

2023

Aetna[®] Assure Premier Plus (HMO D-SNP) List of Covered Drugs (Formulary)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.**

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This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **[AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)**



2023 Aetna® Assure Premier Plus (HMO D-SNP) *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs and items are covered by Aetna Assure Premier Plus (HMO D-SNP). The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Aetna Assure Premier Plus (HMO D-SNP). Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers

This is a list of drugs that members can get in Aetna® Assure Premier Plus (HMO D-SNP).

- ❖ Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- ❖ Aetna Assure Premier Plus (HMO D-SNP) es un plan totalmente integrado de necesidades especiales de doble elegibilidad con un contrato de Medicare y un contrato con el programa de Medicaid de Nueva Jersey. La inscripción en Aetna Assure Premier Plus depende de la renovación del contrato.
- ❖ You can always check Aetna Assure Premier Plus (HMO D-SNP)'s up-to-date List of Covered Drugs online at **AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary** or call Member Services at the number listed at the bottom of this page.
- ❖ ATTENTION: If you speak a language other than English, free language assistance services are available. Visit our website **AetnaBetterHealth.com/New-Jersey-hmosnp** or call **1-844-362-0934 (TTY: 711)**, 8:00 a.m. and 8:00 p.m., 7 days a week.
- ❖ ATENCIÓN: Si habla un idioma que no sea el inglés, los servicios gratuitos de asistencia en idiomas están disponibles. Visite nuestro sitio web en **AetnaBetterHealth.com/New-Jersey-hmosnp** o llame al **1-844-362-0934 (TTY: 711)**, de 8 a.m. a 8 p.m., los 7 días de la semana.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at **1-844-362-0934 (TTY: 711)**, 8:00 a.m. to 8:00 p.m., 7 days a week. The call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free.
- ❖ If you wish to make or change a standing request to receive materials in a language other than English or in an alternate format, you can call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 11 are the drugs covered by Aetna® Assure Premier Plus (HMO D-SNP). 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.”

- Aetna Assure Premier Plus (HMO D-SNP) 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 an Aetna Assure Premier Plus (HMO D-SNP) network pharmacy.
- Aetna Better Health Premier Plan may have additional steps to access certain drugs. Refer to question B4 for more information.

You can also find an up-to-date list of drugs we cover on our website at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary) or call Member Services at 1-844-362-0934 (TTY:711).

B2. Does the Drug List ever change?

Yes, and Aetna Assure Premier Plus (HMO D-SNP) 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 for a drug. (Prior authorization is permission from Aetna Assure Premier Plus (HMO D-SNP) 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 have more information on what happens when the Drug List changes.

- You can always check Aetn® a Assure Premier Plus (HMO D-SNP)'s current Drug List online at **AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary**.
- You can also call Member Services at **1-844-362-0934 (TTY:711)** to check the current Drug List.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we may take it off the Drug List. If you are taking the drug, we will let you know.
- Please contact your doctor if a drug you are taking is removed from the drug list.

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

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

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-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 questions B10-B12 for more information.

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, your doctor, or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you, your doctor, or other prescriber must get authorization from Aetna® Assure Premier Plus (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Aetna Assure Premier Plus (HMO D-SNP) may not cover the drug if you do not get authorization.
- **Quantity limits:** Sometimes Aetna Assure Premier Plus (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Assure Premier Plus (HMO D-SNP) 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 or other prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on page 11 - 93. You can also get more information by visiting our website at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception to 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. Refer to questions B10-B12 for more information about exceptions.

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

The *table of Drugs* on page 11 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if Aetna Assure Premier Plus (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

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

To search **alphabetically**, use the Index of Covered Drugs section. You can find it on page 94. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by drug type**, find the section labeled “List of Drugs by Drug Type” on page 11. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for an infection, you should look in the “Anti-infectives” category. That is where you will find drugs that treat infections.

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 **1-844-362-0934 (TTY:711)** and ask about it. If you learn that Aetna® Assure Premier Plus (HMO D-SNP) 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. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Aetna Assure Premier Plus (HMO D-SNP) 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 30-day supply of your drug during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP). 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 30 days of medication.

We will cover a 30-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 prior authorization by Aetna Assure Premier Plus (HMO D-SNP), or
- you are taking a drug that is part of a step therapy restriction.

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Aetna® Assure Premier Plus (HMO D-SNP) member.

- This is in addition to the temporary supply during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP).

Current members with a change in level of care

If you experience a change in your setting of care (such as being discharged or admitted to a nursing home or other long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30- day supply) for the applicable drug(s).

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

Yes. You can ask Aetna® Assure Premier Plus (HMO D-SNP) 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, Aetna Assure Premier Plus (HMO D-SNP) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization 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 8 of the *Evidence of Coverage* 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.

To send your statement, you or your prescriber may call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week for assistance. You may fax us the statement to 844-814-2260.

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

B13. What are generic drugs?

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

Aetna Assure Premier Plus (HMO D-SNP) covers both brand name drugs and generic drugs.

B14. What are over-the-counter (OTC) drugs?

OTC stands for “over-the-counter.” Aetna® Assure Premier Plus (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan’s coverage at no cost to you. You need a prescription for OTC drugs to be covered. These OTC drugs are listed in this Drug List starting on page 115.

B15. Does Aetna Assure Premier Plus (HMO D-SNP) cover non-drug OTC products?

Yes. Aetna Assure Premier Plus (HMO D-SNP) covers some non-drug OTC products when they are prescribed for you by your provider. These non-drug OTC products are listed in this Drug List starting on page 115.

Examples of non-drug OTC products include condoms. There is no cost sharing or copays.

B16. Can I get my drugs through Mail-Order/Long-Term Supply?

Yes. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.

- Mail-Order Program. We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home.
- Long-Term Supply. We offer a way to get a long-term supply of “maintenance” drugs on our plan’s Drug List. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

For more information about getting drugs through mail-order or long-term supply, please call Member Services at **1-844-362-0934 (TTY:711)**.

B17. What is my copay?

Aetna Assure Premier Plus (HMO D-SNP) members have no copay for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan’s rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 Generic drugs \$0 copay
- Tier 1 Brand name drugs \$0 copay

OTCs have a \$0 copay.

If you have questions, call Member Services at **1-844-362-0934 (TTY:711)**.

C. Overview of the *List of Covered Drugs*

The following List of Covered Drugs gives you information about the drugs covered by Aetna® Assure Premier Plus (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 94. The index alphabetically lists all drugs covered by Aetna Assure Premier Plus (HMO D-SNP).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL: Quantity Limits: For certain drugs, our plan limits the amount of the drug that we will cover.
PA: Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
ST: Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
LA: Limited Access: These prescriptions may be available only at certain pharmacies.
MO: Mail-Order Delivery: Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.
B/D: Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
EA: Each
ML: Milliliter

C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for treating an infection, you should look in the “Anti-infectives” category. That is where you will find drugs that treat infection.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *amoxicillin*), brand name drugs are capitalized (e.g., SYNTHROID), and OTC drugs and products are listed in lower case (e.g., acetaminophen tablet). The information in the “Necessary actions, restrictions or limits on use” column tells you if Aetna® Assure Premier Plus (HMO D-SNP) has any rules for covering your drug.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
GOUT		
<i>allopurinol tabs</i>	\$0 (Tier 1)	MO
<i>colchicine tabs</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>febuxostat</i>	\$0 (Tier 1)	ST MO
MITIGARE	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>probenecid</i>	\$0 (Tier 1)	MO
<i>probenecid/colchicine</i>	\$0 (Tier 1)	MO
NSAIDS		
<i>celecoxib caps 400mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac potassium tabs 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>diflunisal</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ec-naproxen tbec 375mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>ec-naproxen tbec 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac er tb24 600mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>etodolac er tb24 400mg, 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>etodolac caps 300mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D LA - Limited Access MO - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>etodolac caps 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac tabs 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>etodolac tabs 400mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPS 400MG	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tabs</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>flurbiprofen tabs 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ibu tabs 600mg, 800mg</i>	\$0 (Tier 1)	MO
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	\$0 (Tier 1)	MO
<i>ibuprofen oral susp 100mg/5ml</i>	\$0 (Tier 1)	MO
<i>ketoprofen er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tabs 10mg</i>	\$0 (Tier 1)	QL (20 EA per 30 days) PA MO
<i>meloxicam tabs</i>	\$0 (Tier 1)	MO
<i>nabumetone</i>	\$0 (Tier 1)	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	\$0 (Tier 1)	MO
<i>naproxen tabs 250mg, 375mg, 500mg</i>	\$0 (Tier 1)	MO
<i>naproxen susp</i>	\$0 (Tier 1)	MO
<i>naproxen dr tabs 375mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>naproxen dr tabs 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>piroxicam caps 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>piroxicam caps 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>relafen tabs 500mg, 750mg</i>	\$0 (Tier 1)	
<i>sulindac</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	\$0 (Tier 1)	QL (4 EA per 28 days) PA MO
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>fentanyl pt72 87.5mcg/hr</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
HYSINGLA ER	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>methadone hcl oral conc 10mg/ml</i>	\$0 (Tier 1)	QL (90 ML per 30 days) PA MO
METHADONE HCL INJ	\$0 (Tier 1)	PA
<i>methadone hcl oral soln 10mg/5ml, 5mg/ml</i>	\$0 (Tier 1)	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D LA - Limited Access MO - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate er cp24 (generic Avinza)</i> 120mg, 30mg, 45mg, 60mg, 75mg, 90mg	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cap24 (generic Kadian)</i> 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 100mg, 200mg, 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 15mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
MORPHINE SULFATE/SODIUM CHLORIDE	\$0 (Tier 1)	B/D
<i>tramadol hcl er tabs</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>tramadol hydrochloride er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tabs</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	\$0 (Tier 1)	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	\$0 (Tier 1)	
<i>butorphanol tartrate inj 2mg/ml</i>	\$0 (Tier 1)	MO
CODEINE SULFATE	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>endocet</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lpop</i> 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tabs</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen soln</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 4MG/ML	\$0 (Tier 1)	B/D
HYDROMORPHONE HCL INJ 1MG/ML	\$0 (Tier 1)	B/D MO
<i>hydromorphone hcl inj 10mg/ml</i>	\$0 (Tier 1)	B/D
HYDROMORPHONE HYDROCHLORIDE INJ 1MG/ML, 2MG/ML	\$0 (Tier 1)	B/D
HYDROMORPHONE HYDROCHLORIDE INJ 4MG/ML	\$0 (Tier 1)	B/D MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	\$0 (Tier 1)	B/D
<i>hydromorphone hydrochloride inj 2mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>morphine sulfate tabs</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJ 10MG/ML PF VIAL IV OR IM, 2MG/ML, 4MG/ML IV OR IM VIAL AND PREFILLED SYRINGE, 5MG/ML, 8MG/ML PF VIAL IV OR IM	\$0 (Tier 1)	B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml iv only vial and carpject, 1mg/ml vial, 4mg/ml iv vial and prefilled syringe, 50mg/ml, 8mg/ml vial and pf carpject</i>	\$0 (Tier 1)	B/D
<i>morphine sulfate inj 1mg/ml pf vial</i>	\$0 (Tier 1)	B/D MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/ml</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride caps</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride soln</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride conc</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride</i>	\$0 (Tier 1)	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i>	\$0 (Tier 1)	MO
<i>amikacin sulfate</i>	\$0 (Tier 1)	MO
<i>atovaquone</i>	\$0 (Tier 1)	PA MO
<i>aztreonam inj 1gm</i>	\$0 (Tier 1)	MO
<i>aztreonam inj 2gm</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CAYSTON	\$0 (Tier 1)	PA LA
<i>chloramphenicol sodium succinate</i>	\$0 (Tier 1)	
<i>clindamycin hcl</i>	\$0 (Tier 1)	MO
<i>clindamycin hydrochloride</i>	\$0 (Tier 1)	MO
<i>clindamycin palmitate hcl</i>	\$0 (Tier 1)	MO
<i>clindamycin phosphate/dextrose</i>	\$0 (Tier 1)	
<i>clindamycin phosphate inj 300mg/2ml, 9000mg/60ml, 900mg/6ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate inj 600mg/4ml</i>	\$0 (Tier 1)	MO
CLINDAMYCIN/SODIUM CHLORIDE	\$0 (Tier 1)	
<i>colistimethate sodium</i>	\$0 (Tier 1)	PA MO
<i>dapsone tabs 100mg, 25mg</i>	\$0 (Tier 1)	MO
DAPTOMYCIN/SODIUM CHLORIDE	\$0 (Tier 1)	
DAPTOMYCIN INJ 350MG	\$0 (Tier 1)	
<i>daptomycin inj 500mg</i>	\$0 (Tier 1)	
EMVERM	\$0 (Tier 1)	QL (12 EA per 365 days) MO
<i>ertapenem</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate pediatric</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 (Tier 1)	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate inj 40mg/ml</i>	\$0 (Tier 1)	MO
<i>imipenem/cilastatin</i>	\$0 (Tier 1)	MO
<i>isotonic gentamicin</i>	\$0 (Tier 1)	
<i>ivermectin</i>	\$0 (Tier 1)	QL (12 EA per 90 days) PA MO
<i>linezolid tabs</i>	\$0 (Tier 1)	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	\$0 (Tier 1)	PA
<i>linezolid inj 600mg/300ml</i>	\$0 (Tier 1)	PA
<i>meropenem</i>	\$0 (Tier 1)	MO
<i>methenamine hippurate</i>	\$0 (Tier 1)	MO
<i>methenamine mandelate</i>	\$0 (Tier 1)	MO
<i>metronidazole caps 375mg</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metronidazole inj 500mg/100ml</i>	\$0 (Tier 1)	
<i>metronidazole tabs 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>neomycin sulfate</i>	\$0 (Tier 1)	MO
<i>nitazoxanide</i>	\$0 (Tier 1)	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals caps 100mg, 50mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin macrocrystals caps 25mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin monohydrate/macrocrystals</i>	\$0 (Tier 1)	MO
<i>paromomycin sulfate</i>	\$0 (Tier 1)	
<i>pentamidine isethionate inhalation solr</i>	\$0 (Tier 1)	B/D MO
<i>pentamidine isethionate inj</i>	\$0 (Tier 1)	MO
<i>praziquantel</i>	\$0 (Tier 1)	MO
SIVEXTRO INJ	\$0 (Tier 1)	
SIVEXTRO TABS	\$0 (Tier 1)	MO
<i>streptomycin sulfate</i>	\$0 (Tier 1)	MO
<i>sulfadiazine</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim ds</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim inj</i>	\$0 (Tier 1)	MO
SYNERCID	\$0 (Tier 1)	
<i>tinidazole</i>	\$0 (Tier 1)	MO
<i>tobramycin sulfate inj 10mg/ml, 40mg/ml</i>	\$0 (Tier 1)	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	\$0 (Tier 1)	MO
<i>tobramycin sulfate inj 1.2gm</i>	\$0 (Tier 1)	
<i>tobramycin nebu 300mg/5ml</i>	\$0 (Tier 1)	QL (280 ML per 56 days) PA
<i>trimethoprim</i>	\$0 (Tier 1)	MO
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	\$0 (Tier 1)	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	\$0 (Tier 1)	
<i>vancomycin hcl inj 100gm, 10gm</i>	\$0 (Tier 1)	
<i>vancomycin hydrochloride caps 125mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 5gm, 750mg</i>	\$0 (Tier 1)	
<i>vancomycin hydrochloride inj 500mg</i>	\$0 (Tier 1)	MO
ANTIFUNGALS		
ABELCET	\$0 (Tier 1)	B/D
<i>amphotericin b</i>	\$0 (Tier 1)	B/D MO
<i>amphotericin b liposome</i>	\$0 (Tier 1)	B/D MO
<i>caspofungin acetate inj 70mg</i>	\$0 (Tier 1)	
<i>caspofungin acetate inj 50mg</i>	\$0 (Tier 1)	
<i>fluconazole in sodium chloride</i>	\$0 (Tier 1)	
<i>fluconazole tabs, oral susp</i>	\$0 (Tier 1)	MO
<i>fluconazole/sodium chloride</i>	\$0 (Tier 1)	
<i>flucytosine</i>	\$0 (Tier 1)	MO
<i>griseofulvin microsize</i>	\$0 (Tier 1)	MO
<i>griseofulvin ultramicrosize</i>	\$0 (Tier 1)	MO
<i>itraconazole caps</i>	\$0 (Tier 1)	PA MO
<i>ketoconazole tabs 200mg</i>	\$0 (Tier 1)	PA MO
<i>micafungin</i>	\$0 (Tier 1)	
<i>mycamine</i>	\$0 (Tier 1)	MO
NOXAFIL ORAL SUSP	\$0 (Tier 1)	QL (630 ML per 30 days) MO
<i>nystatin tabs 500000unit</i>	\$0 (Tier 1)	MO
<i>posaconazole dr</i>	\$0 (Tier 1)	QL (93 EA per 30 days) MO
<i>posaconazole inj</i>	\$0 (Tier 1)	
<i>posaconazole susp</i>	\$0 (Tier 1)	QL (630 ML per 30 days) MO
<i>terbinafine hcl</i>	\$0 (Tier 1)	QL (90 EA per 365 days) MO
<i>voriconazole inj</i>	\$0 (Tier 1)	PA
<i>voriconazole oral susp</i>	\$0 (Tier 1)	PA MO
<i>voriconazole tabs 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>voriconazole tabs 50mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	\$0 (Tier 1)	MO
<i>chloroquine phosphate</i>	\$0 (Tier 1)	MO
COARTEM	\$0 (Tier 1)	MO
<i>mefloquine hcl</i>	\$0 (Tier 1)	MO
<i>primaquine phosphate</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quinine sulfate</i>	\$0 (Tier 1)	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	\$0 (Tier 1)	MO
APTIVUS	\$0 (Tier 1)	MO
<i>atazanavir sulfate</i>	\$0 (Tier 1)	MO
<i>darunavir tabs 800mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>darunavir tabs 600mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDURANT	\$0 (Tier 1)	MO
<i>efavirenz</i>	\$0 (Tier 1)	MO
<i>emtricitabine</i>	\$0 (Tier 1)	MO
EMTRIVA ORAL SOLN	\$0 (Tier 1)	MO
<i>etravirine</i>	\$0 (Tier 1)	MO
<i>fosamprenavir calcium</i>	\$0 (Tier 1)	MO
FUZEON	\$0 (Tier 1)	MO
INTELENCE TAB 25MG	\$0 (Tier 1)	
INVIRASE	\$0 (Tier 1)	MO
ISENTRESS HD	\$0 (Tier 1)	MO
ISENTRESS PACK, TABS	\$0 (Tier 1)	MO
ISENTRESS CHEW 25MG	\$0 (Tier 1)	MO
ISENTRESS CHEW 100MG	\$0 (Tier 1)	MO
<i>lamivudine soln 10mg/ml</i>	\$0 (Tier 1)	MO
<i>lamivudine tabs 150mg, 300mg</i>	\$0 (Tier 1)	MO
LEXIVA ORAL SUSP	\$0 (Tier 1)	MO
<i>maraviroc</i>	\$0 (Tier 1)	MO
<i>nevirapine er</i>	\$0 (Tier 1)	MO
<i>nevirapine tabs</i>	\$0 (Tier 1)	MO
<i>nevirapine susp</i>	\$0 (Tier 1)	MO
NORVIR SOLN, ORAL POWDER	\$0 (Tier 1)	MO
PIFELTRO	\$0 (Tier 1)	MO
PREZISTA SUSP	\$0 (Tier 1)	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	\$0 (Tier 1)	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	\$0 (Tier 1)	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
REYATAZ ORAL POWDER	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ritonavir</i>	\$0 (Tier 1)	MO
RUKOBIA	\$0 (Tier 1)	MO
SELZENTRY SOLN	\$0 (Tier 1)	MO
SELZENTRY TABS 25MG	\$0 (Tier 1)	
SELZENTRY TABS 75MG	\$0 (Tier 1)	
<i>stavudine</i>	\$0 (Tier 1)	MO
SUNLENCA INJ	\$0 (Tier 1)	QL (3 ML per 180 days) LA MO
SUNLENCA TBPK (5 TAB PACK) 300MG	\$0 (Tier 1)	QL (10 EA per 365 days) LA MO
SUNLENCA TBPK (4 TAB PACK) 300MG	\$0 (Tier 1)	QL (8 EA per 365 days) LA MO
<i>tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
TIVICAY PD	\$0 (Tier 1)	MO
TIVICAY TABS 10MG	\$0 (Tier 1)	MO
TIVICAY TABS 25MG, 50MG	\$0 (Tier 1)	MO
TROGARZO	\$0 (Tier 1)	LA MO
TYBOST	\$0 (Tier 1)	MO
VIRACEPT	\$0 (Tier 1)	MO
VIREAD ORAL POWDER, TABS 150MG, 200MG, 250MG	\$0 (Tier 1)	MO
<i>zidovudine caps, syrp</i>	\$0 (Tier 1)	MO
<i>zidovudine tabs</i>	\$0 (Tier 1)	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	\$0 (Tier 1)	MO
BIKTARVY	\$0 (Tier 1)	MO
CIMDUO	\$0 (Tier 1)	MO
COMPLERA	\$0 (Tier 1)	MO
DELSTRIGO	\$0 (Tier 1)	MO
DESCOVY	\$0 (Tier 1)	MO
DOVATO	\$0 (Tier 1)	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
<i>emtricitabine/tenofovir disoproxil</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EVOTAZ	\$0 (Tier 1)	MO

