYCIN 19
darunavir 22
dasatinib..... 33
dasetta 1/35 72
dasetta 7/7/7 72
DAURISMO..... 33
daysee 72
DAYVIGO 62
deblitane 72
deep sea nasal spray
..... 104
deferasirox..... 71
DELSTRIGO TAB ... 23
DENG VAXIA SUS... 94
DEPO-SUBQ
PROVERA 104 72
depo-testosterone . 66
DESCOVY TAB 120-
15MG 23
DESCOVY TAB
200/25MG 23
desipramine hcl 51
desmopressin acetate
..... 78
desmopressin acetate
spray..... 78
desmopressin acetate
spray refrigerated
..... 78
desogest-eth estrad &
eth estrad tab 0.15-
0.02/0.01 mg(21/5)
..... 72
desvenlafaxine
succinate 51
dexamethasone 77
DEXAMETHASONE
INTENSOL 77

dexamethasone
sodium phosphate
..... 77
dexamethasone
sodium phosphate
(*ophth*) 99
DEXCOM G6 MIS
RECEIVER 111
DEXCOM G6 MIS
SENSOR..... 111
DEXCOM G6 MIS
TRANSMIT 111
DEXCOM G7 MIS
RECEIVER 111
DEXCOM G7 MIS
SENSOR..... 111
dexmethylphenidate
hcl 61
dextromethorphan-
guaifenesin liquid
10-100 mg/5ml 103
dextromethorphan-
guaifenesin syrup
10-100 mg/5ml 103
dextrose 97
dextrose 10% w/
sodium chloride
0.45% 96
dextrose 2.5% w/
sodium chloride
0.45% 95
dextrose 5% in
lactated ringers.. 95
dextrose 5% w/
sodium chloride
0.2% 96
dextrose 5% w/
sodium chloride
0.225% 96
dextrose 5% w/
sodium chloride
0.3% 96
dextrose 5% w/
sodium chloride
0.45% 96
dextrose 5% w/
sodium chloride
0.9% 96

DIACOMIT..... 57
dialyvite 800 98
diazepam 57
diazepam
 (anticonvulsant). 57
diazepam inj 57
diazepam intensol . 57
diazoxide 77
diclofenac potassium
 16
diclofenac sodium . 17
diclofenac sodium
 (ophth) 99
diclofenac sodium
 (topical) 110
dicloxacillin sodium 28
dicyclomine hcl 82
 DIFICID 26
diflunisal 17
digoxin 48
dihydroergotamine
mesylate 62
 DILANTIN 57
diltiazem hcl 47
diltiazem hcl coated
beads 47
diltiazem hcl
extended release
beads 47
dilt-xr 47
 DIP/TET PED INJ 25-
 5LFU 94
diphenhydramine hcl
 102
diphenoxylate w/
atropine liq 2.5-
0.025 mg/5ml.... 86
diphenoxylate w/
atropine tab 2.5-
0.025 mg 86
dipyridamole 90
disopyramide
phosphate 44
disulfiram 65
divalproex sodium . 57
docetaxel 31
 DOCETAXEL 31
 DOCIVYX 31

docusate calcium .. 83
docusate mini 83
docusate sodium... 84
 DOCUSOL KIDS 84
dofetilide 44
dok 84
dolishale 72
donepezil
hydrochloride.... 50
 DOPTelet 89
dorzolamide hcl .. 100
dorzolamide hcl-
timolol maleate
ophth soln 2-0.5%
 100
dotti 76
 DOVATO TAB 50-
 300MG 23
doxazosin mesylate 42
doxepin hcl 51
doxepin hcl (sleep) 62
doxorubicin hcl 31
doxorubicin hcl
liposomal 31
doxy 100 28
doxycycline
 (monohydrate)... 28
doxycycline hyclate 28
driminate 82
 DRIZALMA SPRINKLE
 51
dronabinol 82
drospirenone-ethinyl
estradiol tab 3-0.02
mg 72
drospirenone-ethinyl
estradiol tab 3-0.03
mg 72
drospirenone-ethinyl
estrad-levomefolate
tab 3-0.02-0.451
mg 72
drospirenone-ethinyl
estrad-levomefolate
tab 3-0.03-0.451
mg 72
droxidopa 48

DULERA AER 100-
 5MCG 107
 DULERA AER 200-
 5MCG 107
 DULERA AER 50-
 5MCG 107
duloxetine hcl 51
 DUPIXENT 90
dutasteride 87
dutasteride-
tamsulosin hcl cap
0.5-0.4 mg 87
e.e.s. 400 26
econazole nitrate 108
econtra one-step... 72
ed-apap 15
 EDURANT 22
 EDURANT PED 22
efavirenz 22
efavirenz-
emtricitabine-
tenofovir df tab
600-200-300 mg 23
efavirenz-lamivudine-
tenofovir df tab
400-300-300 mg 23
efavirenz-lamivudine-
tenofovir df tab
600-300-300 mg 23
 ELIGARD 30
elimest 72
 ELIQUIS 88
 ELIQUIS STARTER
 PACK 88
eluryng 72
 EMGALITY 62
 EMSAM 51
emtricitabine 22
emtricitabine-
rilpivirine-tenofovir
df tab 200-25-300
mg 24
emtricitabine-
tenofovir disoproxil
fumarate tab 100-
150 mg 24
emtricitabine-
tenofovir disoproxil

fumarate tab 133-200 mg 24
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 24
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 24
 EMTRIVA..... 22
 EMVERM 19
emzahh 72
enalapril maleate .. 42
enalapril maleate & hydrochlorothiazide tab 10-25 mg 41
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg ... 41
 ENBREL 90
 ENBREL MINI..... 90
 ENBREL SURECLICK 90
endocet tab 10-325mg 18
endocet tab 2.5-325mg 18
endocet tab 5-325mg 18
endocet tab 7.5-325mg 18
enema ready-to-use 84
enemeez mini 84
enemeez plus 84
 ENGERIX-B 94
enilloring 72
enoxaparin sodium 88
enpresse-28 72
enskyce 72
 ENSTILAR AER.... 109
entacapone 52
entecavir 24
 ENTRESTO CAP 15-16MG 43
 ENTRESTO CAP 6-6MG 43

enulose 84
 EPCLUSA PAK 150-37.5 25
 EPCLUSA PAK 200-50MG 25
 EPCLUSA TAB 200-50MG 25
 EPCLUSA TAB 400-100 25
 EPIDIOLEX 57
epinephrine (anaphylaxis).... 48, 105
epitol 57
eplerenone 42
 EPRONTIA..... 57
eq saline nasal spray 105
eq saline nasal spray 105
ergocalciferol..... 98
ergotamine w/ caffeine tab 1-100 mg 63
 ERIVEDGE..... 33
 ERLEADA 30
erlotinib hcl 33
errin..... 72
ertapenem sodium 19
ery..... 108
ery-tab 26
 ERYTHROCIN LACTOBIONATE.. 26
erythromycin (acne aid) 108
erythromycin (ophth) 98
erythromycin base 26
erythromycin ethylsuccinate.... 26
erythromycin lactobionate..... 26
 ERZOFRI..... 54
escitalopram oxalate 51
eslicarbazepine acetate 57

esomeprazole magnesium 87
estarylla 72
estradiol 76
estradiol & norethindrone acetate tab 0.5-0.1 mg 76
estradiol & norethindrone acetate tab 1-0.5 mg 76
estradiol vaginal ... 76
estradiol valerate .. 76
eszopiclone 62
ethambutol hcl 24
ethosuximide..... 57
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 72
etodolac 17
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 72
etoposide 32
etravirine 22
 EULEXIN 30
everolimus 33
everolimus (immunosuppressant) 94
 EVOTAZ TAB 300-150 24
exemestane 30
 EYSUVIS 100
ezetimibe 45
ezetimibe-simvastatin tab 10-10 mg 45
ezetimibe-simvastatin tab 10-20 mg 45
ezetimibe-simvastatin tab 10-40 mg 45
ezetimibe-simvastatin tab 10-80 mg 45
 FABRAZYME 78
falmina 72
famciclovir 25

famotidine 83
famotidine in nacl
0.9% iv soln 20
mg/50ml 83
famotidine original
stren 83
FANAPT 54
FANAPT PAK PACK A
..... 54
FANAPT PAK PACK B
..... 54
FANAPT PAK PACK C
..... 54
FARXIGA..... 67
FASENRA 105
FASENRA PEN..... 105
feirza 1.5/30 72
feirza 1/20 72
felbamate 58
felodipine 47
fenofibrate 45
fenofibrate
micronized 45
fentanyl 17
FETZIMA..... 51
FETZIMA CAP
TITRATIO 51
feverall childrens... 15
FEVERALL INFANTS15
FEVERALL JUNIOR
STRENGTH 15
FIASP 69
FIASP FLEXTOUCH 69
FIASP PENFILL..... 69
FIASP PUMPCART .. 69
fiber-lax..... 84
fidaxomicin 26
finasteride..... 87
ingolimod hcl..... 64
FINTEPLA..... 58
finzala 72
FIRMAGON 30
flac 100
FLAREX..... 99
FLEBOGAMMA DIF. 93
flecainide acetate .. 44
FLEET ENE PED..... 84

FLEET LIQUID
GLYCERIN SUP... 84
fluconazole..... 21
fluconazole in nacl
0.9% inj 200
mg/100ml 21
fluconazole in nacl
0.9% inj 400
mg/200ml 21
flucytosine 21
fludrocortisone
acetate 77
flunisolide (nasal) 106
fluocinolone acetonide
..... 109
fluocinolone acetonide
(otic) 100
fluocinonide..... 109
fluocinonide
emulsified base 109
fluorometholone
(ophth) 99
fluorouracil..... 29
fluorouracil (topical)
..... 110
fluoxetine hcl..... 51
fluphenazine
decanoate 54
fluphenazine hcl... 54
flurbiprofen 17
flurbiprofen sodium 99
fluticasone propionate
..... 109
fluticasone propionate
(nasal)..... 106
fluticasone-salmeterol
aer powder ba 100-
50 mcg/act..... 107
fluticasone-salmeterol
aer powder ba 250-
50 mcg/act..... 107
fluticasone-salmeterol
aer powder ba 500-
50 mcg/act..... 107
fluvoxamine maleate
..... 49
folika-bc 98

fondaparinux sodium
..... 88
fosamprenavir
calcium 22
fosinopril sodium... 42
fosinopril sodium &
hydrochlorothiazide
tab 10-12.5 mg.. 41
fosinopril sodium &
hydrochlorothiazide
tab 20-12.5 mg.. 41
FOTIVDA..... 33
FREESTY LIBR KIT 2
SENSOR..... 111
FREESTY LIBR KIT 3
SENSOR..... 111
FREESTY LIBR KIT
SENSOR..... 111
FREESTY LIBR MIS 2
READER 111
FREESTY LIBR MIS 3
READER 111
FREESTYLE MIS
READER 111
FRINDOVYX..... 29
FRUZAQLA 34
ft acid reducer 83
ft all day allergy.. 102
ft all day allergy 24
hou 102
ft all day allergy relief
..... 102
ft all day pain relief 17
ft allergy relief.... 102
ft allergy relief childre
..... 102
ft antacid & antigas 80
ft antacid extra
strength..... 80
ft antacid regular
streng..... 80
ft anti-diarrheal ... 81
ft aspirin 15
ft aspirin low dose . 15
ft clearlax 84
ft enteric coated
aspirin 15
ft fiber laxative 84

ft gentle laxative ... 84
ft ibuprofen 17
ft laxative 84
ft migraine relief ... 15
ft milk of magnesia 84
ft motion sickness . 82
ft nasal decongestant
max 103
ft nicotine 65
ft pain relief 15
ft pain relief adult
extr 15
ft senna laxative ... 84
ft senna-s 84
ft stomach relief... 81
ft stool softener 84
ft tussin adult 104
full spectrum
b/vitamin c..... 98
 FULPHILA..... 89
fulvestrant 30
furosemide..... 47
furosemide inj 47
 FUZEON..... 22
fyavolv tab 0.5mg-
2.5mcg 76
fyavolv tab 1mg-
5mcg 76
 FYCOMPA 58
gabapentin 58
galantamine
hydrobromide 50
galbriela 72
gallifrey 79
 GAMASTAN INJ 93
 GAMMAGARD LIQUID
 93
 GAMMAGARD S/D
 IGA LESS TH..... 93
 GAMMAKED..... 93
 GAMMAPLEX..... 93
 GAMUNEX-C 93
ganciclovir sodium. 25
 GARDASIL 9 94
*gatifloxacin (ophth)*98
 GATTEX 86
 GAUZE PADS 2 69
gavilax 84

gavilyte-c..... 84
gavilyte-g 84
gavilyte-n/flavor pack
 84
 GAVRETO..... 34
gefitinib 34
gemcitabine hcl 29
gemfibrozil 45
 GEMTESA..... 87
generlac 84
gengraf..... 94
 GENOTROPIN 78
 GENOTROPIN
 MINISQUICK..... 78
gentamicin in saline
inj 0.8 mg/ml 19
gentamicin in saline
inj 1 mg/ml 19
gentamicin in saline
inj 1.2 mg/ml 19
gentamicin in saline
inj 1.6 mg/ml 19
gentamicin in saline
inj 2 mg/ml 20
gentamicin sulfate. 20
gentamicin sulfate
(ophth) 99
gentamicin sulfate
(topical) 108
gentle laxative 84
 GENVOYA TAB 24
 GILOTRIF..... 34
glatiramer acetate. 64
glatopa 64
 GLEOSTINE 29
glimepiride 67
glipizide 67
glipizide xl..... 67
glipizide-metformin
hcl tab 2.5-250 mg
 67
glipizide-metformin
hcl tab 2.5-500 mg
 67
glipizide-metformin
hcl tab 5-500 mg 67
glycerin (laxative) . 84
glycerin childrens .. 84

glycolax 84
glycopyrrolate 82
glydo..... 110
 GLYXAMBI TAB 10-5
 MG 67
 GLYXAMBI TAB 25-5
 MG 67
*gnp acetaminophen*15
gnp acid reducer... 83
gnp adult aspirin low
str..... 15
*gnp all day allergy*102
gnp all day allergy
child 102
gnp all day allergy
relie 102
gnp allergy..... 102
gnp allergy relief. 102
gnp allergy relief
maximu 102
gnp antacid 80
and anti-gas/..... 80
gnp antacid & anti-
gas/re 80
gnp antacid anti-
gas/maxi..... 80
gnp antacid extra
strengt 80
gnp antacid/regular
stren 80
gnp anti-diarrheal . 81
gnp anti-nausea relief
 82
gnp aspirin..... 15
gnp aspirin low dose
 15
gnp childrens allergy
 102
gnp clearlax 84
gnp clotrimazole 3. 88
gnp fiber therapy .. 84
gnp gentle laxative 84
gnp glycerin adult . 84
gnp glycerin child .. 84
gnp headache relief
extra 15
gnp ibuprofen 17

gnp infants pain/fever
 15
gnp loperamide
 hydrochlor..... 81
gnp loratadine 102
gnp loratadine
 childrens 102
gnp miconazole 1
 combinat..... 88
gnp miconazole 3.. 88
gnp miconazole 7.. 88
gnp migraine relief 15
gnp milk of magnesia
 84
gnp motion sickness
 relie 82
gnp naproxen 17
gnp nasal
 decongestant ... 104
gnp nasal
 decongestant/ma
 104
gnp nasal
 moisturizing 105
gnp nausea relief .. 82
gnp nicotine gum .. 65
gnp nicotine mini
 lozenge..... 65
gnp nicotine
 polacrilex 66
gnp nicotine
 polacrilex m..... 66
gnp nicotine
 transdermal..... 66
gnp pain & fever
 children 16
gnp pain & fever
 infants 16
gnp pain relief 16
gnp pain relief extra
 str..... 16
gnp pink bismuth .. 81
gnp pink bismuth
 ultra st 81
gnp senna lax..... 84
gnp senna plus 84
gnp stomach relief 81
gnp stool softener . 84

gnp stool
 softener/stimul .. 84
gnp tussin dm cough
 104
gnp tussin mucus &
 chest 104
gnp womens gentle
 laxativ 84
 GOMEKLI 34
goodsense all day
 allergy 102
goodsense allergy
 relief 102
goodsense anti-
 diarrheal 81
goodsense aspirin . 16
goodsense aspirin
 adults 16
goodsense clearlax 85
goodsense ibuprofen
 17
goodsense migraine
 formul 16
goodsense naproxen
 sodium 17
goodsense nicotine 66
goodsense nicotine
 polacr 66
goodsense pain &
 fever ch 16
goodsense pain &
 fever in 16
goodsense pain relief
 16
goodsense pain relief
 ext 16
granisetron hcl 82
griseofulvin microsize
 21
griseofulvin
 ultramicrosize 21
 guaifenesin 104
guanfacine hcl 48
guanfacine hcl (adhd)
 61
 HAEGARDA..... 89
hailey 1.5/30..... 72
hailey 24 fe..... 72