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GENVOYA	\$0 (Tier 1)	MO
JULUCA	\$0 (Tier 1)	MO
<i>lamivudine/zidovudine</i>	\$0 (Tier 1)	MO
<i>lopinavir/ritonavir soln</i>	\$0 (Tier 1)	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	\$0 (Tier 1)	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	\$0 (Tier 1)	MO
ODEFSEY	\$0 (Tier 1)	MO
PREZCOBIX	\$0 (Tier 1)	MO
STRIBILD	\$0 (Tier 1)	MO
SYMTUZA	\$0 (Tier 1)	MO
TEMIXYS	\$0 (Tier 1)	MO
TRIUMEQ	\$0 (Tier 1)	MO
TRIUMEQ PD	\$0 (Tier 1)	MO
TRIZIVIR	\$0 (Tier 1)	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	\$0 (Tier 1)	MO
<i>ethambutol hydrochloride</i>	\$0 (Tier 1)	MO
<i>isoniazid tabs</i>	\$0 (Tier 1)	MO
<i>isoniazid inj</i>	\$0 (Tier 1)	
<i>isoniazid syrp</i>	\$0 (Tier 1)	MO
PASER	\$0 (Tier 1)	MO
PRETOMANID	\$0 (Tier 1)	QL (30 EA per 30 days) PA
PRIFTIN	\$0 (Tier 1)	MO
<i>pyrazinamide</i>	\$0 (Tier 1)	MO
<i>rifabutin</i>	\$0 (Tier 1)	MO
<i>rifampin caps</i>	\$0 (Tier 1)	MO
<i>rifampin inj</i>	\$0 (Tier 1)	
SIRTURO	\$0 (Tier 1)	PA LA
TRECTOR	\$0 (Tier 1)	MO
ANTIVIRALS		
<i>acyclovir</i>	\$0 (Tier 1)	MO
<i>acyclovir sodium</i>	\$0 (Tier 1)	B/D
<i>adefovir dipivoxil</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLN	\$0 (Tier 1)	QL (630 ML per 30 days) MO
<i>entecavir</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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EPCLUSA	\$0 (Tier 1)	PA
EPIVIR HBV ORAL SOLN	\$0 (Tier 1)	MO
<i>famciclovir tabs 500mg</i>	\$0 (Tier 1)	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	\$0 (Tier 1)	B/D
HARVONI	\$0 (Tier 1)	PA
<i>lamivudine tabs 100mg</i>	\$0 (Tier 1)	MO
MAVYRET	\$0 (Tier 1)	PA
<i>oseltamivir phosphate caps 30mg</i>	\$0 (Tier 1)	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate caps 45mg, 75mg</i>	\$0 (Tier 1)	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral susp</i>	\$0 (Tier 1)	QL (1080 ML per 365 days) MO
PEGASYS	\$0 (Tier 1)	PA
PREVYMIS TABS	\$0 (Tier 1)	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	\$0 (Tier 1)	QL (120 EA per 365 days) MO
<i>ribavirin caps</i>	\$0 (Tier 1)	
<i>ribavirin tabs</i>	\$0 (Tier 1)	
<i>rimantadine hydrochloride</i>	\$0 (Tier 1)	MO
<i>valacyclovir hcl tabs 1gm</i>	\$0 (Tier 1)	MO
<i>valacyclovir hydrochloride tabs 500mg</i>	\$0 (Tier 1)	MO
<i>valganciclovir hydrochloride oral soln</i>	\$0 (Tier 1)	MO
<i>valganciclovir tabs</i>	\$0 (Tier 1)	MO
VEMLIDY	\$0 (Tier 1)	MO
VOSEVI	\$0 (Tier 1)	PA
CEPHALOSPORINS		
CEFACLOR ER	\$0 (Tier 1)	MO
<i>cefaclor susr</i>	\$0 (Tier 1)	
<i>cefaclor caps</i>	\$0 (Tier 1)	MO
<i>cefadroxil</i>	\$0 (Tier 1)	MO
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	\$0 (Tier 1)	
CEFAZOLIN SODIUM INJ 100GM, 300GM	\$0 (Tier 1)	
<i>cefazolin sodium inj 1gm</i>	\$0 (Tier 1)	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	\$0 (Tier 1)	MO
CEFAZOLIN INJ 2GM/100ML; 4%	\$0 (Tier 1)	
CEFAZOLIN INJ 2GM, 3GM	\$0 (Tier 1)	
<i>cefazolin inj 2gm</i>	\$0 (Tier 1)	

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<i>cefdinir</i>	\$0 (Tier 1)	MO
<i>cefepime inj 1gm, 2gm</i>	\$0 (Tier 1)	MO
<i>cefepime hydrochloride</i>	\$0 (Tier 1)	MO
<i>cefixime caps</i>	\$0 (Tier 1)	MO
<i>cefixime oral susp</i>	\$0 (Tier 1)	MO
<i>cefotetan inj 1gm/10ml, 2gm/20ml</i>	\$0 (Tier 1)	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil</i>	\$0 (Tier 1)	MO
<i>cefprozil</i>	\$0 (Tier 1)	MO
CEFTAZIDIME/DEXTROSE	\$0 (Tier 1)	
<i>ceftazidime inj 6gm</i>	\$0 (Tier 1)	
<i>ceftazidime inj 1gm, 2gm</i>	\$0 (Tier 1)	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	\$0 (Tier 1)	
CEFTRIAXONE SODIUM INJ 100GM	\$0 (Tier 1)	
<i>ceftriaxone sodium inj 1gm</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	\$0 (Tier 1)	MO
<i>cefuroxime axetil</i>	\$0 (Tier 1)	MO
<i>cefuroxime sodium inj 1.5gm</i>	\$0 (Tier 1)	
<i>cefuroxime sodium inj 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin caps 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>cephalexin caps 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin oral susp, tabs</i>	\$0 (Tier 1)	MO
SUPRAX ORAL SUSP 500MG/ML	\$0 (Tier 1)	
<i>tazicef</i>	\$0 (Tier 1)	
TEFLARO	\$0 (Tier 1)	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	\$0 (Tier 1)	MO
<i>azithromycin tabs</i>	\$0 (Tier 1)	MO
<i>azithromycin oral susp</i>	\$0 (Tier 1)	MO
<i>azithromycin inj</i>	\$0 (Tier 1)	MO
<i>clarithromycin er</i>	\$0 (Tier 1)	MO
<i>clarithromycin tabs</i>	\$0 (Tier 1)	MO
<i>clarithromycin oral susp</i>	\$0 (Tier 1)	MO
DIFICID ORAL SUSP	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIFICID TABS	\$0 (Tier 1)	MO
<i>erythrocine stearate</i>	\$0 (Tier 1)	MO
<i>erythromycin base</i>	\$0 (Tier 1)	MO
<i>erythromycin dr</i>	\$0 (Tier 1)	MO
<i>erythromycin ethylsuccinate tabs</i>	\$0 (Tier 1)	MO
<i>erythromycin lactobionate</i>	\$0 (Tier 1)	
<i>erythromycin cpep 250mg</i>	\$0 (Tier 1)	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	\$0 (Tier 1)	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	\$0 (Tier 1)	MO
<i>levofloxacin in d5w</i>	\$0 (Tier 1)	
<i>levofloxacin inj 25mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral soln 25mg/ml</i>	\$0 (Tier 1)	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	\$0 (Tier 1)	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	\$0 (Tier 1)	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	\$0 (Tier 1)	
<i>moxifloxacin hydrochloride tabs 400mg</i>	\$0 (Tier 1)	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium er</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium oral susp 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium oral susp 250mg/5ml; 62.5mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin caps, chew, tabs</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amoxicillin oral susp 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin oral susp 400mg/5ml</i>	\$0 (Tier 1)	MO
<i>ampicillin</i>	\$0 (Tier 1)	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm, 250mg, 2gm</i>	\$0 (Tier 1)	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	\$0 (Tier 1)	MO
<i>ampicillin-sulbactam</i>	\$0 (Tier 1)	
<i>ampicillin/sulbactam</i>	\$0 (Tier 1)	
BICILLIN L-A	\$0 (Tier 1)	MO
<i>dicloxacillin sodium</i>	\$0 (Tier 1)	MO
<i>nafcillin sodium inj 1gm</i>	\$0 (Tier 1)	
<i>nafcillin sodium inj 2gm</i>	\$0 (Tier 1)	MO
<i>nafcillin sodium inj 10gm, 2gm</i>	\$0 (Tier 1)	
<i>oxacillin sodium</i>	\$0 (Tier 1)	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	\$0 (Tier 1)	
<i>penicillin g potassium inj 2000000unit</i>	\$0 (Tier 1)	MO
<i>penicillin g potassium inj 5000000unit</i>	\$0 (Tier 1)	MO
PENICILLIN G PROCAINE	\$0 (Tier 1)	MO
<i>penicillin g sodium</i>	\$0 (Tier 1)	
<i>penicillin v potassium tabs</i>	\$0 (Tier 1)	MO
<i>penicillin v potassium solr</i>	\$0 (Tier 1)	MO
<i>piperacillin sodium/tazobactam sodium</i>	\$0 (Tier 1)	
TETRACYCLINES		
<i>doxy 100</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate caps 100mg, 50mg, tabs 100mg, 20mg</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate inj</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate caps 50mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate caps 100mg, 150mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tabs 150mg</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxycycline oral susp 25mg/5ml</i>	\$0 (Tier 1)	MO
<i>minocycline hcl caps 75mg</i>	\$0 (Tier 1)	MO
<i>minocycline hcl tabs 50mg, 75mg</i>	\$0 (Tier 1)	ST MO
<i>minocycline hcl caps 100mg, 50mg</i>	\$0 (Tier 1)	MO
<i>mondoxyne nl</i>	\$0 (Tier 1)	
NUZYRA	\$0 (Tier 1)	LA
<i>tetracycline hydrochloride</i>	\$0 (Tier 1)	MO
<i>tigecycline</i>	\$0 (Tier 1)	
ANTINEOPLASTIC AGENTS		
<i>ALKYLATING AGENTS</i>		
CYCLOPHOSPHAMIDE TABS	\$0 (Tier 1)	B/D
<i>cyclophosphamide caps</i>	\$0 (Tier 1)	B/D MO
GLEOSTINE CAPS 10MG, 40MG	\$0 (Tier 1)	
GLEOSTINE CAPS 100MG	\$0 (Tier 1)	
LEUKERAN	\$0 (Tier 1)	MO
<i>ANTIMETABOLITES</i>		
INQOVI	\$0 (Tier 1)	QL (5 EA per 28 days) PA LA
LONSURF	\$0 (Tier 1)	PA LA
<i>mercaptopurine</i>	\$0 (Tier 1)	MO
<i>methotrexate</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium inj 1gm</i>	\$0 (Tier 1)	
ONUREG	\$0 (Tier 1)	QL (14 EA per 28 days) PA LA
PURIXAN	\$0 (Tier 1)	
TABLOID	\$0 (Tier 1)	MO
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate</i>	\$0 (Tier 1)	PA
AKEEGA	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
<i>anastrozole</i>	\$0 (Tier 1)	MO
<i>bicalutamide</i>	\$0 (Tier 1)	MO
ELIGARD	\$0 (Tier 1)	PA
EMCYT	\$0 (Tier 1)	MO
ERLEADA	\$0 (Tier 1)	PA LA
<i>exemestane</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>flutamide</i>	\$0 (Tier 1)	MO
<i>letrozole</i>	\$0 (Tier 1)	MO
<i>leuprolide acetate</i>	\$0 (Tier 1)	PA
LUPRON DEPOT (1-MONTH) 3.75MG	\$0 (Tier 1)	PA
LUPRON DEPOT (3-MONTH) 11.25MG	\$0 (Tier 1)	PA
LYSODREN	\$0 (Tier 1)	
<i>megestrol acetate tabs 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>nilutamide</i>	\$0 (Tier 1)	MO
NUBEQA	\$0 (Tier 1)	PA LA
ORGOVYX	\$0 (Tier 1)	PA LA
ORSERDU TABS 345MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
ORSERDU TABS 86MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
SOLTAMOX	\$0 (Tier 1)	MO
<i>tamoxifen citrate</i>	\$0 (Tier 1)	MO
<i>toremifene citrate</i>	\$0 (Tier 1)	PA MO
XTANDI	\$0 (Tier 1)	PA LA
ZYTIGA TABS 500MG	\$0 (Tier 1)	PA LA
IMMUNOMODULATORS		
<i>lenalidomide caps 20mg, 25mg</i>	\$0 (Tier 1)	QL (21 EA per 28 days) PA LA
<i>lenalidomide caps 10mg, 15mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (28 EA per 28 days) PA LA
POMALYST	\$0 (Tier 1)	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 20MG, 25MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 10MG, 15MG, 2.5MG, 5MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA LA
THALOMID CAPS 150MG, 200MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA
MISCELLANEOUS		
ASPARLAS	\$0 (Tier 1)	PA LA
BESREMI	\$0 (Tier 1)	QL (2 ML per 28 days) PA LA
<i>bexarotene caps 75mg</i>	\$0 (Tier 1)	PA
<i>hydroxyurea</i>	\$0 (Tier 1)	MO
KISQALI FEMARA 200 DOSE	\$0 (Tier 1)	PA
KISQALI FEMARA 400 DOSE	\$0 (Tier 1)	PA
KISQALI FEMARA 600 DOSE	\$0 (Tier 1)	PA
MATULANE	\$0 (Tier 1)	LA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ONCASPAR	\$0 (Tier 1)	PA
SYNRIBO	\$0 (Tier 1)	PA
<i>tretinoin caps 10mg</i>	\$0 (Tier 1)	MO
WELIREG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
MOLECULAR TARGET AGENTS		
ALECENSA	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA
ALUNBRIG TBPk	\$0 (Tier 1)	PA LA
ALUNBRIG TABS 30MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
ALUNBRIG TABS 180MG, 90MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
AYVAKIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
BALVERSA TABS 5MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA LA
BALVERSA TABS 4MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA
BALVERSA TABS 3MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA
BOSULIF TABS 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA
BOSULIF TABS 400MG, 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA
BRAFTOVI	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
BRUKINSA	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
CABOMETYX	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
CALQUENCE	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
CAPRELSA TABS 300MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
CAPRELSA TABS 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
COMETRIQ KIT 140MG/DAY	\$0 (Tier 1)	QL (112 EA per 28 days) PA LA
COMETRIQ KIT 100MG/DAY	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA
COMETRIQ KIT 20MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA
COPIKTRA	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA
COTELLIC	\$0 (Tier 1)	QL (63 EA per 28 days) PA LA
DAURISMO TABS 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
DAURISMO TABS 25MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
ERIVEDGE	\$0 (Tier 1)	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA
<i>everolimus tbso 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) PA
<i>everolimus tbso 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA
<i>everolimus tbso 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EXKIVITY	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
FARYDAK	\$0 (Tier 1)	PA LA
FOTIVDA	\$0 (Tier 1)	QL (21 EA per 28 days) PA LA
GAVRETO	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
<i>gefitinib</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA
GILOTRIF	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
IBRANCE	\$0 (Tier 1)	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 10MG, 30MG	\$0 (Tier 1)	PA LA
ICLUSIG TABS 15MG, 45MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
IDHIFA	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
IMBRUVICA ORAL SUSP	\$0 (Tier 1)	QL (216 ML per 27 days) PA LA
IMBRUVICA TABS	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
IMBRUVICA CAPS 70MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
IMBRUVICA CAPS 140MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
INLYTA TABS 5MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
INREBIC	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
IRESSA	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
JAKAFI	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
JAYPIRCA TABS 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
JAYPIRCA TABS 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
KISQALI	\$0 (Tier 1)	PA
KRAZATI	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
<i>lapatinib ditosylate</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	\$0 (Tier 1)	PA LA
LENVIMA 12MG DAILY DOSE	\$0 (Tier 1)	PA LA
LENVIMA 14 MG DAILY DOSE	\$0 (Tier 1)	PA LA
LENVIMA 18 MG DAILY DOSE	\$0 (Tier 1)	PA LA
LENVIMA 20 MG DAILY DOSE	\$0 (Tier 1)	PA LA
LENVIMA 24 MG DAILY DOSE	\$0 (Tier 1)	PA LA
LENVIMA 4 MG DAILY DOSE	\$0 (Tier 1)	PA LA
LENVIMA 8 MG DAILY DOSE	\$0 (Tier 1)	PA LA
LORBRENA TABS 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA

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LORBRENA TABS 25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
LUMAKRAS TABS 120MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA
LUMAKRAS TABS 320MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
LYNPARZA	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
LYTGOBI TBPK 16MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA LA
LYTGOBI TBPK 20MG	\$0 (Tier 1)	QL (140 EA per 28 days) PA LA
LYTGOBI TBPK 12MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA
MEKINIST SOLR	\$0 (Tier 1)	QL (1260 ML per 30 days) PA LA
MEKINIST TABS 2MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
MEKINIST TABS 0.5MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
MEKTOVI	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
NERLYNX	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
NEXAVAR	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
NINLARO	\$0 (Tier 1)	PA
ODOMZO	\$0 (Tier 1)	PA LA
OJJAARA	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
PEMAZYRE	\$0 (Tier 1)	QL (14 EA per 21 days) PA LA
PIQRAY 200MG DAILY DOSE	\$0 (Tier 1)	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	\$0 (Tier 1)	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	\$0 (Tier 1)	QL (56 EA per 28 days) PA
QINLOCK	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
RETEVMO CAPS 80MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
RETEVMO CAPS 40MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
REZLIDHIA	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
<i>romidepsin inj 10MG</i>	\$0 (Tier 1)	
ROZLYTREK CAPS 100MG	\$0 (Tier 1)	QL (150 EA per 30 days) PA LA
ROZLYTREK CAPS 200MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
RUBRACA	\$0 (Tier 1)	PA LA
RYDAPT	\$0 (Tier 1)	QL (224 EA per 28 days) PA
SCSEMBLIX TABS 40MG	\$0 (Tier 1)	QL (300 EA per 30 days) PA
SCSEMBLIX TABS 20MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA
<i>sorafenib tosylate</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA

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STIVARGA	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA
<i>sunitinib malate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA
TABRECTA	\$0 (Tier 1)	QL (112 EA per 28 days) PA
TAFINLAR CAPS	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
TAFINLAR TBSO	\$0 (Tier 1)	QL (900 EA per 30 days) PA LA
TAGRISSE	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
TALZENNA CAPS 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
TALZENNA CAPS 0.25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
TASIGNA	\$0 (Tier 1)	QL (120 EA per 30 days) PA
TAZVERIK	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA
TECVAYLI	\$0 (Tier 1)	PA LA
TEPMETKO	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
TIBSOVO	\$0 (Tier 1)	PA LA
TRUSELTIQ CPPK 100MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA LA
TRUSELTIQ CPPK 0, 25MG	\$0 (Tier 1)	QL (42 EA per 28 days) PA LA
TRUSELTIQ CPPK 25MG	\$0 (Tier 1)	QL (63 EA per 28 days) PA LA
TRUXIMA	\$0 (Tier 1)	PA
TUKYSA TABS 150MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
TUKYSA TABS 50MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA
TURALIO	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
UKONIQ	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
VANFLYTA	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA
VENCLEXTA STARTING PACK	\$0 (Tier 1)	QL (42 EA per 28 days) PA LA
VENCLEXTA TABS 10MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
VERZENIO	\$0 (Tier 1)	PA LA
VITRAKVI SOLN	\$0 (Tier 1)	QL (300 ML per 30 days) PA LA
VITRAKVI CAPS 25MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
VITRAKVI CAPS 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
VIZIMPRO	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
VONJO	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
VOTRIENT	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
XALKORI	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA

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XOSPATA	\$0 (Tier 1)	PA LA
XPOVIO 60 MG TWICE WEEKLY	\$0 (Tier 1)	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY	\$0 (Tier 1)	QL (32 EA per 28 days) PA LA
XPOVIO TBPk 40MG, 60MG	\$0 (Tier 1)	QL (4 EA per 28 days) PA LA
XPOVIO TBPk 40MG, 50MG	\$0 (Tier 1)	QL (8 EA per 28 days) PA LA
ZEJULA CAPS	\$0 (Tier 1)	PA LA
ZEJULA TABS	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
ZELBORAF	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA
ZIRABEV	\$0 (Tier 1)	PA LA
ZOLINZA	\$0 (Tier 1)	PA
ZYDELIG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
ZYKADIA	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA
PROTECTIVE AGENTS		
<i>leucovorin calcium tabs</i>	\$0 (Tier 1)	MO
MESNEX TABS 400MG	\$0 (Tier 1)	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>captopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>enalapril maleate/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>lisinopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	\$0 (Tier 1)	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg, 25mg; 20mg</i>	\$0 (Tier 1)	MO
<i>trandolapril/verapamil hcl er</i>	\$0 (Tier 1)	MO
ACE INHIBITORS		
<i>benazepril hcl</i>	\$0 (Tier 1)	MO
<i>benazepril hydrochloride</i>	\$0 (Tier 1)	MO
<i>captopril</i>	\$0 (Tier 1)	MO
<i>enalapril maleate tabs</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lisinopril</i>	\$0 (Tier 1)	MO
<i>moexipril hcl</i>	\$0 (Tier 1)	MO
<i>perindopril erbumine</i>	\$0 (Tier 1)	MO
<i>quinapril hcl</i>	\$0 (Tier 1)	MO
<i>quinapril hydrochloride</i>	\$0 (Tier 1)	MO
<i>ramipril</i>	\$0 (Tier 1)	MO
<i>trandolapril</i>	\$0 (Tier 1)	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	\$0 (Tier 1)	MO
KERENDIA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>spironolactone</i>	\$0 (Tier 1)	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	\$0 (Tier 1)	MO
<i>prazosin hydrochloride</i>	\$0 (Tier 1)	MO
<i>terazosin hcl</i>	\$0 (Tier 1)	MO
<i>terazosin hydrochloride</i>	\$0 (Tier 1)	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBYCLOR	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ENTRESTO	\$0 (Tier 1)	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 32mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tabs 16mg, 4mg, 8mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBI	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tabs 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tabs 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>telmisartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	\$0 (Tier 1)	
<i>amiodarone hydrochloride tabs</i>	\$0 (Tier 1)	MO
<i>amiodarone hydrochloride inj</i>	\$0 (Tier 1)	
<i>disopyramide phosphate</i>	\$0 (Tier 1)	PA MO
<i>dofetilide</i>	\$0 (Tier 1)	
<i>flecainide acetate</i>	\$0 (Tier 1)	MO
LIDOCAINE HCL IN D5W	\$0 (Tier 1)	
LIDOCAINE HCL INJ 100MG/5ML VIALS	\$0 (Tier 1)	
<i>lidocaine hcl inj 100mg/5ml prefilled syringe, 50mg/5ml prefilled syringe with needle</i>	\$0 (Tier 1)	
MULTAQ	\$0 (Tier 1)	MO
NORPACE CR	\$0 (Tier 1)	MO
<i>pacerone</i>	\$0 (Tier 1)	
<i>propafenone hcl</i>	\$0 (Tier 1)	MO
<i>propafenone hydrochloride er</i>	\$0 (Tier 1)	MO
<i>quinidine sulfate</i>	\$0 (Tier 1)	MO
<i>sorine tabs 160mg, 240mg, 80mg</i>	\$0 (Tier 1)	

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<i>sorine tabs 120mg</i>	\$0 (Tier 1)	MO
<i>sotalol hcl</i>	\$0 (Tier 1)	MO
<i>sotalol hydrochloride (af)</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized caps 150mg, 134mg, 130mg, 200mg, 67mg, 50mg, 43mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate tabs 145mg, 160mg, 40mg, 48mg, 54mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate tabs 120mg</i>	\$0 (Tier 1)	MO
<i>fenofibric acid dr</i>	\$0 (Tier 1)	MO
<i>gemfibrozil</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lovastatin</i>	\$0 (Tier 1)	MO
<i>pravastatin sodium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>simvastatin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	\$0 (Tier 1)	MO
<i>cholestyramine light</i>	\$0 (Tier 1)	MO
<i>colesevelam hydrochloride</i>	\$0 (Tier 1)	MO
<i>colestipol hcl</i>	\$0 (Tier 1)	MO
<i>ezetimibe</i>	\$0 (Tier 1)	MO
<i>ezetimibe/simvastatin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>niacin</i>	\$0 (Tier 1)	MO
<i>niacin er tbc 1000mg, 750mg</i>	\$0 (Tier 1)	MO
<i>niacin er tbc 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>niacor</i>	\$0 (Tier 1)	MO
PRALUENT	\$0 (Tier 1)	PA
<i>prevalite</i>	\$0 (Tier 1)	
VASCEPA	\$0 (Tier 1)	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	\$0 (Tier 1)	MO

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<i>bisoprolol fumarate/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>metoprolol/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	\$0 (Tier 1)	MO
<i>atenolol</i>	\$0 (Tier 1)	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate</i>	\$0 (Tier 1)	MO
<i>carvedilol</i>	\$0 (Tier 1)	MO
<i>carvedilol phosphate er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>labetalol hydrochloride tabs</i>	\$0 (Tier 1)	MO
<i>labetalol hydrochloride inj 5mg/ml</i>	\$0 (Tier 1)	MO
<i>metoprolol succinate er</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate tabs</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate inj</i>	\$0 (Tier 1)	
<i>nadolol</i>	\$0 (Tier 1)	MO
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tabs 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>pindolol</i>	\$0 (Tier 1)	MO
<i>propranolol hcl er</i>	\$0 (Tier 1)	MO
<i>propranolol hcl oral soln, tabs</i>	\$0 (Tier 1)	MO
<i>propranolol hcl inj</i>	\$0 (Tier 1)	
<i>propranolol hydrochloride</i>	\$0 (Tier 1)	MO
<i>propranolol hydrochloride er</i>	\$0 (Tier 1)	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	\$0 (Tier 1)	
<i>amlodipine besylate</i>	\$0 (Tier 1)	MO
<i>cartia xt</i>	\$0 (Tier 1)	
<i>dilt-xr</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl cd</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl er</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl tabs</i>	\$0 (Tier 1)	MO
DILTIAZEM HCL INJ 100MG	\$0 (Tier 1)	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	\$0 (Tier 1)	
<i>diltiazem hydrochloride er</i>	\$0 (Tier 1)	MO

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<i>diltiazem hydrochloride tabs</i>	\$0 (Tier 1)	MO
<i>diltiazem hydrochloride inj</i>	\$0 (Tier 1)	
<i>felodipine er</i>	\$0 (Tier 1)	MO
<i>isradipine</i>	\$0 (Tier 1)	MO
<i>matzim la tb24 240mg, 360mg</i>	\$0 (Tier 1)	
<i>matzim la tb24 180mg, 300mg, 420mg</i>	\$0 (Tier 1)	MO
<i>nicardipine hcl caps 20mg, 30mg</i>	\$0 (Tier 1)	MO
<i>nifedipine er tb24 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	\$0 (Tier 1)	MO
<i>nifedipine er tb24 30mg, 60mg</i>	\$0 (Tier 1)	MO
<i>nisoldipine er</i>	\$0 (Tier 1)	MO
<i>taztia xt</i>	\$0 (Tier 1)	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 1)	
<i>tiadylt er cp24 420mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl</i>	\$0 (Tier 1)	MO
<i>verapamil hcl er tbc 120mg, 240mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 1)	MO
VERAPAMIL HCL SR CP24 360MG	\$0 (Tier 1)	MO
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl sr tbc 240mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl er tbc 180mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride er cp24 200mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride tabs</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride inj</i>	\$0 (Tier 1)	MO
DIURETICS		
<i>acetazolamide er caps</i>	\$0 (Tier 1)	MO
<i>acetazolamide tabs</i>	\$0 (Tier 1)	MO
<i>amiloride hcl</i>	\$0 (Tier 1)	MO
<i>amiloride/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>bumetanide tabs</i>	\$0 (Tier 1)	MO
<i>bumetanide inj</i>	\$0 (Tier 1)	MO
<i>chlorthalidone</i>	\$0 (Tier 1)	MO
<i>furosemide oral soln, tabs</i>	\$0 (Tier 1)	MO

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<i>furosemide inj</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>indapamide</i>	\$0 (Tier 1)	MO
<i>methazolamide</i>	\$0 (Tier 1)	MO
<i>metolazone</i>	\$0 (Tier 1)	MO
<i>spironolactone/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>torsemide</i>	\$0 (Tier 1)	MO
<i>triamterene/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>aliskiren</i>	\$0 (Tier 1)	MO
<i>amlodipine besylate/atorvastatin calcium</i>	\$0 (Tier 1)	MO
BIDIL	\$0 (Tier 1)	MO
<i>clonidine hcl ptwk 0.1mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
<i>clonidine hcl ptwk 0.2mg/24hr, 0.3mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tabs</i>	\$0 (Tier 1)	MO
CORLANOR SOLN	\$0 (Tier 1)	
CORLANOR TABS	\$0 (Tier 1)	MO
<i>digitek</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>digox</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>digoxin oral soln</i>	\$0 (Tier 1)	MO
<i>digoxin inj</i>	\$0 (Tier 1)	MO
<i>digoxin tabs 125mcg, 250mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>digoxin tabs 62.5mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>droxidopa caps 200mg, 300mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>guanfacine hydrochloride tabs 1mg, 2mg</i>	\$0 (Tier 1)	PA MO
<i>hydralazine hcl tabs</i>	\$0 (Tier 1)	MO
<i>hydralazine hcl inj</i>	\$0 (Tier 1)	MO
<i>hydralazine hydrochloride</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	\$0 (Tier 1)	MO
<i>metyrosine</i>	\$0 (Tier 1)	PA MO
<i>midodrine hcl tabs 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>midodrine hcl tabs 10mg</i>	\$0 (Tier 1)	MO
<i>minoxidil</i>	\$0 (Tier 1)	MO
<i>ranolazine er</i>	\$0 (Tier 1)	MO

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NITRATES		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate tabs 40mg</i>	\$0 (Tier 1)	MO
<i>isosorbide mononitrate</i>	\$0 (Tier 1)	MO
<i>isosorbide mononitrate er</i>	\$0 (Tier 1)	MO
NITRO-BID	\$0 (Tier 1)	MO
<i>nitroglycerin lingual spray</i>	\$0 (Tier 1)	MO
<i>nitroglycerin transdermal</i>	\$0 (Tier 1)	MO
NITROGLYCERIN INJ	\$0 (Tier 1)	
<i>nitroglycerin subl</i>	\$0 (Tier 1)	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
<i>alyq</i>	\$0 (Tier 1)	PA
<i>ambrisentan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
<i>bosentan tabs 62.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
<i>bosentan tabs 125mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	\$0 (Tier 1)	B/D LA
OPSUMIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
<i>sildenafil inj</i>	\$0 (Tier 1)	QL (1125 ML per 30 days) PA
<i>sildenafil citrate (generic Revatio) tabs 20mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) PA
<i>tadalafil (generic Adcirca) tabs 20mg</i>	\$0 (Tier 1)	PA
TRACLEER TAB FOR ORAL SUSP 32MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
VENTAVIS	\$0 (Tier 1)	PA LA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam er tabs 0.5mg</i>	\$0 (Tier 1)	MO
ALPRAZOLAM INTENSOL	\$0 (Tier 1)	QL (300 ML per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>bupirone hcl</i>	\$0 (Tier 1)	MO
<i>bupirone hydrochloride</i>	\$0 (Tier 1)	MO
<i>chlordiazepoxide hcl</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>chlordiazepoxide hydrochloride</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>fluvoxamine maleate</i>	\$0 (Tier 1)	MO