halobetasol
 propionate..... 109
haloette 73
haloperidol 54
haloperidol decanoate
 54
haloperidol lactate. 54
 HARVONI PAK 33.75-
 150MG..... 25
 HARVONI PAK 45-
 200MG..... 25
 HARVONI TAB 45-
 200MG..... 25
 HARVONI TAB 90-
 400MG..... 25
 HAVRIX 94
headache relief 16
headache relief/extra
 str..... 16
healthylax..... 85
heartburn relief.... 83
heartburn relief extra
 st..... 80
heather 73
 HEP SOD/NACL INJ
 25000UNT..... 88
heparin sodium
 (porcine)..... 89
 HEPLISAV-B 94
her style 73
 HERCEP HYLEC SOL
 60-10000 34
 HERCEPTIN 34
 HERZUMA 34
 HIBERIX 94
hm all day allergy
 childr..... 102
hm antacid extra
 strength..... 80
hm enema saline
 laxative..... 85
hm loratadine 102
hm nicotine polacrilex
 66
 HUMIRA..... 91
 HUMIRA PEN 91
 HUMIRA PEN KIT
 PS/UV..... 91

HUMIRA PEN-
 CD/UC/HS START91
 HUMIRA PEN-
 PEDIATRIC UC S 91
 HUMULIN R U-500
 (CONCENTR..... 69
 HUMULIN R U-500
 KWIKPEN 69
hydralazine hcl 48
*hydrochlorothiazide*47
hydrocodone
bitartrate 17
hydrocodone-
acetaminophen soln
*7.5-325 mg/15ml*18
hydrocodone-
acetaminophen tab
10-325 mg 18
hydrocodone-
acetaminophen tab
5-325 mg 18
hydrocodone-
acetaminophen tab
7.5-325 mg 18
hydrocodone-
ibuprofen tab 7.5-
200 mg 18
hydrocortisone..... 77
hydrocortisone
(intrarectal)..... 83
hydrocortisone
(rectal) 110
hydrocortisone
(topical)... 109, 110
hydrocortisone sod
succinate 77
hydrocortisone
valerate 110
hydromorphone hcl 18
hydroxychloroquine
sulfate 93
hydroxyurea 31
hydroxyzine hcl .. 102
hydroxyzine pamoate
 102
ibandronate sodium
 70
 IBRANCE..... 34

IBTROZI 34
ibu 17
ibuprofen 17
icatibant acetate ... 89
iclevia 73
 ICLUSIG 34
 IDACIO (2 PEN) 91
 IDACIO CROHN INJ
 DISEASE 91
 IDACIO PLAQU INJ
 PSORIASIS 91
 IDHIFA 34
imatinib mesylate.. 34
 IMBRUVICA 34
imipenem-cilastatin
intravenous for soln
250 mg 20
imipenem-cilastatin
intravenous for soln
500 mg 20
imipramine hcl..... 51
imiquimod..... 110
 IMKELDI 34
 IMOVAX RABIES
 (H.D.C.V.) 94
 IMPAVIDO 20
 INBRIJA 52
incassia 73
 INCRELEX 78
 INCRUSE ELLIPTA 101
indapamide 47
 INFANRIX INJ 94
 INFLIXIMAB..... 91
 INLYTA 34, 35
 INQOVI TAB 35-
 100MG..... 29
 INREBIC 35
 INSULIN PEN
 NEEDLES: BD-
 EMBECTA 69
 INSULIN SAFETY
 NEEDLES: BD-
 EMBECTA 69
 INSULIN SYRINGES:
 BD-EMBECTA 69
 INTELENCE 22
 INTRALIPID 97
introvale 73

INVEGA HAFYERA.. 54
 INVEGA SUSTENNA54
 INVEGA TRINZA.... 54
 IPOL INJ INACTIVE 94
ipratropium bromide
 101
ipratropium bromide
(nasal)..... 101
ipratropium-albuterol
nebu soln 0.5-
2.5(3) mg/3ml. 101
irbesartan 44
irbesartan-
hydrochlorothiazide
tab 150-12.5 mg 43
irbesartan-
hydrochlorothiazide
tab 300-12.5 mg 43
irinotecan hcl..... 31
 ISENTRESS 22
 ISENTRESS HD 22
isibloom..... 73
 ISOLYTE-P INJ /D5W
 96
 ISOLYTE-S INJ PH 7.4
 96
isoniazid 24
isosorbide dinitrate 48
isosorbide
mononitrate 48
isotretinoin..... 108
isradipine..... 47
 ITOVEBI 35
itraconazole 21
ivabradine hcl..... 48
ivermectin..... 20
 IWILFIN 31
 IXIARO INJ..... 95
jaimiess..... 73
 JAKAFI 35
jantoven 89
 JANUMET TAB 50-
 1000 67
 JANUMET TAB 50-
 500MG..... 67
 JANUMET XR TAB
 100-1000 67

JANUMET XR TAB 50-1000 67
 JANUMET XR TAB 50-500MG..... 67
 JANUVIA 67
 JARDIANCE 67
jasmiel 73
javygtor..... 78
 JAYPIRCA..... 35
 JENTADUETO TAB 2.5-1000..... 67
 JENTADUETO TAB 2.5-500 67
 JENTADUETO TAB 2.5-850 67
 JENTADUETO TAB XR 2.5-1000MG 67
 JENTADUETO TAB XR 5-1000MG 67
jinteli 77
jolessa..... 73
juleber 73
 JULUCA TAB 50-25MG 24
junel 1.5/30 73
junel 1/20..... 73
junel fe 1.5/30..... 73
junel fe 1/20 73
junel fe 24 73
 JYLAMVO 93
 JYNNEOS 95
 KADCYLA 35
kaitlib fe 73
 KALETRA SOL 24
 KALYDECO 105
 KANJINTI 35
kariva..... 73
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj..... 96
kcl 20 meq/l (0.149%) in nacl 0.45% inj..... 96
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj 96

kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj ... 96
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 96
kcl 20 meq/l (0.15%) in nacl 0.45% inj 96
kcl 20 meq/l (0.15%) in nacl 0.9% inj.. 96
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj..... 96
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj ... 96
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 96
kcl 40 meq/l (0.3%) in nacl 0.9% inj.. 96
 KCL/D5W/NACL INJ 0.3/0.9% 96
kelnor 1/35 73
kelnor 1/50 73
 KERENDIA..... 42
 KESIMPTA..... 64
ketoconazole 21
ketoconazole (topical) 108
ketorolac tromethamine (ophth) 99
 KEYTRUDA 35
 KINRIX INJ..... 95
kionex 71
 KISQALI 200 DOSE 35
 KISQALI 200 PAK FEMARA 35
 KISQALI 400 DOSE 35
 KISQALI 400 PAK FEMARA 35
 KISQALI 600 DOSE 35
 KISQALI 600 PAK FEMARA 35
klayesta..... 108
klor-con 97

klor-con 10 97
klor-con 8 97
klor-con m10..... 97
klor-con m15..... 97
klor-con m20..... 97
 KOSELUGO..... 35
kourzeq 111
 KRAZATI..... 35
kurvelo 73
labetalol hcl..... 46
lacosamide..... 58
lacosamide oral..... 58
lactated ringer's solution..... 96
lactic acid (ammonium lactate)..... 110
lactulose 85
*lactulose (encephalopathy)*85
lamivudine 22
lamivudine (hbv)... 25
lamivudine-zidovudine tab 150-300 mg 24
lamotrigine..... 58
lanreotide acetate . 78
lansoprazole 87
lapatinib ditosylate 35
larin 1.5/30..... 73
larin 1/20..... 73
larin 24 fe 73
larin fe 1.5/30 73
larin fe 1/20 73
latanoprost 100
laxative maximum strength..... 85
laxative regular strength..... 85
layolis fe 73
 LAZCLUZE..... 35
leflunomide 93
lenalidomide..... 31
 LENVIMA 10 MG DAILY DOSE 36
 LENVIMA 12MG DAILY DOSE 36