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<i>fluvoxamine maleate er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>lorazepam intensol</i>	\$0 (Tier 1)	QL (150 ML per 30 days) MO
<i>lorazepam inj</i>	\$0 (Tier 1)	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>lorazepam tabs 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>oxazepam</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
ANTICONVULSANTS		
APTOM TABS 200MG, 400MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
APTOM TABS 600MG, 800MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BRIVIACT TABS	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
BRIVIACT INJ	\$0 (Tier 1)	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLN	\$0 (Tier 1)	QL (600 ML per 30 days) PA MO
<i>carbamazepine er cp12</i>	\$0 (Tier 1)	MO
<i>carbamazepine er tb12 100mg</i>	\$0 (Tier 1)	MO
<i>carbamazepine er tb12 200mg, 400mg</i>	\$0 (Tier 1)	MO
<i>carbamazepine chew, tabs</i>	\$0 (Tier 1)	MO
<i>carbamazepine susp</i>	\$0 (Tier 1)	MO
CELONTIN	\$0 (Tier 1)	MO
<i>clobazam susp</i>	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO
<i>clobazam tabs</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>clonazepam odt tbdp 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
DIACOMIT CAPS 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
DIACOMIT CAPS 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA LA
DIACOMIT PACK 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
DIACOMIT PACK 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA LA
<i>diazepam intensol</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO
DIAZEPAM RECTAL GEL	\$0 (Tier 1)	MO
<i>diazepam conc</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO
<i>diazepam tabs</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diazepam oral soln</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) PA MO
<i>diazepam inj</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO
DILANTIN	\$0 (Tier 1)	MO
DILANTIN INFATABS	\$0 (Tier 1)	MO
DILANTIN-125	\$0 (Tier 1)	MO
<i>divalproex sodium</i>	\$0 (Tier 1)	MO
<i>divalproex sodium dr</i>	\$0 (Tier 1)	MO
<i>divalproex sodium er</i>	\$0 (Tier 1)	MO
EPIDIOLEX	\$0 (Tier 1)	QL (600 ML per 30 days) PA LA
<i>epitol</i>	\$0 (Tier 1)	
EPRONTIA	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO
<i>ethosuximide caps</i>	\$0 (Tier 1)	MO
<i>ethosuximide soln</i>	\$0 (Tier 1)	MO
<i>felbamate</i>	\$0 (Tier 1)	MO
FINTEPLA	\$0 (Tier 1)	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	\$0 (Tier 1)	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	\$0 (Tier 1)	MO
FYCOMPA SUSP	\$0 (Tier 1)	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>gabapentin caps 100mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin caps 400mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) MO
<i>gabapentin caps 300mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) MO
<i>gabapentin soln</i>	\$0 (Tier 1)	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>lacosamide inj</i>	\$0 (Tier 1)	
<i>lacosamide oral soln</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) MO
<i>lacosamide tabs 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>lamotrigine er</i>	\$0 (Tier 1)	MO
<i>lamotrigine immediate release tabs, chew tabs</i>	\$0 (Tier 1)	MO
<i>lamotrigine odt</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lamotrigine starter kit/blue</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/green</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/orange</i>	\$0 (Tier 1)	MO
<i>levetiracetam er</i>	\$0 (Tier 1)	MO
<i>levetiracetam/sodium chloride</i>	\$0 (Tier 1)	
<i>levetiracetam oral soln, tabs</i>	\$0 (Tier 1)	MO
<i>levetiracetam inj</i>	\$0 (Tier 1)	
<i>methsuximide</i>	\$0 (Tier 1)	MO
NAYZILAM	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tabs</i>	\$0 (Tier 1)	MO
<i>oxcarbazepine susp</i>	\$0 (Tier 1)	MO
<i>phenobarbital sodium</i>	\$0 (Tier 1)	PA
<i>phenobarbital tabs</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	\$0 (Tier 1)	QL (1500 ML per 30 days) PA MO
<i>phenytek</i>	\$0 (Tier 1)	MO
<i>phenytoin</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended</i>	\$0 (Tier 1)	MO
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>primidone</i>	\$0 (Tier 1)	MO
<i>roweepira</i>	\$0 (Tier 1)	
<i>rufinamide susp</i>	\$0 (Tier 1)	QL (2760 ML per 30 days) PA MO
<i>rufinamide tabs 200mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days) PA MO
<i>rufinamide tabs 400mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO
SPRITAM	\$0 (Tier 1)	PA MO
<i>subvenite</i>	\$0 (Tier 1)	
<i>subvenite starter kit/blue</i>	\$0 (Tier 1)	
<i>subvenite starter kit/green</i>	\$0 (Tier 1)	
<i>subvenite starter kit/orange</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMPAZAN	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>tiagabine hydrochloride</i>	\$0 (Tier 1)	MO
<i>topiramate er</i>	\$0 (Tier 1)	MO
<i>topiramate cpsp</i>	\$0 (Tier 1)	MO
<i>topiramate tabs 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>topiramate tabs 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>topiramate tabs 25mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>valproate sodium</i>	\$0 (Tier 1)	
<i>valproic acid</i>	\$0 (Tier 1)	MO
VALTOCO 10 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
<i>vigadrone</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
XCOPRI TABS 100MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XCOPRI TABS 150MG, 200MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG; 25MG	\$0 (Tier 1)	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	\$0 (Tier 1)	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 150MG; 100MG, 200MG; 150MG	\$0 (Tier 1)	QL (56 EA per 28 days) MO
ZONISADE	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>zonisamide</i>	\$0 (Tier 1)	MO
ZTALMY	\$0 (Tier 1)	QL (1100 ML per 30 days) PA LA
ANTIDEMENTIA		
<i>donepezil hcl tbdp</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	\$0 (Tier 1)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	\$0 (Tier 1)	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	\$0 (Tier 1)	PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>memantine hydrochloride soln</i>	\$0 (Tier 1)	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
NAMZARIC	\$0 (Tier 1)	MO
<i>rivastigmine tartrate</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 100mg, 150mg, 75mg</i>	\$0 (Tier 1)	MO
<i>amitriptyline hydrochloride tabs 10mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>amoxapine</i>	\$0 (Tier 1)	MO
AUVELITY	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>bupropion hcl immediate release tabs 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>bupropion hcl immediate release tabs 75mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide soln</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>clomipramine hydrochloride caps</i>	\$0 (Tier 1)	PA MO
<i>desipramine hydrochloride tabs 10mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>desipramine hydrochloride tabs 100mg</i>	\$0 (Tier 1)	MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>doxepin hcl oral conc, caps 75mg</i>	\$0 (Tier 1)	MO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>duloxetine hcl caps 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>duloxetine hydrochloride caps 20mg, 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EMSAM	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate soln</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	\$0 (Tier 1)	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	\$0 (Tier 1)	PA MO
FETZIMA CP24 120MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>fluoxetine hcl soln</i>	\$0 (Tier 1)	MO
<i>fluoxetine hydrochloride caps 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg, 60mg, soln 20mg/5ml</i>	\$0 (Tier 1)	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>imipramine hydrochloride tabs 10mg</i>	\$0 (Tier 1)	MO
MARPLAN	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tabs 15mg, 30mg, 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tabs 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	\$0 (Tier 1)	MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	\$0 (Tier 1)	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	\$0 (Tier 1)	MO
<i>paroxetine hcl er tb24 37.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>paroxetine hcl tabs 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>paroxetine hydrochloride susp</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	\$0 (Tier 1)	PA MO
<i>phenelzine sulfate</i>	\$0 (Tier 1)	MO
<i>protriptyline hcl</i>	\$0 (Tier 1)	PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sertraline hcl oral conc</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride tabs 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>tranylcypromine sulfate</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tabs 300mg</i>	\$0 (Tier 1)	MO
<i>trimipramine maleate caps 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>trimipramine maleate caps 25mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO
<i>trimipramine maleate caps 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
TRINTELLIX	\$0 (Tier 1)	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er cp24 37.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>venlafaxine hydrochloride tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	\$0 (Tier 1)	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	\$0 (Tier 1)	MO
<i>vilazodone hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl soln, tabs</i>	\$0 (Tier 1)	MO
<i>amantadine hcl caps</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>benztropine mesylate inj</i>	\$0 (Tier 1)	MO
<i>benztropine mesylate tabs</i>	\$0 (Tier 1)	PA MO
<i>bromocriptine mesylate tabs, caps</i>	\$0 (Tier 1)	MO
<i>carbidopa tabs</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa er</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa odt</i>	\$0 (Tier 1)	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	\$0 (Tier 1)	MO
<i>entacapone</i>	\$0 (Tier 1)	MO
INBRIJA	\$0 (Tier 1)	QL (300 EA per 30 days) PA LA
NEUPRO	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pramipexole dihydrochloride immediate release tabs</i>	\$0 (Tier 1)	MO
<i>rasagiline mesylate</i>	\$0 (Tier 1)	MO
<i>ropinirole er tb24 6mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.25mg, 3mg</i>	\$0 (Tier 1)	MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	\$0 (Tier 1)	MO
<i>selegiline hcl tabs, caps</i>	\$0 (Tier 1)	MO
<i>trihexyphenidyl hcl oral soln</i>	\$0 (Tier 1)	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	\$0 (Tier 1)	PA MO
ANTIPSYCHOTICS		
ABILIFY MAINTENA	\$0 (Tier 1)	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
ARISTADA INITIO	\$0 (Tier 1)	
ARISTADA INJ 441MG/1.6ML	\$0 (Tier 1)	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	\$0 (Tier 1)	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	\$0 (Tier 1)	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
CAPLYTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>chlorpromazine hcl tabs</i>	\$0 (Tier 1)	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	\$0 (Tier 1)	
<i>chlorpromazine hcl inj 25mg/ml</i>	\$0 (Tier 1)	MO
<i>chlorpromazine hydrochloride oral conc</i>	\$0 (Tier 1)	
<i>chlorpromazine hydrochloride tabs</i>	\$0 (Tier 1)	MO
CLOZAPINE ODT TBDP 150MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA
CLOZAPINE ODT TBDP 200MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	\$0 (Tier 1)	PA

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<i>clozapine odt tbdp 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA
<i>clozapine tabs 25mg, 50mg</i>	\$0 (Tier 1)	
<i>clozapine tabs 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>clozapine tabs 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days)
FANAPT	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
FANAPT TITRATION PACK	\$0 (Tier 1)	PA MO
<i>fluphenazine decanoate inj</i>	\$0 (Tier 1)	MO
<i>fluphenazine hcl conc, tabs</i>	\$0 (Tier 1)	MO
<i>fluphenazine hcl inj</i>	\$0 (Tier 1)	MO
<i>fluphenazine hydrochloride oral elixir</i>	\$0 (Tier 1)	MO
<i>haloperidol decanoate inj</i>	\$0 (Tier 1)	MO
<i>haloperidol lactate inj</i>	\$0 (Tier 1)	MO
<i>haloperidol tabs</i>	\$0 (Tier 1)	MO
<i>haloperidol conc</i>	\$0 (Tier 1)	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	\$0 (Tier 1)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INJ 1560MG/5ML	\$0 (Tier 1)	QL (5 ML per 180 days)
INVEGA SUSTENNA INJ 39MG/0.25ML	\$0 (Tier 1)	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	\$0 (Tier 1)	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	\$0 (Tier 1)	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.88ML	\$0 (Tier 1)	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.32ML	\$0 (Tier 1)	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	\$0 (Tier 1)	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.63ML	\$0 (Tier 1)	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>loxapine</i>	\$0 (Tier 1)	MO
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lurasidone hydrochloride tabs 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>molindone hydrochloride tabs 10mg, 5mg</i>	\$0 (Tier 1)	
<i>molindone hydrochloride tabs 25mg</i>	\$0 (Tier 1)	
NUPLAZID	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olanzapine inj</i>	\$0 (Tier 1)	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>perphenazine</i>	\$0 (Tier 1)	MO
PERSERIS	\$0 (Tier 1)	QL (1 EA per 30 days)
<i>pimozide</i>	\$0 (Tier 1)	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	\$0 (Tier 1)	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	\$0 (Tier 1)	QL (2 EA per 28 days) MO
<i>risperidone odt tbdp 0.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>risperidone odt tbdp 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	\$0 (Tier 1)	QL (480 ML per 30 days) MO
<i>risperidone tabs 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
SECUADO	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	\$0 (Tier 1)	PA MO
<i>thiothixene</i>	\$0 (Tier 1)	MO
<i>trifluoperazine hcl tabs 2mg, 5mg</i>	\$0 (Tier 1)	MO
<i>trifluoperazine hcl tabs 10mg</i>	\$0 (Tier 1)	MO
<i>trifluoperazine hydrochloride tabs 1mg</i>	\$0 (Tier 1)	MO
VERSACLOZ	\$0 (Tier 1)	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VRAYLAR CAPS 3MG, 4.5MG, 6MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
VRAYLAR CAPS 1.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	\$0 (Tier 1)	QL (6 EA per 3 days) MO
ZYPREXA RELPREVV INJ 210MG	\$0 (Tier 1)	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	\$0 (Tier 1)	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	\$0 (Tier 1)	QL (2 EA per 28 days) PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine er cp24</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine caps 18mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps 20mg, 35mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs 5mg, 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er caps 10mg, 15mg, 30mg, 40mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er cp24 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate immediate release tabs 5mg, 10mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>guanfacine er tabs 2mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tb24 1mg, 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tb24 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride cd er caps 20mg, 30mg, 50mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride cd er caps 10mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tb24 18mg, 36mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 27mg, 54mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45MG, 63MG, 72MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbcr (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbcr 10mg, 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chew tabs</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
VYVANSE	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>zenzedi tabs 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
HYPNOTICS		
BELSOMRA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
DAYVIGO	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
HETLIOZ CAPS	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
HETLIOZ LQ ORAL SUSP	\$0 (Tier 1)	QL (158 ML per 30 days) PA LA
<i>tasimelteon</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA
<i>temazepam</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>triazolam tabs 0.125mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO

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MIGRAINE		
AIMOVIG	\$0 (Tier 1)	QL (1 ML per 30 days) PA
<i>dihydroergotamine mesylate inj</i>	\$0 (Tier 1)	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	\$0 (Tier 1)	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	\$0 (Tier 1)	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
NURTEC	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill inj</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate inj</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs 100mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tabs 25mg, 50mg</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT	\$0 (Tier 1)	QL (84 EA per 365 days) PA
AUSTEDO XR TB24 12MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA
AUSTEDO XR TB24 24MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA
AUSTEDO XR TB24 6MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA
AUSTEDO TABS 12MG, 9MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
<i>lithium carbonate caps, tabs</i>	\$0 (Tier 1)	MO
<i>lithium carbonate er</i>	\$0 (Tier 1)	MO
LITHIUM ORAL SOLN	\$0 (Tier 1)	MO
NUEDEXTA	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tb24 330mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tb24 165mg, 82.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tabs 60mg</i>	\$0 (Tier 1)	MO
<i>pyridostigmine bromide er</i>	\$0 (Tier 1)	MO
<i>riluzole</i>	\$0 (Tier 1)	MO
<i>tetrabenazine tabs 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
<i>tetrabenazine tabs 12.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA

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AVONEX	\$0 (Tier 1)	QL (1 EA per 28 days) PA
AVONEX PEN	\$0 (Tier 1)	QL (1 EA per 28 days) PA
BETASERON	\$0 (Tier 1)	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	\$0 (Tier 1)	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	\$0 (Tier 1)	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	\$0 (Tier 1)	PA
<i>fingolimod</i>	\$0 (Tier 1)	QL (28 EA per 28 days) PA
GILENYA CAPS 0.5MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA
KESIMPTA	\$0 (Tier 1)	QL (6.4 ML per 365 days) PA LA
TECFIDERA STARTER PACK	\$0 (Tier 1)	QL (120 EA per 365 days) PA LA
TECFIDERA CPDR 120MG	\$0 (Tier 1)	QL (14 EA per 7 days) PA LA
TECFIDERA CPDR 240MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
VUMERITY	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tabs</i>	\$0 (Tier 1)	MO
<i>chlorzoxazone tabs 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs 5mg, 10mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	\$0 (Tier 1)	MO
<i>tizanidine hcl caps 4mg, tabs 2mg</i>	\$0 (Tier 1)	MO
<i>tizanidine hydrochloride caps 2mg, 6mg, tabs 4mg</i>	\$0 (Tier 1)	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>armodafinil tabs 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	\$0 (Tier 1)	QL (540 ML per 30 days) PA LA
XYREM	\$0 (Tier 1)	QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	\$0 (Tier 1)	MO
<i>buprenorphine hcl subl 2mg, 8mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>disulfiram tabs</i>	\$0 (Tier 1)	MO
<i>naloxone hcl inj 2mg/2ml</i>	\$0 (Tier 1)	
<i>naloxone hcl inj 4mg/10ml</i>	\$0 (Tier 1)	MO
<i>naloxone hydrochloride nasal spray</i>	\$0 (Tier 1)	MO
<i>naloxone hydrochloride cartridge inj 0.4mg/ml</i>	\$0 (Tier 1)	
<i>naloxone hydrochloride vial inj 0.4mg/ml</i>	\$0 (Tier 1)	MO
<i>naltrexone hcl tabs</i>	\$0 (Tier 1)	MO
NICOTROL INHALER	\$0 (Tier 1)	MO
NICOTROL NASAL SPRAY	\$0 (Tier 1)	QL (360 ML per 365 days) MO
VARENICLINE STARTING MONTH BOX	\$0 (Tier 1)	PA MO
VARENICLINE TARTRATE TABS 1MG, 0.5MG	\$0 (Tier 1)	PA MO
VIVITROL	\$0 (Tier 1)	
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone</i>	\$0 (Tier 1)	
<i>oxandrolone tabs 2.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate inj</i>	\$0 (Tier 1)	MO
<i>testosterone enanthate inj</i>	\$0 (Tier 1)	PA MO
<i>testosterone pump gel 1%</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	\$0 (Tier 1)	MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	\$0 (Tier 1)	MO
BASAGLAR KWIKPEN	\$0 (Tier 1)	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	\$0 (Tier 1)	MO

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BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	\$0 (Tier 1)	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	\$0 (Tier 1)	MO
BD/NOVO PEN NEEDLE ULTRA-FINE	\$0 (Tier 1)	MO
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	\$0 (Tier 1)	MO
CURITY GAUZE PADS 2"X2"	\$0 (Tier 1)	MO
FIASP	\$0 (Tier 1)	MO
FIASP FLEXTOUCH	\$0 (Tier 1)	MO
FIASP PENFILL	\$0 (Tier 1)	MO
FIASP PUMPCART	\$0 (Tier 1)	B/D
HUMULIN R U-500 (CONCENTRATED)	\$0 (Tier 1)	B/D MO
HUMULIN R U-500 KWIKPEN	\$0 (Tier 1)	MO
LANTUS	\$0 (Tier 1)	MO
LANTUS SOLOSTAR	\$0 (Tier 1)	MO
LEVEMIR	\$0 (Tier 1)	MO
LEVEMIR FLEXPEN	\$0 (Tier 1)	MO
LEVEMIR FLEXTOUCH	\$0 (Tier 1)	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO

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NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG PENFILL	\$0 (Tier 1)	MO
SOLQUA 100/33	\$0 (Tier 1)	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	\$0 (Tier 1)	MO
TOUJEO SOLOSTAR	\$0 (Tier 1)	MO
TRESIBA	\$0 (Tier 1)	MO
TRESIBA FLEXTOUCH	\$0 (Tier 1)	MO
XULTOPHY 100/3.6	\$0 (Tier 1)	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tabs</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
BYDUREON BCISE	\$0 (Tier 1)	QL (3.4 ML per 28 days) PA MO
BYETTA INJ 5MCG/0.02ML	\$0 (Tier 1)	QL (1.2 ML per 30 days) PA MO
BYETTA INJ 10MCG/0.04ML	\$0 (Tier 1)	QL (2.4 ML per 30 days) PA MO
FARXIGA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>glimepiride tabs 4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glimepiride tabs 1mg, 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide er tb24 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide er tb24 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide xl tb24 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide xl tb24 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>glipizide tabs 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide tabs 5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
GLYXAMBI	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JANUVIA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JENTADUETO	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 750mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Fortamet and Glumetza) 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tabs 500mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tabs 850mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>miglitol</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>nateglinide</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
OZEMPIC INJ 2MG/1.5ML (0.25MG OR 0.5MG/DOSE)	\$0 (Tier 1)	QL (1.5 ML per 28 days) PA
OZEMPIC INJ 2MG/1.5ML (1MG/DOSE)	\$0 (Tier 1)	QL (3 ML per 28 days) PA
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	\$0 (Tier 1)	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl tabs 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
RYBELSUS	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	\$0 (Tier 1)	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	\$0 (Tier 1)	QL (6 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYNJARDY TABS 5MG; 500MG	\$0 (Tier 1)	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TRADJENTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TRULICITY	\$0 (Tier 1)	QL (2 ML per 28 days) PA MO
VICTOZA	\$0 (Tier 1)	QL (9 ML per 30 days) PA MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium oral soln</i>	\$0 (Tier 1)	MO
<i>alendronate sodium tabs 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	\$0 (Tier 1)	MO
FORTEO	\$0 (Tier 1)	PA
<i>ibandronate sodium tabs</i>	\$0 (Tier 1)	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	\$0 (Tier 1)	QL (3 ML per 90 days) MO
NATPARA	\$0 (Tier 1)	PA LA
PAMIDRONATE DISODIUM INJ 6MG/ML	\$0 (Tier 1)	
<i>pamidronate disodium inj 30mg/10ml, 90mg/10ml</i>	\$0 (Tier 1)	
PROLIA	\$0 (Tier 1)	QL (1 ML per 180 days)
<i>risedronate sodium dr tab 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	\$0 (Tier 1)	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XGEVA	\$0 (Tier 1)	PA
ZOLEDRONIC ACID INJ 4MG/100ML	\$0 (Tier 1)	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHELATING AGENTS		
CHEMET	\$0 (Tier 1)	MO
<i>deferasirox pack, tabs for oral susp 125mg, 250mg, 500mg</i>	\$0 (Tier 1)	PA
<i>deferasirox tabs 90mg</i>	\$0 (Tier 1)	PA
<i>deferasirox tabs 180mg, 360mg</i>	\$0 (Tier 1)	PA
LOKELMA PACK 10GM	\$0 (Tier 1)	QL (34 EA per 30 days) MO
LOKELMA PACK 5GM	\$0 (Tier 1)	QL (96 EA per 30 days) MO
<i>penicillamine tabs</i>	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	MO
<i>sps oral susp 15gm/60ml</i>	\$0 (Tier 1)	MO
<i>trientine hydrochloride</i>	\$0 (Tier 1)	PA
VELTASSA PACK 16.8GM, 25.2GM	\$0 (Tier 1)	QL (30 EA per 30 days) MO
VELTASSA PACK 8.4GM	\$0 (Tier 1)	QL (90 EA per 30 days) MO
CONTRACEPTIVES		
<i>afirmelle</i>	\$0 (Tier 1)	
<i>altavera</i>	\$0 (Tier 1)	
<i>alyacen 1/35</i>	\$0 (Tier 1)	MO
<i>alyacen 7/7/7</i>	\$0 (Tier 1)	
<i>amethia</i>	\$0 (Tier 1)	
<i>amethyst</i>	\$0 (Tier 1)	
<i>apri</i>	\$0 (Tier 1)	
<i>aranelle</i>	\$0 (Tier 1)	MO
<i>ashlyna</i>	\$0 (Tier 1)	
<i>aubra</i>	\$0 (Tier 1)	
<i>aubra eq</i>	\$0 (Tier 1)	
<i>aurovela 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela 24 fe</i>	\$0 (Tier 1)	
<i>aurovela fe 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela fe 1/20</i>	\$0 (Tier 1)	
<i>aviane</i>	\$0 (Tier 1)	
<i>ayuna</i>	\$0 (Tier 1)	
<i>balziva</i>	\$0 (Tier 1)	
<i>blisovi 24 fe</i>	\$0 (Tier 1)	MO
<i>blisovi fe 1.5/30</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>blisovi fe 1/20</i>	\$0 (Tier 1)	
<i>briellyn</i>	\$0 (Tier 1)	
<i>camila</i>	\$0 (Tier 1)	MO
CAMRESE	\$0 (Tier 1)	
CAMRESE LO	\$0 (Tier 1)	
<i>caziant</i>	\$0 (Tier 1)	
<i>charlotte 24 fe</i>	\$0 (Tier 1)	
<i>chateal</i>	\$0 (Tier 1)	
<i>chateal eq</i>	\$0 (Tier 1)	
<i>cryselle-28</i>	\$0 (Tier 1)	MO
<i>cyred</i>	\$0 (Tier 1)	
<i>cyred eq</i>	\$0 (Tier 1)	
<i>dasetta 1/35</i>	\$0 (Tier 1)	
<i>dasetta 7/7/7</i>	\$0 (Tier 1)	
<i>daysee</i>	\$0 (Tier 1)	
<i>deblitane</i>	\$0 (Tier 1)	
<i>delyla</i>	\$0 (Tier 1)	
<i>desogestrel/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>dolishale</i>	\$0 (Tier 1)	
<i>drospirenone/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>drospirenone/ethinyl estradiol/levomefolate</i>	\$0 (Tier 1)	MO
<i>calcium tabs 3mg; 0.03mg; 0.451mg</i>		
<i>elimest</i>	\$0 (Tier 1)	
<i>eluryng</i>	\$0 (Tier 1)	
<i>emoquette</i>	\$0 (Tier 1)	
<i>enilloring</i>	\$0 (Tier 1)	
<i>enpresse-28</i>	\$0 (Tier 1)	
<i>enskyce</i>	\$0 (Tier 1)	MO
<i>errin</i>	\$0 (Tier 1)	MO
<i>estarylla</i>	\$0 (Tier 1)	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>falmina</i>	\$0 (Tier 1)	
<i>fayosim</i>	\$0 (Tier 1)	
<i>femynor</i>	\$0 (Tier 1)	
<i>finzala</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GIANVI	\$0 (Tier 1)	
<i>hailey 1.5/30</i>	\$0 (Tier 1)	MO
<i>hailey 24 fe</i>	\$0 (Tier 1)	
<i>hailey fe 1.5/30</i>	\$0 (Tier 1)	
<i>hailey fe 1/20</i>	\$0 (Tier 1)	
<i>haloette</i>	\$0 (Tier 1)	
<i>heather</i>	\$0 (Tier 1)	
<i>iclevia</i>	\$0 (Tier 1)	
<i>incassia</i>	\$0 (Tier 1)	
<i>introvale</i>	\$0 (Tier 1)	
<i>isibloom</i>	\$0 (Tier 1)	
<i>jaimiess</i>	\$0 (Tier 1)	
<i>jasmiel</i>	\$0 (Tier 1)	
<i>jencycla</i>	\$0 (Tier 1)	
JOLESSA	\$0 (Tier 1)	
<i>juleber</i>	\$0 (Tier 1)	
<i>junel 1.5/30</i>	\$0 (Tier 1)	
<i>junel 1/20</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30</i>	\$0 (Tier 1)	MO
<i>junel fe 1/20</i>	\$0 (Tier 1)	MO
<i>junel fe 24</i>	\$0 (Tier 1)	
<i>kaitlib fe</i>	\$0 (Tier 1)	MO
<i>kalliga</i>	\$0 (Tier 1)	
<i>kariva</i>	\$0 (Tier 1)	
<i>kelnor 1/35</i>	\$0 (Tier 1)	MO
<i>kelnor 1/50</i>	\$0 (Tier 1)	MO
<i>kurvelo</i>	\$0 (Tier 1)	
<i>larin 1.5/30</i>	\$0 (Tier 1)	
<i>larin 1/20</i>	\$0 (Tier 1)	
<i>larin 24 fe</i>	\$0 (Tier 1)	
<i>larin fe 1.5/30</i>	\$0 (Tier 1)	
<i>larin fe 1/20</i>	\$0 (Tier 1)	
<i>larissia</i>	\$0 (Tier 1)	
LEENA	\$0 (Tier 1)	
<i>lessina</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levonest</i>	\$0 (Tier 1)	
<i>levonorgestrel and ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>levonorgestrel/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>levora 0.15/30-28</i>	\$0 (Tier 1)	
<i>lillow</i>	\$0 (Tier 1)	
<i>lo-zumandimine</i>	\$0 (Tier 1)	MO
<i>loestrin 1.5/30-21</i>	\$0 (Tier 1)	
<i>loestrin 1/20-21</i>	\$0 (Tier 1)	
<i>loestrin fe 1.5/30</i>	\$0 (Tier 1)	
<i>loestrin fe 1/20</i>	\$0 (Tier 1)	
<i>lojaimiess</i>	\$0 (Tier 1)	MO
<i>loryna</i>	\$0 (Tier 1)	
<i>low-ogestrel</i>	\$0 (Tier 1)	
<i>lutra</i>	\$0 (Tier 1)	MO
<i>lyleq</i>	\$0 (Tier 1)	
<i>lyza</i>	\$0 (Tier 1)	
<i>marlissa</i>	\$0 (Tier 1)	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	\$0 (Tier 1)	MO
<i>mibelas 24 fe</i>	\$0 (Tier 1)	
MICROGESTIN 1.5/30	\$0 (Tier 1)	
MICROGESTIN 1/20	\$0 (Tier 1)	
<i>microgestin 24 fe</i>	\$0 (Tier 1)	
MICROGESTIN FE 1.5/30	\$0 (Tier 1)	
MICROGESTIN FE 1/20	\$0 (Tier 1)	
<i>mili</i>	\$0 (Tier 1)	
<i>mono-linyah</i>	\$0 (Tier 1)	
<i>necon 0.5/35-28</i>	\$0 (Tier 1)	
<i>nikki</i>	\$0 (Tier 1)	
NORA-BE	\$0 (Tier 1)	
<i>norethindrone tabs 0.35mg</i>	\$0 (Tier 1)	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>norethindrone acetate/ethinyl estradiol tabs</i>	\$0 (Tier 1)	MO
<i>20mcg; 1mg, 30mcg; 1.5mg</i>		
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	\$0 (Tier 1)	MO
<i>norgestimate/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>norlyda</i>	\$0 (Tier 1)	
<i>norlyroc</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28)</i>	\$0 (Tier 1)	MO
<i>nortrel 1/35 28-day regimen</i>	\$0 (Tier 1)	
<i>nortrel 1/35 21-day regimen</i>	\$0 (Tier 1)	MO
<i>nortrel 7/7/7</i>	\$0 (Tier 1)	
<i>nylia 1/35</i>	\$0 (Tier 1)	
<i>nylia 7/7/7</i>	\$0 (Tier 1)	MO
<i>nymyo</i>	\$0 (Tier 1)	
<i>OCELLA</i>	\$0 (Tier 1)	
<i>orsythia</i>	\$0 (Tier 1)	
<i>philith</i>	\$0 (Tier 1)	
<i>pimtrea</i>	\$0 (Tier 1)	
<i>pirmella 1/35</i>	\$0 (Tier 1)	MO
<i>pirmella 7/7/7</i>	\$0 (Tier 1)	MO
<i>portia-28</i>	\$0 (Tier 1)	
<i>previfem</i>	\$0 (Tier 1)	
<i>reclipsen</i>	\$0 (Tier 1)	
<i>RIVELSA</i>	\$0 (Tier 1)	
<i>setlakin</i>	\$0 (Tier 1)	
<i>sharobel</i>	\$0 (Tier 1)	
<i>simliya</i>	\$0 (Tier 1)	
<i>simpesse</i>	\$0 (Tier 1)	MO
<i>sprintec 28</i>	\$0 (Tier 1)	
<i>sronyx</i>	\$0 (Tier 1)	MO
<i>syeda</i>	\$0 (Tier 1)	
<i>tarina 24 fe</i>	\$0 (Tier 1)	
<i>tarina fe 1/20</i>	\$0 (Tier 1)	
<i>tarina fe 1/20 eq</i>	\$0 (Tier 1)	
<i>TILIA FE</i>	\$0 (Tier 1)	

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<i>tri femynor</i>	\$0 (Tier 1)	
<i>tri-estarylla</i>	\$0 (Tier 1)	MO
<i>tri-legest fe</i>	\$0 (Tier 1)	MO
<i>tri-lynyah</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla</i>	\$0 (Tier 1)	
<i>tri-lo-marzia</i>	\$0 (Tier 1)	
<i>tri-lo-mili</i>	\$0 (Tier 1)	
<i>tri-lo-sprintec</i>	\$0 (Tier 1)	MO
<i>tri-mili</i>	\$0 (Tier 1)	
<i>tri-nymyo</i>	\$0 (Tier 1)	
<i>tri-sprintec</i>	\$0 (Tier 1)	
<i>tri-vylibra</i>	\$0 (Tier 1)	
<i>tri-vylibra lo</i>	\$0 (Tier 1)	
<i>trivora-28</i>	\$0 (Tier 1)	MO
<i>tydemy</i>	\$0 (Tier 1)	
<i>velivet</i>	\$0 (Tier 1)	MO
<i>vestura</i>	\$0 (Tier 1)	
<i>vienva</i>	\$0 (Tier 1)	
<i>violele</i>	\$0 (Tier 1)	MO
<i>volnea</i>	\$0 (Tier 1)	MO
<i>vyfemla</i>	\$0 (Tier 1)	MO
<i>vylibra</i>	\$0 (Tier 1)	
<i>wera</i>	\$0 (Tier 1)	
<i>wymzya fe</i>	\$0 (Tier 1)	
<i>zovia 1/35</i>	\$0 (Tier 1)	
<i>zumandimine</i>	\$0 (Tier 1)	
ENDOMETRIOSIS		
<i>danazol caps</i>	\$0 (Tier 1)	MO
SYNAREL	\$0 (Tier 1)	MO
ESTROGENS		
<i>amabelz</i>	\$0 (Tier 1)	MO
DELESTROGEN INJ 10MG/ML	\$0 (Tier 1)	MO
<i>dotti</i>	\$0 (Tier 1)	QL (8 EA per 28 days)
DUAVEE	\$0 (Tier 1)	MO
<i>estradiol valerate inj</i>	\$0 (Tier 1)	MO

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<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	\$0 (Tier 1)	MO
<i>estradiol oral tabs</i>	\$0 (Tier 1)	MO
<i>estradiol vaginal crea, vaginal tabs</i>	\$0 (Tier 1)	MO
<i>estradiol patch weekly</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
ESTRING	\$0 (Tier 1)	QL (1 EA per 90 days) MO
<i>fyavolv</i>	\$0 (Tier 1)	MO
<i>jinteli</i>	\$0 (Tier 1)	
<i>lyllana</i>	\$0 (Tier 1)	QL (8 EA per 28 days)
<i>mimvey</i>	\$0 (Tier 1)	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 1)	MO
PREMARIN	\$0 (Tier 1)	MO
PREMPRO	\$0 (Tier 1)	MO
<i>yuvaqem</i>	\$0 (Tier 1)	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml pf vial, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	\$0 (Tier 1)	MO
<i>dexamethasone tabs, oral soln, oral elixir</i>	\$0 (Tier 1)	MO
<i>fludrocortisone acetate tabs</i>	\$0 (Tier 1)	MO
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>methylprednisolone acetate inj</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone dose pack</i>	\$0 (Tier 1)	MO
<i>methylprednisolone sodium succinate inj 1000mg</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone sodium succinate inj 125mg, 40mg</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone tabs</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone oral soln 15mg/5ml</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	B/D MO