LENVIMA 20 MG
 DAILY DOSE 36
 LENVIMA 4 MG DAILY
 DOSE 35
 LENVIMA 8 MG DAILY
 DOSE 35
 LENVIMA CAP 14 MG
 36
 LENVIMA CAP 18 MG
 36
 LENVIMA CAP 24 MG
 36
 lessina 73
 letrozole 30
 leucovorin calcium. 40
 LEUKERAN 29
 leuprolide acetate . 30
 levalbuterol hcl ... 103
 levalbuterol tartrate
 103
 levetiracetam 58
 LEVETIRACETAM ... 58
 levetiracetam in
 sodium chloride iv
 soln 1000
 mg/100ml 58
 levetiracetam in
 sodium chloride iv
 soln 1500
 mg/100ml 58
 levetiracetam in
 sodium chloride iv
 soln 500 mg/100ml
 58
 levobunolol hcl.... 100
 levocarnitine
 (metabolic
 modifiers) 78
 levocetirizine
 dihydrochloride 102
 levofloxacin 27
 levofloxacin in d5w iv
 soln 250 mg/50ml
 27
 levofloxacin in d5w iv
 soln 500 mg/100ml
 27

levofloxacin in d5w iv
 soln 750 mg/150ml
 27
 levonest..... 73
 levonor-eth est tab
 0.15-
 0.02/0.025/0.03
 mg ð est 0.01
 mg 73
 levonorgestrel &
 ethinyl estradiol
 (91-day) tab 0.15-
 0.03 mg 73
 levonorgestrel &
 ethinyl estradiol tab
 0.1 mg-20 mcg .. 73
 levonorgestrel &
 ethinyl estradiol tab
 0.15 mg-30 mcg 73
 levonorgestrel
 (emergency oc).. 73
 levonorgestrel-eth
 estra tab 0.05-
 30/0.075-40/0.125-
 30mg-mcg 74
 levonorgestrel-ethinyl
 estradiol
 (continuous) tab
 90-20 mcg 74
 levonorg-eth est tab
 0.1-0.02mg(84) &
 eth est tab
 0.01mg(7)..... 73
 levonorg-eth est tab
 0.15-0.03mg(84) &
 eth est tab
 0.01mg(7)..... 73
 levora 0.15/30-28 . 74
 levo-t 79
 levothyroxine sodium
 79
 levoxyl 79
 l-glutamine (sickle
 cell)..... 89
 lidocaine 110
 lidocaine hcl 110
 lidocaine hcl (local
 anesth.) 16

lidocaine hcl (mouth-
 throat)..... 111
 lidocaine-prilocaine
 cream 2.5-2.5%110
 lidocan 110
 LILETTA..... 74
 linezolid 20
 LINEZOLID INJ
 2MG/ML 20
 LINZESS 86
 liothyronine sodium79
 liquid acetaminophen
 16
 liquid allergy relief102
 lisinopril..... 42
 lisinopril &
 hydrochlorothiazide
 tab 10-12.5 mg.. 41
 lisinopril &
 hydrochlorothiazide
 tab 20-12.5 mg.. 41
 lisinopril &
 hydrochlorothiazide
 tab 20-25 mg 42
 lithium..... 63
 lithium carbonate .. 63
 LIVTENCITY..... 25
 loestrin 1.5/30-21 . 74
 loestrin 1/20-21 74
 loestrin fe 1.5/30 .. 74
 loestrin fe 1/20..... 74
 lojaimiess 74
 LOKELMA 71
 LONSURF TAB 15-
 6.14 29
 LONSURF TAB 20-
 8.19 29
 loperamide hcl.81, 86
 lopinavir-ritonavir
 soln 400-100
 mg/5ml (80-20
 mg/ml) 24
 lopinavir-ritonavir tab
 100-25 mg 24
 lopinavir-ritonavir tab
 200-50 mg 24
 loratadine 103

loratadine childrens
 103
lorazepam..... 49
lorazepam intensol 49
 LORBRENA 36
loryna 74
losartan potassium 44
*losartan potassium &
 hydrochlorothiazide
 tab 100-12.5 mg* 43
*losartan potassium &
 hydrochlorothiazide
 tab 100-25 mg...* 43
*losartan potassium &
 hydrochlorothiazide
 tab 50-12.5 mg..* 43
 LOTEMAX..... 99
loteprednol etabonate
 99
lovastatin..... 45
low-ogestrel 74
loxapine succinate. 54
luizza 1.5/30 74
luizza 1/20 74
 LUMAKRAS..... 36
 LUMIGAN 100
 LUMIZYME 78
 LUPRON DEPOT (1-
 MONTH)..... 30
 LUPRON DEPOT (3-
 MONTH)..... 30
 LUPRON DEPOT-PED
 (1-MONTH)..... 78
 LUPRON DEPOT-PED
 (3-MONTH)..... 78
 LUPRON DEPOT-PED
 (6-MONTH)..... 78
lurasidone hcl 54
lutra 74
 LYBALVI TAB 10-
 10MG 54
 LYBALVI TAB 15-
 10MG 54
 LYBALVI TAB 20-
 10MG 55
 LYBALVI TAB 5-10MG
 54
lyleq..... 74

lyllana 77
 LYNPARZA..... 36
 LYSODREN 30
 LYTGOBI (12 MG
 DAILY DOSE) 36
 LYTGOBI (16 MG
 DAILY DOSE) 36
 LYTGOBI (20 MG
 DAILY DOSE) 36
lyza..... 74
mag-al plus..... 80
mag-al plus xs..... 80
magnesium oxide.. 81
magnesium sulfate 96
 MAGNESIUM SULFATE
 96
*magnesium sulfate in
 dextrose 5% iv soln
 1 gm/100ml* 96
malathion 111
maox 81
mapap childrens ... 16
maraviroc 22
marlissa..... 74
 MARPLAN 51
 MATULANE 31
 MAVYRET PAK 50-
 20MG 25
 MAVYRET TAB 100-
 40MG 25
m-dryl..... 103
meclizine hcl 82
*medroxyprogesterone
 acetate* 79
*medroxyprogesterone
 acetate
 (contraceptive)* .. 74
mefloquine hcl 22
megestrol acetate 30,
 79
*megestrol acetate
 (appetite)*..... 79
*meijer saline nasal
 spray*..... 105
 MEKINIST 36
 MEKTOVI 36
meleya 74
meloxicam 17

memantine hcl..... 50
*memantine hcl tab 28
 x 5 mg & 21 x 10
 mg titration pack* 50
*memantine hcl-
 donepezil hcl cap er
 24hr 14-10 mg ..* 50
*memantine hcl-
 donepezil hcl cap er
 24hr 21-10 mg ..* 50
*memantine hcl-
 donepezil hcl cap er
 24hr 28-10 mg ..* 50
 MENACTRA INJ 95
 MENQUADFI 95
 MENVEO INJ 95
 MENVEO SOL..... 95
mercaptopurine 29
meropenem..... 20
mesalamine 83
*mesalamine w/
 cleanser*..... 83
mesna 40
 MESNEX 40
metformin hcl..... 67
methadone hcl..... 17
*methadone
 hydrochloride i...* 18
methazolamide 47
*methenamine
 hippurate* 20
methimazole 79
methocarbamol..... 65
*methotrexate sodium
* 29, 93
methsuximide..... 58
*methylphenidate hcl
* 61, 62
methylprednisolone 77
*methylprednisolone
 acetate* 77
*methylprednisolone
 sod succ*..... 77
methyltestosterone 66
metoclopramide hcl 82
metolazone 47

metoprolol & hydrochlorothiazide tab 100-25 mg... 46
metoprolol & hydrochlorothiazide tab 100-50 mg... 46
metoprolol & hydrochlorothiazide tab 50-25 mg 46
metoprolol succinate 46
metoprolol tartrate 46
metronidazole..... 20
metronidazole (topical)..... 110
metronidazole vaginal 88
metyrosine..... 48
mibelas 24 fe 74
micafungin sodium 21
miconazole 3 combo pack 88
miconazole 7 88
microgestin 1.5/30 74
microgestin 1/20... 74
microgestin fe 1.5/30 74
microgestin fe 1/20 74
midodrine hcl 48
MIEBO 100
mifepristone (hyperglycemia). 78
migraine relief 16
mili 74
milk of magnesia... 85
MILK OF MAGNESIA CONCENTR 85
mimvey 77
minocycline hcl 28
minoxidil..... 48
mintox maximum strength..... 81
mintox plus 81
mirtazapine 51
misoprostol 86
MITIGARE 15
M-M-R II INJ 95
M-NATAL PLUS TAB 97

modafinil 65
moexipril hcl 42
molindone hcl 55
mometasone furoate 110
MONJUVI 36
mono-lynyah 74
montelukast sodium 104
morphine sulfate... 18
motion sickness relief 82
motion sickness relief/le 82
motion-time 82
MOUNJARO 68
MOVANTIK 86
moxifloxacin hcl 27
moxifloxacin hcl (ophth) 99
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj..... 27
m-pap 16
MRESVIA 95
mucinex fast-max chest co 104
MULTAQ..... 44
multiple electrolytes ph 5.5 96
multiple electrolytes ph 7.4 96
mupirocin 108
my choice 74
my way 74
mycophenolate mofetil..... 94
mycophenolate sodium 94
MYRBETRIQ..... 87
nabumetone 17
nadolol 46
nafticillin sodium..... 28
NAGLAZYME 78
nalbuphine hcl 18
naloxone hcl..... 66
naltrexone hcl..... 66