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<i>prednisolone sodium phosphate oral soln 25mg/5ml, 5mg/5ml</i>	\$0 (Tier 1)	B/D MO
PREDNISONE INTENSOL	\$0 (Tier 1)	B/D MO
<i>prednisone tabs</i>	\$0 (Tier 1)	B/D MO
<i>prednisone tab therapy pack</i>	\$0 (Tier 1)	MO
<i>prednisone soln</i>	\$0 (Tier 1)	B/D MO
SOLU-CORTEF	\$0 (Tier 1)	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	\$0 (Tier 1)	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral susp</i>	\$0 (Tier 1)	MO
GVOKE HYPOPEN 1-PACK	\$0 (Tier 1)	MO
GVOKE HYPOPEN 2-PACK	\$0 (Tier 1)	MO
GVOKE KIT	\$0 (Tier 1)	MO
GVOKE PFS	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>acetylcysteine inj 200mg/ml</i>	\$0 (Tier 1)	
<i>betaine anhydrous</i>	\$0 (Tier 1)	LA
<i>cabergoline</i>	\$0 (Tier 1)	MO
<i>carglumic acid</i>	\$0 (Tier 1)	PA LA
CERDELGA	\$0 (Tier 1)	PA LA
<i>cinacalcet hydrochloride tabs 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
CYSTAGON	\$0 (Tier 1)	PA LA
<i>desmopressin acetate tabs</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate nasal soln</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate pf inj 4mcg/ml</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate inj 4mcg/ml</i>	\$0 (Tier 1)	MO
<i>fomepizole</i>	\$0 (Tier 1)	
GENOTROPIN	\$0 (Tier 1)	PA
GENOTROPIN MINISQUICK INJ 0.2MG	\$0 (Tier 1)	PA
GENOTROPIN MINISQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 (Tier 1)	PA
INCRELEX	\$0 (Tier 1)	PA LA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>javygtor</i>	\$0 (Tier 1)	PA LA
KORLYM	\$0 (Tier 1)	PA LA
LEVOCARNITINE TABS	\$0 (Tier 1)	MO
<i>levocarnitine inj</i>	\$0 (Tier 1)	
<i>levocarnitine oral soln</i>	\$0 (Tier 1)	MO
LUPRON DEPOT-PED	\$0 (Tier 1)	PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	\$0 (Tier 1)	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	\$0 (Tier 1)	PA
<i>methergine</i>	\$0 (Tier 1)	
<i>methylergonovine maleate tabs</i>	\$0 (Tier 1)	MO
<i>nitisinone</i>	\$0 (Tier 1)	PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	\$0 (Tier 1)	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	\$0 (Tier 1)	PA
<i>raloxifene hydrochloride</i>	\$0 (Tier 1)	MO
SANDOSTATIN LAR DEPOT KIT	\$0 (Tier 1)	PA
<i>sapropterin dihydrochloride</i>	\$0 (Tier 1)	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 (Tier 1)	PA LA
<i>sodium phenylbutyrate tabs, oral powder</i>	\$0 (Tier 1)	PA
SOMATULINE DEPOT	\$0 (Tier 1)	PA LA
SOMAVERT INJ	\$0 (Tier 1)	PA LA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate caps, tabs 667mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	\$0 (Tier 1)	MO
PROGESTINS		
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>megestrol acetate susp 40mg/ml</i>	\$0 (Tier 1)	MO
<i>megestrol acetate susp 625mg/5ml</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate tabs 5mg</i>	\$0 (Tier 1)	MO
<i>progesterone caps</i>	\$0 (Tier 1)	MO
<i>progesterone inj</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THYROID AGENTS		
<i>euthyrox</i>	\$0 (Tier 1)	MO
LEVO-T	\$0 (Tier 1)	
<i>levothyroxine sodium tabs</i>	\$0 (Tier 1)	MO
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/ML, 200MCG/5ML, 500MCG/5ML	\$0 (Tier 1)	
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML	\$0 (Tier 1)	
LEVOXYL	\$0 (Tier 1)	MO
<i>liothyronine sodium tabs</i>	\$0 (Tier 1)	MO
<i>liothyronine sodium inj</i>	\$0 (Tier 1)	
<i>methimazole tabs</i>	\$0 (Tier 1)	MO
<i>propylthiouracil tabs</i>	\$0 (Tier 1)	MO
SYNTHROID	\$0 (Tier 1)	MO
UNITHROID	\$0 (Tier 1)	
VITAMIN D ANALOGS		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	\$0 (Tier 1)	MO
<i>calcitriol inj 1mcg/ml</i>	\$0 (Tier 1)	
<i>calcitriol oral soln 1mcg/ml</i>	\$0 (Tier 1)	MO
<i>doxercalciferol inj</i>	\$0 (Tier 1)	
<i>paricalcitol</i>	\$0 (Tier 1)	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant caps therapy pack, 40mg, 80mg</i>	\$0 (Tier 1)	B/D MO
<i>aprepitant caps 125mg</i>	\$0 (Tier 1)	B/D MO
<i>compro</i>	\$0 (Tier 1)	MO
DIMENHYDRINATE INJ	\$0 (Tier 1)	
<i>dronabinol</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	\$0 (Tier 1)	B/D
<i>granisetron hcl tabs</i>	\$0 (Tier 1)	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs 12.5mg, 25mg</i>	\$0 (Tier 1)	MO
<i>meclizine hydrochloride</i>	\$0 (Tier 1)	MO
<i>metoclopramide hcl tabs 5mg</i>	\$0 (Tier 1)	MO
<i>metoclopramide hcl soln</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride tabs</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metoclopramide hydrochloride inj</i>	\$0 (Tier 1)	MO
METOCLOPRAMIDE ODT TBDP 10MG	\$0 (Tier 1)	MO
<i>metoclopramide odt tbdp 5mg</i>	\$0 (Tier 1)	MO
<i>ondansetron hcl tabs 24mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl oral soln</i>	\$0 (Tier 1)	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	\$0 (Tier 1)	B/D MO
<i>ondansetron hydrochloride inj 40mg/20ml, 4mg/2ml</i>	\$0 (Tier 1)	MO
<i>ondansetron odt</i>	\$0 (Tier 1)	B/D MO
<i>prochlorperazine edisylate inj</i>	\$0 (Tier 1)	MO
<i>prochlorperazine maleate tabs</i>	\$0 (Tier 1)	MO
<i>prochlorperazine rectal supp</i>	\$0 (Tier 1)	MO
<i>promethazine hcl plain syrp 6.25mg/5ml</i>	\$0 (Tier 1)	PA MO
<i>promethazine hcl tabs 12.5mg</i>	\$0 (Tier 1)	PA MO
<i>promethazine hcl inj, supp</i>	\$0 (Tier 1)	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	\$0 (Tier 1)	PA MO
PROMETHEGAN SUPP 50MG	\$0 (Tier 1)	PA MO
<i>promethegan supp 25mg</i>	\$0 (Tier 1)	PA
<i>promethegan supp 12.5mg</i>	\$0 (Tier 1)	PA MO
SANCUSO	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	\$0 (Tier 1)	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral soln</i>	\$0 (Tier 1)	MO
<i>dicyclomine hydrochloride caps, tabs</i>	\$0 (Tier 1)	MO
<i>dicyclomine hydrochloride inj</i>	\$0 (Tier 1)	PA MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>glycopyrrolate oral soln</i>	\$0 (Tier 1)	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml</i>	\$0 (Tier 1)	
<i>glycopyrrolate vial inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	\$0 (Tier 1)	MO
<i>methscopolamine bromide tabs</i>	\$0 (Tier 1)	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hcl</i>	\$0 (Tier 1)	MO

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<i>cimetidine tabs</i>	\$0 (Tier 1)	MO
<i>famotidine premixed inj</i>	\$0 (Tier 1)	
<i>famotidine tabs</i>	\$0 (Tier 1)	MO
<i>famotidine inj</i>	\$0 (Tier 1)	
<i>famotidine oral susp</i>	\$0 (Tier 1)	MO
<i>nizatidine soln</i>	\$0 (Tier 1)	MO
<i>nizatidine caps</i>	\$0 (Tier 1)	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	\$0 (Tier 1)	MO
<i>budesonide er tabs 9mg</i>	\$0 (Tier 1)	MO
<i>budesonide cpep 3mg</i>	\$0 (Tier 1)	MO
<i>hydrocortisone enem 100mg/60ml</i>	\$0 (Tier 1)	MO
<i>mesalamine dr caps 400mg, tabs 1.2gm, 800mg</i>	\$0 (Tier 1)	MO
<i>mesalamine supp</i>	\$0 (Tier 1)	MO
<i>mesalamine enem, kit</i>	\$0 (Tier 1)	MO
<i>sulfasalazine tabs, dr tabs</i>	\$0 (Tier 1)	MO
LAXATIVES		
CLENPIQ SOLN 12GM/160ML; 3.5GM/160ML; 10MG/160ML	\$0 (Tier 1)	
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	\$0 (Tier 1)	MO
<i>constulose</i>	\$0 (Tier 1)	
<i>enulose</i>	\$0 (Tier 1)	MO
<i>gavilyte-c</i>	\$0 (Tier 1)	MO
<i>gavilyte-g</i>	\$0 (Tier 1)	MO
<i>gavilyte-n/flavor pack</i>	\$0 (Tier 1)	
<i>generlac</i>	\$0 (Tier 1)	
GOLYTELY	\$0 (Tier 1)	MO
KRISTALOSE	\$0 (Tier 1)	PA MO
<i>lactulose oral soln</i>	\$0 (Tier 1)	MO
NULYTELY	\$0 (Tier 1)	MO
<i>peg-3350/electrolytes</i>	\$0 (Tier 1)	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	\$0 (Tier 1)	MO
PLENVU	\$0 (Tier 1)	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE	\$0 (Tier 1)	MO
SUPREP BOWEL PREP KIT	\$0 (Tier 1)	MO
SUTAB	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>alosetron hydrochloride</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	\$0 (Tier 1)	MO
<i>diphenoxylate hydrochloride/atropine sulfate tabs</i>	\$0 (Tier 1)	MO
<i>diphenoxylate/atropine oral soln</i>	\$0 (Tier 1)	MO
GATTEX	\$0 (Tier 1)	PA LA
LINZESS	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	\$0 (Tier 1)	MO
<i>misoprostol tabs</i>	\$0 (Tier 1)	MO
MOVANTIK TABS 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
SUCRALFATE SUSP	\$0 (Tier 1)	MO
<i>sucralfate tabs</i>	\$0 (Tier 1)	MO
<i>ursodiol caps 300mg</i>	\$0 (Tier 1)	MO
<i>ursodiol tabs</i>	\$0 (Tier 1)	MO
XERMELO	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA
XIFAXAN TABS 550MG	\$0 (Tier 1)	PA MO
PANCREATIC ENZYMES		
CREON	\$0 (Tier 1)	MO
ZENPEP	\$0 (Tier 1)	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	\$0 (Tier 1)	
<i>lansoprazole caps dr 15mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lansoprazole caps dr 30mg</i>	\$0 (Tier 1)	QL (42 EA per 30 days) MO
<i>omeprazole</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>omeprazole dr caps 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	\$0 (Tier 1)	
<i>pantoprazole sodium ec tabs 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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<i>pantoprazole sodium ec tabs 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rabeprazole sodium dr tabs 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
GENITOURINARY		
<i>BENIGN PROSTATIC HYPERPLASIA</i>		
<i>alfuzosin hcl er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dutasteride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>finasteride tabs</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>silodosin caps 8mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>silodosin caps 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>MISCELLANEOUS</i>		
<i>acetic acid 0.25%</i>	\$0 (Tier 1)	MO
<i>bethanechol chloride</i>	\$0 (Tier 1)	MO
ELMIRON	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>potassium citrate er tbc 540mg</i>	\$0 (Tier 1)	MO
<i>potassium citrate er tbc 1080mg, 15meq</i>	\$0 (Tier 1)	MO
<i>URINARY ANTISPASMODICS</i>		
<i>fesoterodine fumarate er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
GEMTESA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MYRBETRIQ TB24	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MYRBETRIQ SRER	\$0 (Tier 1)	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>oxybutynin chloride soln</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate</i>	\$0 (Tier 1)	QL (60 EA per 30 days) ST MO
<i>tolterodine tartrate er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) ST MO
<i>trospium chloride</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>trospium chloride er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>VAGINAL ANTI-INFECTIVES</i>		
<i>clindamycin phosphate crea 2%</i>	\$0 (Tier 1)	MO
<i>metronidazole vaginal</i>	\$0 (Tier 1)	MO
<i>miconazole 3</i>	\$0 (Tier 1)	MO

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<i>terconazole crea</i>	\$0 (Tier 1)	MO
<i>terconazole supp</i>	\$0 (Tier 1)	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	\$0 (Tier 1)	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	\$0 (Tier 1)	QL (74 EA per 30 days) MO
<i>enoxaparin sodium inj 150mg/ml</i>	\$0 (Tier 1)	
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	\$0 (Tier 1)	MO
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	\$0 (Tier 1)	MO
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	\$0 (Tier 1)	MO
FRAGMIN INJ 10000UNIT/4ML	\$0 (Tier 1)	
FRAGMIN INJ 2500UNIT/0.2ML, 95000UNIT/3.8ML	\$0 (Tier 1)	MO
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	\$0 (Tier 1)	MO
HEPARIN SODIUM/D5W	\$0 (Tier 1)	
HEPARIN SODIUM/DEXTROSE	\$0 (Tier 1)	
HEPARIN SODIUM/NACL 0.45%	\$0 (Tier 1)	
HEPARIN SODIUM/SODIUM CHLORIDE	\$0 (Tier 1)	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	\$0 (Tier 1)	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	\$0 (Tier 1)	MO
<i>jantoven</i>	\$0 (Tier 1)	MO
<i>warfarin sodium</i>	\$0 (Tier 1)	MO
XARELTO STARTER PACK	\$0 (Tier 1)	QL (51 EA per 30 days) MO
XARELTO ORAL SUSP	\$0 (Tier 1)	QL (620 ML per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (Tier 1)	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	\$0 (Tier 1)	PA
ZARXIO	\$0 (Tier 1)	PA
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	\$0 (Tier 1)	MO
BERINERT	\$0 (Tier 1)	QL (24 EA per 30 days) PA LA
<i>cilostazol</i>	\$0 (Tier 1)	MO
DOPTelet	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
DROXIA	\$0 (Tier 1)	MO
HAEGARDA INJ 3000UNIT	\$0 (Tier 1)	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA
<i>pentoxifylline er</i>	\$0 (Tier 1)	MO
PROMACTA PACK 25MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
PROMACTA PACK 12.5MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
<i>sajazir</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA LA
<i>tranexamic acid tabs</i>	\$0 (Tier 1)	MO
<i>tranexamic acid inj</i>	\$0 (Tier 1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BRILINTA	\$0 (Tier 1)	MO
<i>clopidogrel tabs 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>clopidogrel tabs 300mg</i>	\$0 (Tier 1)	QL (2 EA per 365 days) MO
<i>dipyridamole tabs</i>	\$0 (Tier 1)	PA MO
<i>prasugrel</i>	\$0 (Tier 1)	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT INJ 100MG/0.67ML	\$0 (Tier 1)	QL (1.34 ML per 28 days) PA
DUPIXENT INJ 200MG/1.14ML	\$0 (Tier 1)	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA

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ENBREL MINI	\$0 (Tier 1)	QL (8 ML per 28 days) PA
ENBREL SURECLICK	\$0 (Tier 1)	QL (8 ML per 28 days) PA
ENBREL INJ 25MG	\$0 (Tier 1)	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML, 50MG/ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	\$0 (Tier 1)	PA
HUMIRA PEN-CD/UC/HS STARTER	\$0 (Tier 1)	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	\$0 (Tier 1)	PA
HUMIRA PEN-PS/UV STARTER	\$0 (Tier 1)	PA
HUMIRA PEN INJ 80MG/0.8ML	\$0 (Tier 1)	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	\$0 (Tier 1)	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	\$0 (Tier 1)	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	\$0 (Tier 1)	QL (6 EA per 28 days) PA
KEVZARA	\$0 (Tier 1)	QL (2.28 ML per 28 days) PA
OTEZLA STARTER PACK	\$0 (Tier 1)	QL (110 EA per 365 days) PA
OTEZLA TABS	\$0 (Tier 1)	QL (60 EA per 30 days) PA
RINVOQ	\$0 (Tier 1)	QL (30 EA per 30 days) PA
SKYRIZI PEN	\$0 (Tier 1)	QL (6 ML per 365 days) PA
SKYRIZI INJ 180MG/1.2ML	\$0 (Tier 1)	QL (1.2 ML per 56 days) PA
SKYRIZI INJ 360MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 56 days) PA
SKYRIZI INJ 75MG/0.83ML	\$0 (Tier 1)	QL (6 EA per 365 days) PA
SKYRIZI INJ 150MG/ML	\$0 (Tier 1)	QL (6 ML per 365 days) PA
SKYRIZI INJ 600MG/10ML	\$0 (Tier 1)	QL (60 ML per 365 days) PA
STELARA INJ 45MG/0.5ML PREFILLED SYRINGE	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA
STELARA INJ 45MG/0.5ML VIAL	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA LA
STELARA INJ 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA
STELARA INJ 130MG/26ML	\$0 (Tier 1)	QL (104 ML per 365 days) PA LA
TALTZ	\$0 (Tier 1)	QL (3 ML per 28 days) PA LA
XELJANZ XR	\$0 (Tier 1)	QL (30 EA per 30 days) PA
XELJANZ SOLN	\$0 (Tier 1)	QL (480 ML per 24 days) PA
XELJANZ TABS	\$0 (Tier 1)	QL (60 EA per 30 days) PA

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<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate tabs 200mg</i>	\$0 (Tier 1)	MO
<i>leflunomide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methotrexate sodium tabs 2.5mg</i>	\$0 (Tier 1)	MO
XATMEP	\$0 (Tier 1)	MO
<i>IMMUNOGLOBULINS</i>		
BIVIGAM	\$0 (Tier 1)	PA LA
FLEBOGAMMA DIF	\$0 (Tier 1)	PA
GAMASTAN	\$0 (Tier 1)	B/D LA
GAMMAGARD LIQUID	\$0 (Tier 1)	PA
GAMMAGARD S/D INJ 5GM, 10GM	\$0 (Tier 1)	PA
GAMMAKED	\$0 (Tier 1)	PA
GAMMAPLEX	\$0 (Tier 1)	PA LA
GAMUNEX-C	\$0 (Tier 1)	PA
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	\$0 (Tier 1)	PA
PANZYGA	\$0 (Tier 1)	PA
PRIVIGEN	\$0 (Tier 1)	PA
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE	\$0 (Tier 1)	PA LA
ARCALYST	\$0 (Tier 1)	PA LA
INTRON A	\$0 (Tier 1)	LA
<i>IMMUNOSUPPRESSANTS</i>		
AZATHIOPRINE INJ	\$0 (Tier 1)	B/D
<i>azathioprine tabs 50mg</i>	\$0 (Tier 1)	B/D MO
BENLYSTA	\$0 (Tier 1)	PA LA
<i>cyclosporine</i>	\$0 (Tier 1)	B/D MO
<i>cyclosporine modified</i>	\$0 (Tier 1)	B/D MO
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	\$0 (Tier 1)	B/D MO
<i>gengraf caps</i>	\$0 (Tier 1)	B/D
<i>gengraf soln</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil caps, tabs</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil inj</i>	\$0 (Tier 1)	B/D MO

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<i>mycophenolate mofetil oral susp</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolic acid dr</i>	\$0 (Tier 1)	B/D MO
NULOJIX	\$0 (Tier 1)	B/D
PROGRAF GRANULES	\$0 (Tier 1)	B/D MO
REZUROCK	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
SANDIMMUNE ORAL SOLN	\$0 (Tier 1)	B/D MO
<i>sirolimus soln</i>	\$0 (Tier 1)	B/D MO
<i>sirolimus tabs 0.5mg, 1mg</i>	\$0 (Tier 1)	B/D MO
<i>sirolimus tabs 2mg</i>	\$0 (Tier 1)	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	\$0 (Tier 1)	B/D MO
VACCINES		
ABRYSVO	\$0 (Tier 1)	
ACTHIB	\$0 (Tier 1)	
ADACEL	\$0 (Tier 1)	
AREXVY	\$0 (Tier 1)	
BCG VACCINE	\$0 (Tier 1)	
BEXSERO	\$0 (Tier 1)	
BOOSTRIX	\$0 (Tier 1)	
DAPTACEL	\$0 (Tier 1)	
DENGVAIXIA	\$0 (Tier 1)	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	\$0 (Tier 1)	
ENGERIX-B	\$0 (Tier 1)	B/D
GARDASIL 9	\$0 (Tier 1)	
HAVRIX	\$0 (Tier 1)	
HEPLISAV-B	\$0 (Tier 1)	B/D
HIBERIX	\$0 (Tier 1)	
IMOVAX RABIES (H.D.C.V.)	\$0 (Tier 1)	B/D
INFANRIX	\$0 (Tier 1)	
IPOL INACTIVATED IPV	\$0 (Tier 1)	
IXIARO	\$0 (Tier 1)	
JYNNEOS	\$0 (Tier 1)	B/D
KINRIX	\$0 (Tier 1)	
M-M-R II	\$0 (Tier 1)	
MENACTRA	\$0 (Tier 1)	

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MENQUADFI	\$0 (Tier 1)	
MENVEO	\$0 (Tier 1)	
PEDIARIX	\$0 (Tier 1)	
PEDVAX HIB	\$0 (Tier 1)	
PENTACEL	\$0 (Tier 1)	
PREHEVBRIO	\$0 (Tier 1)	B/D
PRIORIX	\$0 (Tier 1)	
PROQUAD	\$0 (Tier 1)	
QUADRACEL	\$0 (Tier 1)	
RABAVERT	\$0 (Tier 1)	B/D
RECOMBIVAX HB	\$0 (Tier 1)	B/D
ROTARIX	\$0 (Tier 1)	
ROTATEQ	\$0 (Tier 1)	
SHINGRIX	\$0 (Tier 1)	QL (2 EA per 999 days)
TDVAX	\$0 (Tier 1)	
TENIVAC	\$0 (Tier 1)	
TICOVAC	\$0 (Tier 1)	
TRUMENBA	\$0 (Tier 1)	
TWINRIX	\$0 (Tier 1)	
TYPHIM VI	\$0 (Tier 1)	
VAQTA	\$0 (Tier 1)	
VARIVAX	\$0 (Tier 1)	
YF-VAX	\$0 (Tier 1)	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 10%/NACL 0.45%	\$0 (Tier 1)	
DEXTROSE 5% /ELECTROLYTE #48	\$0 (Tier 1)	
VIAFLEX		
DEXTROSE 10%/NACL 0.2%	\$0 (Tier 1)	
DEXTROSE 2.5%/NACL 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/LACTATED RINGERS	\$0 (Tier 1)	
DEXTROSE 5%/NACL 0.2%	\$0 (Tier 1)	
<i>dextrose 5%/nacl 0.3%</i>	\$0 (Tier 1)	
DEXTROSE 5%/NACL 0.33%	\$0 (Tier 1)	
DEXTROSE 5%/NACL 0.45%	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEXTROSE 5%/NACL 0.9%	\$0 (Tier 1)	MO
DEXTROSE 5%/NACL 0.225%	\$0 (Tier 1)	
ISOLYTE-P/DEXTROSE 5%	\$0 (Tier 1)	
ISOLYTE-S	\$0 (Tier 1)	B/D
ISOLYTE-S PH 7.4	\$0 (Tier 1)	
KCL 0.075%/D5W/NACL 0.45%	\$0 (Tier 1)	B/D
KCL 0.15%/D5W/NACL 0.2%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.9%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.9%	\$0 (Tier 1)	
<i>lactated ringers</i>	\$0 (Tier 1)	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	\$0 (Tier 1)	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	\$0 (Tier 1)	
<i>multiple electrolytes injection type 1</i>	\$0 (Tier 1)	
PLASMA-LYTE A	\$0 (Tier 1)	
PLASMA-LYTE-148	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE INJ 5%; 10MEQ/L; 0.45%, 5%; 20MEQ/L; 0.45%, 5%; 20MEQ/L; 0.9%, 5%; 30MEQ/L; 0.45%, 5%; 40MEQ/L; 0.45%, 5%; 40MEQ/L; 0.9%	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE INJ 5%; 0.15%; 0.225%	\$0 (Tier 1)	HI
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	\$0 (Tier 1)	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%</i>	\$0 (Tier 1)	
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	\$0 (Tier 1)	
<i>potassium chloride inj 2meq/ml</i>	\$0 (Tier 1)	MO

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RINGERS INJECTION	\$0 (Tier 1)	
SODIUM BICARBONATE INJ 7.5%	\$0 (Tier 1)	
<i>sodium bicarbonate inj 4.2%</i>	\$0 (Tier 1)	
<i>sodium bicarbonate inj 8.4%</i>	\$0 (Tier 1)	MO
<i>sodium chloride 0.45%</i>	\$0 (Tier 1)	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 5%	\$0 (Tier 1)	MO
<i>sodium chloride inj 0.9%, 3%, 4meq/ml</i>	\$0 (Tier 1)	MO
TPN ELECTROLYTES	\$0 (Tier 1)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>adc/fluoride</i>	\$0 (Tier 1)	MO
<i>effer-k tab 25meq</i>	\$0 (Tier 1)	MO
<i>fluoride</i>	\$0 (Tier 1)	MO
<i>klor-con 10</i>	\$0 (Tier 1)	
<i>klor-con 8</i>	\$0 (Tier 1)	
<i>klor-con m10</i>	\$0 (Tier 1)	MO
<i>klor-con m15</i>	\$0 (Tier 1)	MO
<i>klor-con m20</i>	\$0 (Tier 1)	MO
<i>klor-con powder packet 20meq</i>	\$0 (Tier 1)	
<i>klor-con/ef</i>	\$0 (Tier 1)	MO
M-NATAL PLUS	\$0 (Tier 1)	MO
<i>multi vitamin/fluoride</i>	\$0 (Tier 1)	MO
<i>multi-vitamin/fluoride drops</i>	\$0 (Tier 1)	MO
<i>multi-vitamin/fluoride/iron</i>	\$0 (Tier 1)	MO
<i>multivitamin/fluoride</i>	\$0 (Tier 1)	MO
NEONATAL PLUS	\$0 (Tier 1)	MO
NIVA-PLUS	\$0 (Tier 1)	MO
PNV PRENATAL PLUS MULTIVITAMIN	\$0 (Tier 1)	MO
<i>poly-vitamin/fluoride</i>	\$0 (Tier 1)	
<i>potassium chloride er caps</i>	\$0 (Tier 1)	MO
<i>potassium chloride er tabs 15meq</i>	\$0 (Tier 1)	
<i>potassium chloride er tabs 10meq, 20meq, 8meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride pack 20meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral soln 10%, 20%</i>	\$0 (Tier 1)	MO
PRENATAL	\$0 (Tier 1)	MO

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PRENATAL PLUS	\$0 (Tier 1)	MO
PRENATAL VITAMINS PLUS LOW IRON	\$0 (Tier 1)	MO
PREPLUS	\$0 (Tier 1)	MO
<i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
<i>sodium fluoride soln 0.5mg/ml</i>	\$0 (Tier 1)	MO
<i>tri-vite/fluoride</i>	\$0 (Tier 1)	MO
TRICARE PRENATAL TABS	\$0 (Tier 1)	MO
VP-PNV-DHA	\$0 (Tier 1)	MO
WESTAB PLUS	\$0 (Tier 1)	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	\$0 (Tier 1)	B/D
CLINIMIX 4.25%/DEXTROSE 5%	\$0 (Tier 1)	B/D
CLINIMIX 5%/DEXTROSE 15%	\$0 (Tier 1)	B/D
CLINIMIX 5%/DEXTROSE 20%	\$0 (Tier 1)	B/D
CLINIMIX 6/5	\$0 (Tier 1)	B/D
CLINIMIX 8/10	\$0 (Tier 1)	B/D
CLINIMIX 8/14	\$0 (Tier 1)	B/D
<i>clinisol sf 15%</i>	\$0 (Tier 1)	B/D MO
CLINOLIPID	\$0 (Tier 1)	B/D
<i>dextrose 10%</i>	\$0 (Tier 1)	
<i>dextrose 5%</i>	\$0 (Tier 1)	MO
DEXTROSE 50%	\$0 (Tier 1)	B/D
DEXTROSE 70%	\$0 (Tier 1)	B/D
FREAMINE III	\$0 (Tier 1)	B/D
HEPATAMINE	\$0 (Tier 1)	B/D
NUTRILIPID	\$0 (Tier 1)	B/D
<i>plenamine</i>	\$0 (Tier 1)	B/D
PREMASOL	\$0 (Tier 1)	B/D
PROCALAMINE	\$0 (Tier 1)	B/D
PROSOL	\$0 (Tier 1)	B/D
TRAVASOL	\$0 (Tier 1)	B/D
TROPHAMINE	\$0 (Tier 1)	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
BLEPHAMIDE S.O.P.	\$0 (Tier 1)	MO

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<i>neo-polycin hc</i>	\$0 (Tier 1)	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/dexamethasone</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	\$0 (Tier 1)	MO
TOBRADEX OINT	\$0 (Tier 1)	MO
TOBRADEX ST	\$0 (Tier 1)	MO
<i>tobramycin/dexamethasone</i>	\$0 (Tier 1)	MO
ZYLET	\$0 (Tier 1)	MO
ANTI-INFECTIVES		
<i>bacitracin</i>	\$0 (Tier 1)	MO
<i>bacitracin/polymyxin b</i>	\$0 (Tier 1)	MO
BESIVANCE	\$0 (Tier 1)	MO
CILOXAN OINT	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride soln 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>gatifloxacin</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic soln 1.5%</i>	\$0 (Tier 1)	QL (20 ML per 30 days)
<i>levofloxacin ophthalmic soln 0.5%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic soln 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic soln 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
NATACYN	\$0 (Tier 1)	MO
<i>neo-polycin</i>	\$0 (Tier 1)	
<i>neomycin/bacitracin/polymyxin</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/gramicidin</i>	\$0 (Tier 1)	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>polycin</i>	\$0 (Tier 1)	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium oint 10%</i>	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>sulfacetamide sodium soln 10%</i>	\$0 (Tier 1)	QL (90 ML per 30 days) MO

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<i>tobramycin soln 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>trifluridine</i>	\$0 (Tier 1)	MO
ZIRGAN	\$0 (Tier 1)	MO
ANTI-INFLAMMATORIES		
ALREX	\$0 (Tier 1)	MO
<i>bromfenac ophthalmic solution</i>	\$0 (Tier 1)	MO
BROMSITE	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium ophthalmic soln 0.1%</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>difluprednate</i>	\$0 (Tier 1)	MO
DUREZOL	\$0 (Tier 1)	MO
EYSUVIS	\$0 (Tier 1)	MO
FLAREX	\$0 (Tier 1)	MO
FLUOROMETHOLONE	\$0 (Tier 1)	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	\$0 (Tier 1)	MO
ILEVRO	\$0 (Tier 1)	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	\$0 (Tier 1)	MO
LOTEMAX OINT	\$0 (Tier 1)	MO
LOTEMAX SM	\$0 (Tier 1)	MO
<i>loteprednol etabonate</i>	\$0 (Tier 1)	MO
<i>prednisolone acetate ophthalmic susp</i>	\$0 (Tier 1)	MO
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLN 1%	\$0 (Tier 1)	MO
PROLENSA	\$0 (Tier 1)	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic soln 0.05%</i>	\$0 (Tier 1)	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	\$0 (Tier 1)	MO
<i>epinastine hcl</i>	\$0 (Tier 1)	MO
LASTACFT	\$0 (Tier 1)	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	\$0 (Tier 1)	MO
<i>olopatadine hydrochloride ophthalmic soln 0.2%</i>	\$0 (Tier 1)	MO
ZERViate	\$0 (Tier 1)	MO

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ANTI GLAUCOMA		
ALPHAGAN P OPTHALMIC SOLN 0.1%	\$0 (Tier 1)	MO
<i>betaxolol hcl soln 0.5%</i>	\$0 (Tier 1)	MO
BETOPTIC-S	\$0 (Tier 1)	MO
BRIMONIDINE TARTRATE SOLN 0.15%	\$0 (Tier 1)	MO
<i>brimonidine tartrate soln 0.2%</i>	\$0 (Tier 1)	MO
<i>brinzolamide</i>	\$0 (Tier 1)	MO
<i>carteolol hcl</i>	\$0 (Tier 1)	MO
COMBIGAN	\$0 (Tier 1)	MO
<i>dorzolamide hcl/timolol maleate</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free</i>	\$0 (Tier 1)	MO
<i>latanoprost ophthalmic soln</i>	\$0 (Tier 1)	MO
<i>levobunolol hcl</i>	\$0 (Tier 1)	MO
LUMIGAN	\$0 (Tier 1)	MO
PHOSPHOLINE IODIDE	\$0 (Tier 1)	
<i>pilocarpine hcl ophthalmic soln</i>	\$0 (Tier 1)	MO
RHOPRESSA	\$0 (Tier 1)	MO
ROCKLATAN	\$0 (Tier 1)	MO
SIMBRINZA	\$0 (Tier 1)	MO
TIMOLOL MALEATE OPTHALMIC GEL FORMING SOLUTION	\$0 (Tier 1)	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	\$0 (Tier 1)	MO
<i>timolol maleate (generic Istalol) soln 0.5%</i>	\$0 (Tier 1)	MO
<i>travoprost</i>	\$0 (Tier 1)	MO
VYZULTA	\$0 (Tier 1)	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTH SOLN	\$0 (Tier 1)	MO
CYSTARAN	\$0 (Tier 1)	PA LA
ISOPTO ATROPINE	\$0 (Tier 1)	MO
<i>proparacaine hcl</i>	\$0 (Tier 1)	MO
RESTASIS	\$0 (Tier 1)	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	\$0 (Tier 1)	QL (5.5 ML per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYRVAYA	\$0 (Tier 1)	QL (8.4 ML per 30 days) MO
XIIDRA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid otic soln 2%</i>	\$0 (Tier 1)	MO
CIPRO HC	\$0 (Tier 1)	MO
CIPROFLOXACIN OTIC SOLN 0.2%	\$0 (Tier 1)	MO
<i>ciprofloxacin/dexamethasone</i>	\$0 (Tier 1)	MO
<i>flac otic oil</i>	\$0 (Tier 1)	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hc otic soln</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>ofloxacin otic soln 0.3%</i>	\$0 (Tier 1)	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	\$0 (Tier 1)	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb soln</i>	\$0 (Tier 1)	B/D MO
TRELEGY ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	\$0 (Tier 1)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	\$0 (Tier 1)	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	\$0 (Tier 1)	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	\$0 (Tier 1)	QL (45 ML per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal soln 0.15%</i>	\$0 (Tier 1)	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	\$0 (Tier 1)	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	\$0 (Tier 1)	PA MO
CARBINOXAMINE MALEATE TABS 6MG	\$0 (Tier 1)	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	\$0 (Tier 1)	PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cetirizine hydrochloride oral soln 1mg/ml</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	\$0 (Tier 1)	PA MO
<i>cycloheptadine hcl oral syrup 2mg/5ml</i>	\$0 (Tier 1)	PA MO
<i>cycloheptadine hcl tabs 4mg</i>	\$0 (Tier 1)	PA MO
<i>desloratadine</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	\$0 (Tier 1)	MO
<i>hydroxyzine hcl tabs</i>	\$0 (Tier 1)	PA MO
<i>hydroxyzine hydrochloride inj, syrp 10mg/5ml</i>	\$0 (Tier 1)	PA MO
<i>hydroxyzine pamoate caps</i>	\$0 (Tier 1)	PA MO
<i>levocetirizine dihydrochloride tabs</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	\$0 (Tier 1)	MO
<i>olopatadine hcl nasal soln 0.6%</i>	\$0 (Tier 1)	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	\$0 (Tier 1)	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aers 108mcg/act</i>	\$0 (Tier 1)	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	\$0 (Tier 1)	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	\$0 (Tier 1)	B/D MO
<i>albuterol sulfate syrp, tabs</i>	\$0 (Tier 1)	MO
<i>levalbuterol hcl nebu 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hydrochloride</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	\$0 (Tier 1)	B/D MO
LEVALBUTEROL TARTRATE HFA	\$0 (Tier 1)	QL (30 GM per 30 days) MO
SEREVENT DISKUS	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>terbutaline sulfate tabs, inj</i>	\$0 (Tier 1)	MO
VENTOLIN HFA	\$0 (Tier 1)	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew, tabs</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>montelukast sodium pack</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS		
<i>acetylcysteine inhalation soln 10%, 20%</i>	\$0 (Tier 1)	B/D MO
<i>aminophylline</i>	\$0 (Tier 1)	
<i>cromolyn sodium nebu 20mg/2ml</i>	\$0 (Tier 1)	B/D MO
DALIRESP	\$0 (Tier 1)	MO
<i>epinephrine inj 0.15mg/0.3ml, 0.15mg/0.15ml, 0.3mg/0.3ml</i>	\$0 (Tier 1)	QL (2 EA per 30 days) MO
ESBRIET CAPS	\$0 (Tier 1)	QL (270 EA per 30 days) PA LA
FASENRA	\$0 (Tier 1)	QL (1 ML per 28 days) PA LA
FASENRA PEN	\$0 (Tier 1)	QL (1 ML per 28 days) PA LA
KALYDECO PACK	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA
KALYDECO TABS	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
OFEV	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
ORKAMBI TABS	\$0 (Tier 1)	QL (112 EA per 28 days) PA LA
ORKAMBI PACK	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA
<i>pirfenidone caps</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 267mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 534mg, 801mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
PROLASTIN-C	\$0 (Tier 1)	PA LA
PULMOZYME	\$0 (Tier 1)	PA
<i>roflumilast</i>	\$0 (Tier 1)	MO
<i>theophylline er tabs 24hr 400mg, 600mg</i>	\$0 (Tier 1)	MO
<i>theophylline er tb12 100mg, 200mg</i>	\$0 (Tier 1)	
<i>theophylline er tb12 300mg, 450mg</i>	\$0 (Tier 1)	MO
<i>theophylline oral soln</i>	\$0 (Tier 1)	MO
TRIKAFTA THPK	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA
TRIKAFTA TBPK	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA
XOLAIR	\$0 (Tier 1)	PA LA
NASAL STEROIDS		
<i>flunisolide nasal spray 0.025%</i>	\$0 (Tier 1)	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	\$0 (Tier 1)	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	\$0 (Tier 1)	QL (34 GM per 30 days) MO
XHANCE	\$0 (Tier 1)	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ARNUITY ELLIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 (Tier 1)	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	\$0 (Tier 1)	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	\$0 (Tier 1)	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	\$0 (Tier 1)	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	\$0 (Tier 1)	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	\$0 (Tier 1)	QL (2 EA per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ADVAIR HFA	\$0 (Tier 1)	QL (12 GM per 30 days) MO
BREO ELLIPTA AEPB 50MCG/INH; 25MCG/INH	\$0 (Tier 1)	QL (60 EA per 30 days)
BREO ELLIPTA AEPB 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	\$0 (Tier 1)	QL (60 EA per 30 days) MO
SYMBICORT	\$0 (Tier 1)	QL (10.2 GM per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>	\$0 (Tier 1)	PA
<i>amnestem</i>	\$0 (Tier 1)	PA
<i>claravis</i>	\$0 (Tier 1)	PA
<i>clindacin</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>clindamycin phosphate foam 1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	\$0 (Tier 1)	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotn 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>dapsone gel 5%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	\$0 (Tier 1)	MO
<i>erythromycin/benzoyl peroxide</i>	\$0 (Tier 1)	MO
<i>erythromycin gel 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>erythromycin soln 2%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	\$0 (Tier 1)	PA
<i>sulfacetamide sodium lotn 10%</i>	\$0 (Tier 1)	MO
TRETINOIN MICROSPHERE	\$0 (Tier 1)	QL (50 GM per 30 days) PA MO