NAMZARIC CAP 14-10MG 50
NAMZARIC CAP 21-10MG 50
NAMZARIC CAP 28-10MG 50
NAMZARIC CAP 7-10MG 50
NAMZARIC CAP PACK 50
naproxen 17
naproxen dr 17
naproxen sodium .. 17
naratriptan hcl..... 63
nasal decongestant 104
nasal moist 105
nasal moisturizing spray..... 105
NATACYN 99
nateglinide 68
nausea relief 82
NAYZILAM..... 58
nebivolol hcl 46
necon 0.5/35-28 ... 74
nefazodone hcl 51
neomycin sulfate... 20
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 99
neomycin-polymygramicid op sol 1.75-10000-0.025mg-unt-mg/ml 99
neomycin-polymyxin-dexamethasone ophth oint 0.1% . 98
neomycin-polymyxin-dexamethasone ophth susp 0.1% 98
neomycin-polymyxin-hc ophth susp 98
neomycin-polymyxin-hc otic soln 1% 100
neomycin-polymyxin-hc otic susp 3.5

mg/ml-10000
 unit/ml-1% 100
 neo-polycin
 5(3.5)mg-400unt-
 10000unt op oin. 99
 neo-polycin hc ophth
 oint 1% 98
 nephro vitamins.... 98
 NEPHRONEX LIQ
 0.9/5ML 98
 nephro-vite 98
 NERLYNX 36
 nevirapine..... 22
 new day..... 74
 NEXLETOL..... 45
 NEXLIZET TAB
 180/10MG 45
 NEXPLANON 74
 niacin
 (antihyperlipidemic)
 45
 nicardipine hcl 47
 nicotine 66
 nicotine mini lozenge
 66
 nicotine polacrilex . 66
 nicotine polacrilex
 mini 66
 NICOTINE SYS KIT
 TRANSDER 66
 nicotine transdermal
 syst..... 66
 NICOTROL INHALER
 66
 NICOTROL NS..... 66
 nifedipine..... 47
 nikki..... 74
 nilotinib hcl 36
 nilutamide..... 30
 nimodipine 47
 NINLARO 37
 nitazoxanide..... 20
 nitisinone..... 78
 NITRO-BID..... 48
 nitrofurantoin
 macrocrystal..... 20
 nitrofurantoin
 monohyd macro . 20

nitroglycerin 48
 nitroglycerin (intra-
 anal) 110
 nizatidine 83
 nora-be 74
 norelgestromin-
 ethinyl estradiol td
 ptwk 150-35
 mcg/24hr 74
 norethindrone &
 ethinyl estradiol-fe
 chew tab 0.4 mg-35
 mcg..... 74
 norethindrone
 (contraceptive) .. 74
 norethindrone ace &
 ethinyl estradiol tab
 1 mg-20 mcg..... 75
 norethindrone ace &
 ethinyl estradiol tab
 1.5 mg-30 mcg .. 75
 norethindrone ace-eth
 estradiol-fe chew
 tab 1 mg-20 mcg
 (24) 75
 norethindrone acetate
 79
 norethindrone
 acetate-ethinyl
 estradiol tab 0.5
 mg-2.5 mcg 77
 norethindrone
 acetate-ethinyl
 estradiol tab 1 mg-
 5 mcg 77
 norgestimate &
 ethinyl estradiol tab
 0.25 mg-35 mcg 75
 norgestimate-eth
 estrad tab 0.18-
 25/0.215-25/0.25-
 25 mg-mcg 75
 norgestimate-eth
 estrad tab 0.18-
 35/0.215-35/0.25-
 35 mg-mcg 75
 norlyroc 75
 nortrel 0.5/35 (28) 75

nortrel 1/35 (21) .. 75
 nortrel 1/35 (28) .. 75
 nortrel 7/7/7 75
 nortriptyline hcl 51
 NORVIR 23
 NOVOLIN INJ 70/30
 69
 NOVOLIN INJ 70/30
 FP 69
 NOVOLIN N 69
 NOVOLIN N FLEXPEN
 69
 NOVOLIN R 69
 NOVOLIN R FLEXPEN
 69
 NOVOLOG 69
 NOVOLOG FLEXPEN69
 NOVOLOG MIX INJ
 70/30 69
 NOVOLOG MIX INJ
 FLEXPEN 69
 NOVOLOG PENFILL 69
 NUBEQA 30
 NUEDEXTA CAP 20-
 10MG 63
 NULOJIX 94
 NUPLAZID 55
 NURTEC..... 63
 NUTRILIPID..... 97
 NUTRISOURCE PAK
 FIBER 85
 NUTRISOURCE POW
 FIBER 85
 NUZYRA..... 28
 nyamyc 108
 nylia 1/35 75
 nylia 7/7/7 75
 nystatin 21
 nystatin (mouth-
 throat)..... 111
 nystatin (topical). 108
 nystop 108
 ocean for kids..... 105
 ocella 75
 OCTAGAM 93
 octreotide acetate 78,
 79
 ODEFSEY TAB..... 24

ODOMZO 37
 OFEV 105
ofloxacin (ophth) .. 99
ofloxacin (otic) ... 100
 OGIVRI 37
 OGSIVEO 37
 OJEMDA 37
 OJJAARA 37
olanzapine 55
olmesartan
 medoxomil 44
olmesartan
 medoxomil-
 hydrochlorothiazide
 tab 20-12.5 mg.. 43
olmesartan
 medoxomil-
 hydrochlorothiazide
 tab 40-12.5 mg.. 43
olmesartan
 medoxomil-
 hydrochlorothiazide
 tab 40-25 mg 43
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 20-5-12.5 mg
 43
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 40-10-12.5 mg
 43
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 40-10-25 mg 43
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 40-5-12.5 mg
 43
olmesartan-
 amlodipine-
 hydrochlorothiazide
 tab 40-5-25 mg . 43
omega-3-acid ethyl
 esters cap 1 gm . 45

omeprazole 87
 OMNIPOD 5 DX KIT
 INT G7G6 69
 OMNIPOD 5 DX MIS
 POD G7G6 69
 OMNIPOD 5 G7 KIT
 INTRO 69
 OMNIPOD 5 G7 MIS
 PODS 70
 OMNIPOD 5 L2 KIT
 INTRO G6 70
 OMNIPOD 5 L2 MIS
 PODS G6 70
 OMNIPOD DASH KIT
 INTRO 70
 OMNIPOD DASH MIS
 PODS 70
 OMNIPOD GO KIT
 10UNT/DY 70
 OMNIPOD GO KIT
 15UNT/DY 70
 OMNIPOD GO KIT
 20UNT/DY 70
 OMNIPOD GO KIT
 25UNT/DY 70
 OMNIPOD GO KIT
 30UNT/DY 70
 OMNIPOD GO KIT
 35UNT/DY 70
 OMNIPOD GO KIT
 40UNT/DY 70
 OMNIPOD MIS
 CLASSIC 70
ondansetron 82
ondansetron hcl 82
 ONTRUZANT 37
 ONUREG 29
 OPIPZA 55
 OPSUMIT 49
option 2 75
 ORGOVYX 30
 ORKAMBI GRA 100-
 125 105
 ORKAMBI GRA 150-
 188 105
 ORKAMBI GRA 75-
 94MG 105

ORKAMBI TAB 100-
 125 105
 ORKAMBI TAB 200-
 125 105
orquidea 75
 ORSERDU 30
oseltamivir phosphate
 25
oxacillin sodium 28
oxaliplatin 29
oxcarbazepine 58
oxybutynin chloride
 87, 88
oxycodone hcl 18
oxycodone w/
 acetaminophen tab
 10-325 mg 19
oxycodone w/
 acetaminophen tab
 2.5-325 mg 18
oxycodone w/
 acetaminophen tab
 5-325 mg 18
oxycodone w/
 acetaminophen tab
 7.5-325 mg 19
 OXYCONTIN 18
 OZEMPIC (0.25 OR
 0.5MG/DOSE) 68
 OZEMPIC
 (1MG/DOSE) 68
 OZEMPIC
 (2MG/DOSE) 68
pacerone 44
paclitaxel 32
paclitaxel inj 100mg
 32
pain & fever childrens
 16
pain & fever infants 16
pain reliever plus .. 16
paliperidone 55
pamidronate disodium
 70
 PAMIDRONATE
 DISODIUM 70
 PANRETIN 110

pantoprazole sodium
 87
 PANZYGA 93
paricalcitol 80
paroxetine hcl..... 51
 PAXLOVID PAK 25
 PAXLOVID TAB 150-
 100 25
 PAXLOVID TAB 300-
 100 25
pazopanib hcl 37
 PEDIA-LAX 85
 PEDIARIX INJ 0.5ML
 95
 PEDVAX HIB 95
peg 3350-kcl-na
bicarb-nacl-na
sulfate for soln 236
gm 85
peg 3350-kcl-sod
bicarb-nacl for soln
420 gm 85
 PEGASYS 25
 PEMAZYRE 37
pemetrexed disodium
 29
 PENBRAYA INJ 95
penicillamine 71
penicillin g potassium
 28
penicillin g sodium 28
penicillin v potassium
 28
 PENMENVY INJ..... 95
 PENTACEL INJ 95
pentamidine
isethionate inh ... 20
pentamidine
isethionate inj.... 20
pentoxifylline..... 89
perampanel..... 58
perindopril erbumine
 42
periogard 111
permethrin 111
perphenazine..... 55
pfizerpen 28
phenelzine sulfate . 51

phenobarbital 59
phenobarbital sodium
 59
phenytek 59
phenytoin 59
phenytoin sodium . 59
phenytoin sodium
extended..... 59
 PHESGO SOL 37
philith..... 75
phytonadione 98
 PIFELTRO..... 23
pilocarpine hcl 100
pilocarpine hcl (oral)
 111
pimecrolimus..... 110
pimozide..... 55
pimtrea 75
pin-away 20
pindolol 46
pinworm medicine . 20
pioglitazone hcl..... 68
pioglitazone hcl-
metformin hcl tab
15-500 mg 68
pioglitazone hcl-
metformin hcl tab
15-850 mg 68
piperacillin sod-
tazobactam na for
inj 3.375 gm (3-
0.375 gm)..... 28
piperacillin sod-
tazobactam sod for
inj 13.5 gm (12-1.5
gm)..... 28
piperacillin sod-
tazobactam sod for
inj 2.25 gm (2-0.25
gm)..... 28
piperacillin sod-
tazobactam sod for
inj 4.5 gm (4-0.5
gm)..... 28
piperacillin sod-
tazobactam sod for
inj 40.5 gm (36-4.5
gm)..... 28

PIQRAY 200MG DAILY
 DOSE 37
 PIQRAY 250MG TAB
 DOSE 37
 PIQRAY 300MG DAILY
 DOSE 37
pirfenidone..... 105
piroxicam..... 17
plenamine..... 97
 PLENVU SOL..... 85
podofilox..... 110
polycin ophth oint . 99
polyethylene glycol
3350 85
*polymyxin b sulfate*20
polymyxin b-
trimethoprim ophth
soln 10000 unit/ml-
0.1% 99
 POMALYST 31
portia-28 75
posaconazole..... 21
 POT CHL 20MEQ/L IN
 NACL 0.45% INJ 96
 POT CHL 20MEQ/L IN
 NACL 0.9% INJ .. 96
 POT CHL 40MEQ/L IN
 NACL 0.9% INJ .. 96
*potassium chloride*96,
 97
potassium chloride 20
meq/l (0.15%) in
dextrose 5% inj . 97
potassium chloride
microencapsulated
crystals er 97
potassium citrate
(alkalinizer) 87
pramipexole
dihydrochloride .. 53
prasugrel hcl 90
pravastatin sodium 45
praziquantel 20
prazosin hcl..... 42
prednisolone 77
prednisolone acetate
(ophth) 99

PREDNISOLONE
 SODIUM PHOSP . 99
prednisolone sodium phosphate 77
prednisone 77
 PREDNISON
 INTENSOL 77
pregabalin..... 59
 PREMASOL SOL 10%
 97
 PRENATAL TAB 27-
 1MG 97
 PRENATAL TAB PLUS
 97
prevalite 46
 PREVYMIS 25
 PREZCOBIX TAB
 675/150..... 24
 PREZCOBIX TAB 800-
 150 24
 PREZISTA 23
 PRIFTIN 24
primaquine phosphate 22
 PRIMAQUINE
 PHOSPHATE..... 22
primidone 59
 PRIORIX INJ 95
 PRIVIGEN 93
probenecid 15
prochlorperazine ... 82
prochlorperazine edisylate 82
prochlorperazine maleate 82
 PROCRIT 89
proctocort 111
procto-med hc 110
proctosol hc 111
proctozone-hc 111
progesterone 79
 PROGRAF 94
 PROLASTIN-C 105
 PROLIA 70
promethazine hcl .. 82
promethazine w/ codeine syrup 6.25-10 mg/5ml 104

propafenone hcl 45
proparacaine hcl . 100
propranolol hcl..... 46
propylthiouracil..... 79
 PROQUAD INJ 95
 PROSOL INJ 20% .. 97
protriptyline hcl 51
pseudoephedrine hcl
 104
 PULMOZYME 105
 PURIXAN..... 29
pyrazinamide..... 24
pyridostigmine bromide 63
pyridoxine hcl 98
pyrimethamine 20
 PYZCHIVA 91
qc saline nasal relief
 105
qc saline nasal spray
 105
 QINLOCK 37
 QUADRACEL INJ
 0.5ML 95
quetiapine fumarate
 55
quinapril hcl 42
quinidine sulfate ... 45
quinine sulfate..... 22
 QULIPTA 63
ra saline nasal spray
 105
 RABAVERT INJ 95
*rabeprazole sodium*87
 RALDESY 51
raloxifene hcl..... 79
ramipril 42
ranolazine 48
rasagiline mesylate 53
reclipsen 75
 RECOMBIVAX HB... 95
reeses pinworm medicine 20
 RELENZA DISKHALER
 25
 RELISTOR 86
 REMICADE 91
renal vitamin 98

rena-vite..... 98
rena-vite rx..... 98
 RENFLEXIS..... 91
reno caps..... 98
repaglinide 68
 REPATHA 46
 REPATHA SURECLICK
 46
 RESTASIS 100
 RESTASIS
 MULTIDOSE..... 100
 RETEVMO..... 37
 REVUFORJ..... 37
 REXULTI 55
 REYATAZ 23
 REZLIDHIA..... 37
 REZUROCK..... 94
 RHOPRESSA 100
ribavirin (hepatitis c)
 25
rifabutin..... 24
rifampin..... 24
riluzole 63
rimantadine hydrochloride..... 25
 RINVOQ..... 91
 RINVOQ LQ 91
risedronate sodium 71
risperidone..... 55
risperidone microspheres 56
ritonavir 23
rivaroxaban..... 89
rivastigmine 50
rivastigmine tartrate
 50
rivelsa 75
rizatriptan benzoate
 63
 ROCKLATAN DRO 100
roflumilast 105
 ROMVIMZA..... 38
ropinirole hydrochloride..... 53
rosuvastatin calcium
 45
rosyrah..... 75
 ROTARIX SUS 95

ROTATEQ SOL 95
roweepra 59
 ROZLYTREK..... 38
 RUBRACA..... 38
rufinamide 59
 RUKOBIA 23
 RYBELSUS..... 68
 RYDAPT 38
sacubitril-valsartan
tab 24-26 mg 43
sacubitril-valsartan
tab 49-51 mg 43
sacubitril-valsartan
tab 97-103 mg... 43
sajazir 89
saline 105
saline mist 106
 SANTYL 111
sapropterin
dihydrochloride .. 79
sb saline nose..... 106
 SCEMBLIX..... 38
scopolamine 82
 SECUADO 56
selegiline hcl 53
selenium sulfide.. 108
 SELZENTRY 23
senexon-s 85
 SENNA 85
senna plus 85
 SENNA PLUS CAP 8.6-
 50MG 85
senna-lax..... 85
senna-time..... 85
senna-time s 85
sennosides 85
sennosides-docusate
sodium tab 8.6-50
mg 85
senokot extra
strength..... 85
 SENOKOT KIDS
 LAXATIVE GUM .. 85
 SENOKOT LAXATIVE
 GUMMIES..... 85
 SEREVENT DISKUS
 103
sertraline hcl 51

setlakin 75
sharobel 75
 SHINGRIX..... 95
 SIGNIFOR 79
 SIKLOS..... 89
sildenafil citrate
(pulmonary
hypertension) 49
silver sulfadiazine 108
 SIMBRINZA SUS 1-
 0.2% 100
simliya 75
simpesse 75
simvastatin 45
sirolimus..... 94
 SIRTURO 24
 SKYRIZI..... 91, 92
 SKYRIZI PEN 92
sm 3-day vaginal .. 88
sm acid reducer 83
sm all day allergy 103
sm all day allergy
relief 103
sm allergy childrens
 103
sm allergy relief.. 103
sm allergy relief
childre 103
sm antacid 81
sm antacid extra
strength..... 81
sm anti-diarrheal .. 81
sm aspirin adult low
stre 16
*sm aspirin low dose*16
sm calcium antacid
extra 81
sm clearlax 85
sm clotrimazole
vaginal 88
sm enema..... 85
sm fiber..... 85
sm fiber laxative ... 85
sm gentle laxative. 85
sm ibuprofen 17
sm loratadine 103
sm miconazole 3... 88
sm miconazole 7... 88

sm migraine relief . 16
sm milk of magnesia
 86
*sm motion sickness*82
sm naproxen sodium
 17
sm nasal spray saline
 106
sm nicotine 66
sm nicotine polacrilex
 66
sm nicotine
transdermal s 66
sm pain & fever
childrens 16
sm pain & fever
infants 16
sm pain reliever.... 16
sm pain reliever
children 16
sm pain reliever extra
st..... 16
sm senna laxative . 86
sm senna-s 86
sm stomach relief . 81
sm stool softener .. 86
sm stool
softener/stimula. 86
sm tioconazole-1... 88
sm tussin dm..... 104
sm tussin dm
cough/chest..... 104
sm tussin mucus +
chest c..... 104
smooth antacid extra
stre 81
sod sulfate-pot sulf-
mg sulf oral sol
17.5-3.13-1.6
gm/177ml 86
sodium bicarbonate
(antacid)..... 81
sodium chloride 97
sodium chloride (gu
irrigant) 111
sodium fluoride chew;
tab; 1.1 (0.5 f)
mg/ml soln..... 97

SODIUM OXYBATE. 65
sodium
phenylbutyrate .. 79
sodium polystyrene
sulfonate powder 71
 SODIUM POW
 BICARBON..... 81
solifenacin succinate
 88
 SOLIQUA INJ 100/33
 70
 SOLTAMOX..... 30
soluble fiber 86
 SOLU-CORTEF 77
 SOMATULINE DEPOT
 79
 SOMAVERT..... 79
sorafenib tosylate.. 38
 SORBITOL..... 86
sotalol hcl 45
*sotalol hcl (afib/afl)*45
 SOTYKTU 92
spironolactone 42
spironolactone &
 hydrochlorothiazide
 tab 25-25 mg 48
sprintec 28..... 75
 SPRITAM..... 59
sps..... 71
sps rectal 71
sronyx..... 75
ssd..... 108
 STELARA..... 92
stimulant laxative . 86
 STIVARGA..... 38
 STL SOFT/LAX CAP
 8.6-50MG..... 86
stomach relief..... 81
stomach relief extra
 stre 81
stomach relief ultra 81
stool softener 86
stool softener +
 stimulan..... 86
streptomycin sulfate
 20
 STRIBILD TAB 24
subvenite..... 59

sucralfate..... 86
sudogest..... 104
sudogest maximum
 strength..... 104
sulfacetamide sodium
 (acne) 108
sulfacetamide sodium
 (ophth) 99
sulfacetamide
 sodium-
 prednisolone ophth
 soln 10-
 0.23(0.25)% 98
sulfadiazine 20
sulfamethoxazole-
 trimethoprim iv soln
 400-80 mg/5ml.. 20
sulfamethoxazole-
 trimethoprim susp
 200-40 mg/5ml.. 20
sulfamethoxazole-
 trimethoprim tab
 400-80 mg 21
sulfamethoxazole-
 trimethoprim tab
 800-160 mg 21
 SULFAMYLON 108
sulfasalazine..... 83
sulindac 17
sumatriptan 63
sumatriptan succinate
 63
sunitinib malate 38
 SUNLENCA 23
syeda 75
 SYMDEKO TAB 100-
 150 106
 SYMDEKO TAB 50-
 75MG 106
 SYMPAZAN 59
 SYMTUZA TAB 24
 SYNAREL 79
 SYNJARDY TAB 12.5-
 1000MG..... 68
 SYNJARDY TAB 12.5-
 500 68
 SYNJARDY TAB 5-
 1000MG..... 68

SYNJARDY TAB 5-
 500MG..... 68
 SYNJARDY XR TAB
 10-1000..... 68
 SYNJARDY XR TAB
 12.5-1000..... 68
 SYNJARDY XR TAB
 25-1000..... 68
 SYNJARDY XR TAB 5-
 1000MG..... 68
 SYNTHROID 79
 TABLOID..... 30
 TABRECTA..... 38
tacrolimus..... 94
tacrolimus (topical)
 111
tadalafil 87
tadalafil (pulmonary
 hypertension) 49
 TAFINLAR 38
 TAGRISSO 38
 TALZENNA 38
tamoxifen citrate... 30
tamsulosin hcl 87
tarina 24 fe 75
tarina fe 1/20 eq... 75
 TASIGNA 38
tasimelteon 62
 TAVNEOS..... 90
tazarotene 109
tazicef..... 26
 TAZORAC..... 109
 TAZVERIK 38
 TECENTRIQ 38
 TECENTRIQ INJ
 HYBREZA 38
 TEFLARO..... 26
telmisartan 44
telmisartan-
 amlodipine tab 40-
 10 mg 44
telmisartan-
 amlodipine tab 40-5
 mg 43
telmisartan-
 amlodipine tab 80-
 10 mg 44

telmisartan-amlodipine tab 80-5 mg 44
telmisartan-hydrochlorothiazide tab 40-12.5 mg.. 44
telmisartan-hydrochlorothiazide tab 80-12.5 mg.. 44
telmisartan-hydrochlorothiazide tab 80-25 mg 44
temazepam 62
 TENIVAC INJ 5-2LF 95
tenofovir disoproxil fumarate 23
 TEPMETKO 39
terazosin hcl..... 42
terbinafine hcl 21
terbutaline sulfate 103
terconazole vaginal 88
 TERIPARATIDE..... 71
testosterone 66
testosterone cypionate 67
testosterone enanthate 67
testosterone pump 67
tetrabenazine ..63, 64
tetracycline hcl 28
 THALOMID 31
theophylline 106
thiamine hcl 98
thioridazine hcl 56
thiothixene..... 56
tiadylt er..... 47
tiagabine hcl..... 59
 TIBSOVO 39
ticagrelor 90
 TICOVAC 95
tigecycline..... 28
tilia fe..... 75
timolol maleate..... 46
timolol maleate (ophth) 100
tinidazole 21
tioconazole 1 88
 TIVICAY 23

TIVICAY PD 23
tizanidine hcl 65
 TOBI PODHALER ... 21
 TOBRADEX OIN 0.3-0.1% 98
tobramycin..... 21
tobramycin (ophth) 99
tobramycin sulfate 21
tobramycin-dexamethasone ophth susp 0.3-0.1% 98
tolterodine tartrate 88
topiramate 59
toremifene citrate . 30
torpenz..... 39
torsemide 48
 TOUJEO MAX SOLOSTAR 70
 TOUJEO SOLOSTAR 70
 TPN ELECTROL INJ 97
 TRADJENTA 68
tramadol hcl 19
tramadol-acetaminophen tab 37.5-325 mg 19
trandolapril 42
tranexamic acid 90
tranylcypromine sulfate 51
 TRAVASOL INJ 10% 97
 TRAZIMERA 39
trazodone hcl 51
 TRELEGY AER ELLIPTA 100-62.5-25 MCG..... 101
 TRELEGY AER ELLIPTA 200-62.5-25 MCG..... 101
 TREMFYA 92
 TREMFYA INDUCTION PACK FO 92
 TREMFYA PEN 92
treprostinil 49
 TRESIBA 70
 TRESIBA FLEXTOUCH 70

tretinoin 108
tretinoin (chemotherapy) . 31
triamcinolone acetonide (mouth) 111
triamcinolone acetonide (topical) 110
triamterene & hydrochlorothiazide cap 37.5-25 mg . 48
triamterene & hydrochlorothiazide tab 37.5-25 mg.. 48
triamterene & hydrochlorothiazide tab 75-50 mg 48
tri-buffered aspirin 16
tridacaine ii 110
triderm 110
trientine hcl..... 71
tri-estarylla 75
trifluoperazine hcl . 56
trifluridine 99
trihexyphenidyl hcl 53
 TRIJARDY XR TAB ER 24HR 10-5-1000MG 68
 TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 68
 TRIJARDY XR TAB ER 24HR 25-5-1000MG 68
 TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 68
 TRIKAFTA PAK 59.5MG..... 106
 TRIKAFTA PAK 75MG 106
 TRIKAFTA TAB 100-50-75MG & 150MG 106
 TRIKAFTA TAB 50-25-37.5MG & 75MG 106
tri-legest fe 75

tri-linyah..... 75
tri-lo-estarylla 75
tri-lo-marzia 75
tri-lo-mili 75
tri-lo-sprintec 76
trimethoprim 21
tri-mili 76
trimipramine maleate
..... 51
TRINTELLIX..... 51
tri-nymyo..... 76
tri-sprintec 76
TRIUMEQ PD TAB .. 24
TRIUMEQ TAB..... 24
tri-vylibra..... 76
tri-vylibra lo 76
TROGARZO 23
TROPHAMINE INJ
10% 97
tropium chloride .. 88
TRUE METRIX KIT AIR
..... 111
TRUE METRIX KIT
METER..... 111
TRUE METRIX STRIPS
..... 112
TRUEPLUS GLUCOSE
GEL 77
TRULICITY 68
TRUMENBA..... 95
TRUQAP..... 39
TRUXIMA 39
TUKYSA 39
TURALIO..... 39
turqoz 76
tusnel diabetic 104
tusnel-ex 104
tussin dm..... 104
tussin mucus & chest
cong..... 104
tussin mucus + chest
cong..... 104
twice-daily
clindamycin
phosphate (topical)
..... 108
TWINRIX INJ 95
TYBOST 23

tydemy 76
TYENNE 92
TYPHIM VI..... 95
UBRELVY 63
unithroid..... 80
UPTRAVI..... 49
UPTRAVI PACK TAB
200/800..... 49
ursodiol 86
valacyclovir hcl 25
VALCHLOR 111
valganciclovir hcl... 25
valproate sodium .. 60
valproic acid 60
valsartan 44
valsartan-
hydrochlorothiazide
tab 160-12.5 mg 44
valsartan-
hydrochlorothiazide
tab 160-25 mg... 44
valsartan-
hydrochlorothiazide
tab 320-12.5 mg 44
valsartan-
hydrochlorothiazide
tab 320-25 mg... 44
valsartan-
hydrochlorothiazide
tab 80-12.5 mg.. 44
VALTOCO 10 MG
DOSE 60
VALTOCO 15 MG
DOSE 60
VALTOCO 20 MG
DOSE 60
VALTOCO 5 MG DOSE
..... 60
valtya 1/50 76
value plus glucose . 77
vancomycin hcl 21
VANCOMYCIN INJ 1
GM 21
VANCOMYCIN INJ
500MG..... 21
VANCOMYCIN INJ
750MG..... 21
VANFLYTA 39

VAQTA..... 95
varenicline tartrate 66
varenicline tartrate
tab 11 x 0.5 mg &
42 x 1 mg start
pack..... 66
VARIVAX..... 95
VASCEPA 46
VAXCHORA SUS.... 95
velivet 76
VELSIPITY..... 92
VENCLEXTA..... 39
VENCLEXTA TAB
START PK..... 39
venlafaxine hcl 52
VENTOLIN HFA ... 103
VENTOLIN HFA
(INSTITUTIONAL
PACK)..... 103
VEOZAH 79
verapamil hcl..... 47
VERQUVO 48
VERSACLOZ 56
VERZENIO..... 39
vestura 76
vienna 76
vigabatrin 60
vigadrone 60
VIGAFYDE..... 60
vigpoder 60
vilazodone hcl..... 52
VIMKUNYA 95
vincristine sulfate .. 32
vinorelbine tartrate 32
viorele 76
VIRACEPT 23
VIREAD 23
VITRAKVI..... 39
VIVIMUSTA 29
VIVITROL..... 66
VIVOTIF CAP EC.... 95
VIZIMPRO 39
VONJO..... 39
VORANIGO..... 39
voriconazole 22
VOSEVI TAB 25
VOWST CAP 86
VRAYLAR 56

vyfemla 76
vylibra 76
VYZULTA..... 100
warfarin sodium 89
*water for irrigation,
sterile irrigation
soln*..... 111
WELIREG 31
wera 76
WESTAB PLUS TAB
27-1MG 97
wixela inhub..... 107
wymzya fe 76
WYOST 71
XALKORI.....39, 40
xarah fe..... 76
XARELTO 89
XARELTO STAR TAB
15/20MG..... 89
XATMEP 93
XCOPRI 60
XCOPRI PAK 100-150
..... 60
XCOPRI PAK 12.5-25
..... 60
XCOPRI PAK 150-
200MG
(MAINTENANCE) 60
XCOPRI PAK 150-
200MG
(TITRATION) 60
XCOPRI PAK 50-
100MG..... 60
XDEMVY 99
XELJANZ 92
XELJANZ XR 92
xelria fe 76
XERMELO 87
XGEVA..... 71
XHANCE..... 106
XIFAXAN 87
XIGDUO XR TAB 10-
1000 68

XIGDUO XR TAB 10-
500MG..... 68
XIGDUO XR TAB 2.5-
1000 68
XIGDUO XR TAB 5-
1000MG..... 68
XIGDUO XR TAB 5-
500MG..... 68
XIIDRA 100
XOFLUZA 25
XOLAIR..... 106
XOSPATA 40
XPOVIO PAK (100 MG
ONCE WEEKLY) .. 40
XPOVIO PAK (40 MG
ONCE WEEKLY) .. 40
XPOVIO PAK (40 MG
TWICE WEEKLY). 40
XPOVIO PAK (60 MG
ONCE WEEKLY) .. 40
XPOVIO PAK (60 MG
TWICE WEEKLY). 40
XPOVIO PAK (80 MG
ONCE WEEKLY) .. 40
XPOVIO PAK (80 MG
TWICE WEEKLY). 40
XTANDI30, 31
xulane 76
XULTOPHY INJ
100/3.6 70
YESINTEK 92
YF-VAX INJ..... 95
YONSA 31
YUTREPIA 49
yuvaferm 77
zafemy 76
zafirlukast..... 104
zaleplon..... 62
ZARXIO 89
ZEGALOGUE 78
ZEJULA..... 40
ZELBORAF..... 40
zelvysia 79

ZEMAIRA 106
zenatane..... 108
ZENPEP CAP
10000UNT 87
ZENPEP CAP
15000UNT 87
ZENPEP CAP
20000UNT 87
ZENPEP CAP
25000UNT 87
ZENPEP CAP
3000UNIT 87
ZENPEP CAP
40000UNT 87
ZENPEP CAP
5000UNIT 87
ZENPEP CAP
60000UNT 87
ZERViate 99
zidovudine 23
ziprasidone hcl..... 56
ziprasidone mesylate
..... 56
ZIRABEV..... 40
ZIRGAN 99
zoledronic acid..... 71
ZOLINZA..... 40
zolpidem tartrate .. 62
ZONISADE 60
zonisamide..... 60
zovia 1/35..... 76
ZTALMY 60
zumandimine..... 76
ZURZUVAE 52
ZYDELIG..... 40
ZYKADIA..... 40
ZYLET SUS 0.5-0.3%
..... 98
ZYPREXA RELPREVV
..... 56



Molina Dual Options Medicare-Medicaid Plan

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