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TRETINOIN MICROSPHERE PUMP	\$0 (Tier 1)	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	\$0 (Tier 1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate crea 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mafenide acetate packets</i>	\$0 (Tier 1)	MO
<i>mupirocin oint</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mupirocin crea</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream</i>	\$0 (Tier 1)	MO
SSD	\$0 (Tier 1)	
SULFAMYLLON CREAM 85MG/GM	\$0 (Tier 1)	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine crea 0.77%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>econazole nitrate cream</i>	\$0 (Tier 1)	QL (85 GM per 30 days) MO
ERTACZO	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole crea 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>naftifine hcl cream 1%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>nyamyc</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>nystop</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	\$0 (Tier 1)	PA MO

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<i>calcipotriene crea, oint</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	\$0 (Tier 1)	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	\$0 (Tier 1)	QL (800 GM per 28 days) PA MO
<i>methoxsalen caps</i>	\$0 (Tier 1)	MO
<i>tazarotene gel</i>	\$0 (Tier 1)	QL (100 GM per 30 days) PA MO
<i>tazarotene cream 0.1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole sham 2%</i>	\$0 (Tier 1)	MO
<i>selenium sulfide lotion 2.5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	\$0 (Tier 1)	
<i>ala-cort crea 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate augmented crea</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate augmented gel, oint</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate augmented lotn</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>betamethasone dipropionate lotn</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate crea, oint</i>	\$0 (Tier 1)	MO
<i>betamethasone valerate crea, lotn, oint</i>	\$0 (Tier 1)	MO
<i>betamethasone valerate foam</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam 0.05%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>clobetasol propionate sham</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liqd</i>	\$0 (Tier 1)	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	\$0 (Tier 1)	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	\$0 (Tier 1)	QL (118 ML per 30 days)
<i>desonide lotn</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>desonide crea, gel, oint</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>desoximetasone cream, oint</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>desrx</i>	\$0 (Tier 1)	QL (60 GM per 30 days)

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<i>diflorasone diacetate crea</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>diflorasone diacetate oint</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
ENSTILAR	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide soln 0.01%</i>	\$0 (Tier 1)	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	\$0 (Tier 1)	MO
<i>fluticasone propionate lotn 0.05%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	\$0 (Tier 1)	MO
<i>halobetasol propionate crea</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>halobetasol propionate oint</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate oint</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate oint</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone crea 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone oint 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	\$0 (Tier 1)	MO
<i>mometasone furoate oint 0.1%</i>	\$0 (Tier 1)	MO
<i>mometasone furoate soln 0.1%</i>	\$0 (Tier 1)	MO
<i>prednicarbate</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>proctosol hc</i>	\$0 (Tier 1)	
TEXACORT	\$0 (Tier 1)	MO
<i>tovet</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>triamcinolone acetone aers spray</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetone crea 0.025%, 0.5%</i>	\$0 (Tier 1)	MO

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<i>triamcinolone acetonide crea 0.1%</i>	\$0 (Tier 1)	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>lidocaine ptch</i>	\$0 (Tier 1)	QL (3 EA per 1 days) PA MO
<i>lidocaine oint</i>	\$0 (Tier 1)	QL (35.44 GM per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream, lotn</i>	\$0 (Tier 1)	MO
<i>azelaic acid gel</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA
<i>diclofenac sodium gel 1%</i>	\$0 (Tier 1)	QL (1000 GM per 30 days) MO
DOXEPIN HYDROCHLORIDE CREA 5%	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 40MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
FINACEA FOAM	\$0 (Tier 1)	QL (50 GM per 30 days) MO
FLUOROPLEX	\$0 (Tier 1)	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	\$0 (Tier 1)	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	\$0 (Tier 1)	QL (40 GM per 30 days) PA MO
<i>fluorouracil topical soln 2%, 5%</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 1)	MO
IMIQUIMOD PUMP	\$0 (Tier 1)	QL (15 GM per 28 days) MO
<i>imiquimod crea 5%</i>	\$0 (Tier 1)	QL (24 EA per 30 days) MO
<i>imiquimod crea 3.75%</i>	\$0 (Tier 1)	QL (28 EA per 28 days) MO
<i>metronidazole crea 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 1%</i>	\$0 (Tier 1)	MO
<i>metronidazole lotn 0.75%</i>	\$0 (Tier 1)	MO
NORITATE	\$0 (Tier 1)	QL (60 GM per 30 days) MO
ORACEA	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
PANRETIN	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>podofilox</i>	\$0 (Tier 1)	MO
<i>procto-med hc</i>	\$0 (Tier 1)	
<i>procto-pak</i>	\$0 (Tier 1)	MO

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D LA - Limited Access MO - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>proctozone-hc</i>	\$0 (Tier 1)	
RECTIV	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>rosadan gel</i>	\$0 (Tier 1)	
<i>rosadan crea</i>	\$0 (Tier 1)	
<i>tacrolimus oint 0.03%, 0.1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
VALCHLOR	\$0 (Tier 1)	QL (60 GM per 30 days) PA LA
ZYCLARA PUMP CREAM 2.5%	\$0 (Tier 1)	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	\$0 (Tier 1)	MO
<i>permethrin cream 5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	\$0 (Tier 1)	QL (30 GM per 30 days) PA MO
SANTYL	\$0 (Tier 1)	MO
<i>sodium chloride irrigation soln 0.9%</i>	\$0 (Tier 1)	MO
<i>sterile water for irrigation</i>	\$0 (Tier 1)	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	\$0 (Tier 1)	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	\$0 (Tier 1)	MO
<i>clinpro 5000</i>	\$0 (Tier 1)	MO
<i>clotrimazole troc 10mg</i>	\$0 (Tier 1)	MO
<i>dentagel</i>	\$0 (Tier 1)	MO
<i>fluoridex daily defense</i>	\$0 (Tier 1)	
<i>fluoridex sensitivity relief/sls free</i>	\$0 (Tier 1)	
<i>fluorimax 5000</i>	\$0 (Tier 1)	
<i>fluorimax 5000 sensitive</i>	\$0 (Tier 1)	
<i>just right 5000</i>	\$0 (Tier 1)	
<i>kourzeq</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride viscous</i>	\$0 (Tier 1)	MO
<i>lidocaine viscous soln 2%</i>	\$0 (Tier 1)	MO
<i>nystatin susp 100000unit/ml</i>	\$0 (Tier 1)	MO
<i>oralone dental paste</i>	\$0 (Tier 1)	
<i>paroex</i>	\$0 (Tier 1)	
<i>periogard</i>	\$0 (Tier 1)	
<i>pilocarpine hydrochloride tabs</i>	\$0 (Tier 1)	MO
<i>sf gel</i>	\$0 (Tier 1)	MO

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D LA - Limited Access MO - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sodium fluoride 5000 ppm dental paste</i>	\$0 (Tier 1)	MO
<i>sodium fluoride 5000 ppm dry mouth</i>	\$0 (Tier 1)	MO
<i>sodium fluoride gel 1.1%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide dental paste</i>	\$0 (Tier 1)	MO

D. Index of Covered Drugs

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TYBOST	19	<i>verapamil hydrochloride er</i>	36
<i>tydemy</i>	63	VERSACLOZ	48
TYPHIM VI	77	VERZENIO	30
TYRVAYA	84	<i>vestura</i>	63
U		VICTOZA	57
UKONIQ	30	<i>vienva</i>	63
UNITHROID	67	<i>vigabatrin</i>	42
<i>ursodiol</i>	70	<i>vigadrone</i>	42
V		VIIBRYD STARTER PACK	45
<i>valacyclovir hcl</i>	21	<i>vilazodone hydrochloride</i>	45
<i>valacyclovir hydrochloride</i>	21	<i>viorele</i>	63
VALCHLOR	92	VIRACEPT	19
<i>valganciclovir</i>	21	VIREAD	19
<i>valganciclovir hydrochloride</i>	21	VITRAKVI	30
<i>valproate sodium</i>	42	VIVITROL	53
<i>valproic acid</i>	42	VIZIMPRO	30
<i>valsartan</i>	33	<i>volnea</i>	63
<i>valsartan/hydrochlorothiazide</i>	33	VONJO	30
VALTOCO	42	<i>voriconazole</i>	17
VANCOMYCIN	16	VOSEVI	21
<i>vancomycin hcl</i>	16	VOTRIENT	30
VANCOMYCIN HCL	16	VP-PNV-DHA	80
<i>vancomycin hydrochloride</i>	16, 17	VRAYLAR	49
VANFLYTA	30	VRAYLAR CAP THERAPY PACK	48
		VUMERITY	52
		<i>vyfemla</i>	63

Drug Name	Page #	Drug Name	Page #
<i>vylibra</i>	63	<i>ziprasidone hcl</i>	49
VYVANSE	50	<i>ziprasidone mesylate</i>	49
VYZULTA	83	ZIRABEV	31
W		ZIRGAN	82
<i>warfarin sodium</i>	72	<i>zoledronic acid</i>	57
WELIREG	27	ZOLEDRONIC ACID	57
<i>wera</i>	63	ZOLINZA	31
WESTAB PLUS	80	<i>zolpidem tartrate</i>	50
<i>wymzya fe</i>	63	ZONISADE	42
X		<i>zonisamide</i>	42
XALKORI	30	<i>zovia 1/35</i>	63
XARELTO	72	ZTALMY	42
XARELTO STARTER PACK	72	<i>zumandimine</i>	63
XATMEP	75	ZYCLARA	92
XCOPRI	42	ZYDELIG	31
XELJANZ	74	ZYKADIA	31
XELJANZ XR	74	ZYLET	81
XERMELO	70	ZYPREXA RELPREVV	49
XGEVA	57	ZYTIGA	26
XHANCE	86		
XIFAXAN	70		
XIGDUO XR	57		
XIIDRA	84		
XOLAIR	86		
XOSPATA	31		
XPOVIO	31		
XTANDI	26		
XULTOPHY	55		
XYREM	52		
Y			
YF-VAX	77		
<i>yuvaferm</i>	64		
Z			
<i>zafirlukast</i>	85		
<i>zaleplon</i>	50		
ZARXIO	73		
ZEJULA	31		
ZELBORAF	31		
<i>zenatane</i>	88		
ZENPEP	70		
<i>zenzedi</i>	50		
ZERVIAE	82		
<i>zidovudine</i>	19		

Additional Medicaid Drug Coverage List

Drug Name	
ALTERNATIVE MEDICINES	
*Alternative Medicine - Co's***	
coenzyme q-10 oral capsule 100 mg	
co-enzyme q-10 oral capsule 30 mg	
coenzyme q10 oral capsule 50 mg	
*Alternative Medicine - Me's***	
melatonin maximum strength oral tablet 5 mg	
melatonin oral tablet 1 mg	
melatonin oral tablet 3 mg, 5 mg	
*Alternative Medicine - St's***	
stevia oral packet 100 mg	
ANALGESICS - ANTI-INFLAMMATORY	
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)s***	
ibuprofen infants oral suspension 50 mg/1.25ml	
ibuprofen oral capsule 200 mg	
ibuprofen oral suspension 100 mg/5ml	
ibuprofen oral tablet 200 mg	
ibuprofen oral tablet chewable 100 mg	
naproxen sodium oral capsule 220 mg	
naproxen sodium oral tablet 220 mg	
ANALGESICS - NONNARCOTIC	
*Analgesic Combinations***	
headache relief extra str oral tablet 250-250-65 mg	
migraine formula oral tablet 250-250-65 mg	
headache formula oral tablet 250-250-65 mg	
headache relief oral tablet 250-250-65 mg	
migraine relief oral tablet 250-250-65 mg	
pain reliever plus oral tablet 250-250-65 mg	
*Analgesics Other***	
acetaminophen er oral tablet extended release 650 mg	
acetaminophen junior strength oral tablet dispersible 160 mg	
acetaminophen oral liquid 160 mg/5ml	
acetaminophen oral solution 160 mg/5ml	
acetaminophen oral suspension 160 mg/5ml	

Drug Name	
acetaminophen oral tablet 325 mg, 500 mg	
acetaminophen oral tablet chewable 160 mg, 80 mg	
acetaminophen rectal suppository 120 mg	
acetaminophen rectal suppository 650 mg	
*Salicylate Combinations***	
bufferin oral tablet 325 mg	
*Salicylates***	
aspirin 81 oral tablet chewable 81 mg	
aspirin 81 oral tablet delayed release 81 mg	
aspirin oral tablet 325 mg	
aspirin oral tablet delayed release 325 mg	
aspirin rectal suppository 300 mg	
ANORECTAL AND RELATED PRODUCTS	
*Rectal Local Anesthetics***	
anorectal external cream 5 %	
lidocaine (anorectal) external cream 5 %	
pramoxine hcl (perianal) external foam 1 %	
rectasmoother external cream 5 %	
ANTACIDS	
*Antacid Combinations***	
antacid extra strength oral tablet chewable 160-105 mg	
*Antacids - Bicarbonate***	
sodium bicarbonate oral tablet 325 mg, 650 mg	
*Antacids - Calcium Salts***	
calcium carbonate antacid oral suspension 1250 mg/5ml	
tums extra strength 750 oral tablet chewable 750 mg	
tums oral tablet chewable 500 mg	
*Antacids - Magnesium Salts***	
magnesium oxide oral tablet 400 mg	
ANTIDIABETICS	
*Diabetic Other***	
glucose oral tablet chewable 4 gm	
glucose tablet chewable 5 gm oral tablet chewable 5 gm	
glutose 15 oral gel 40 %	
glutose 45 oral gel 40 %	
glutose 5 oral gel 40 %	
insta-glucose oral gel 77.4 %	

Drug Name	
ANTIDIARRHEAL/PROBIOTIC AGENTS	
*Antidiarrheal/Probiotic Agents - Misc.***	
acidophilus lactobacillus oral capsule	
acidophilus/l-sporogenes oral tablet	
bismuth subsalicylate oral tablet chewable 262 mg	
envive oral capsule	
floranex oral tablet	
probitrol oral capsule	
promerol oral capsule	
risaquad oral capsule	
risaquad-2 oral capsule	
acidophilus oral capsule 10 mg	
soothe maximum strength oral suspension 525 mg/15ml	
soothe oral suspension 262 mg/15ml	
*Antidiarrheal/Probiotic Combinations***	
acidophilus/pectin oral capsule	
*Antiperistaltic Agents***	
loperamide hcl oral capsule 2 mg	
loperamide hcl oral suspension 1 mg/7.5ml	
loperamide hcl oral tablet 2 mg	
ANTIEMETICS	
*Antiemetics - Anticholinergic***	
meclizine hcl oral tablet 12.5 mg, 25 mg	
meclizine hcl oral tablet chewable 25 mg	
ANTIHISTAMINES	
*Antihistamines - Alkylamines***	
chlorpheniramine maleate er oral tablet extended release 12 mg	
chlorpheniramine maleate oral tablet 4 mg	
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	
*Antihistamines - Ethanolamines***	
diphenhydramine hcl oral capsule 25 mg, 50 mg	
diphenhydramine hcl oral liquid 12.5 mg/5ml	
diphenhydramine hcl oral tablet 25 mg	
*Antihistamines - Non-Sedating***	
allergy childrens oral suspension 30 mg/5ml	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	
cetirizine hcl oral tablet 10 mg, 5 mg	

Drug Name	
fexofenadine hcl oral tablet 180 mg, 60 mg	
loratadine childrens oral tablet chewable 5 mg	
loratadine oral solution 5 mg/5ml	
loratadine oral tablet 10 mg	
CHEMICALS	
*Bulk Chemicals - Et's***	
ethyl oleate liquid	
*Bulk Chemicals - St's***	
stevia extract powder, 90 %	
*Fixed Oils***	
castor oil	
cottonseed oil	
olive oil	
sesame oil	
*Liquids***	
benzyl benzoate liquid	
glycerin liquid	
CONTRACEPTIVES	
*Emergency Contraceptives***	
levonorgestrel oral tablet 1.5 mg	
COUGH/COLD/ALLERGY	
*Antitussive - Nonnarcotic***	
dextromethorphan polistirex er oral suspension extended release 30 mg/5ml	
*Antitussive-Expectorant***	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	
guaifenesin-codeine oral solution 100-10 mg/5ml	
guaifenesin-dm cr oral tablet extended release 12 hour 1200-60 mg	
m-clear wc oral solution 100-6.33 mg/5ml	
mucus relief dm max oral liquid 20-400 mg/20ml	
mucus relief dm oral tablet extended release 12 hour 30-600 mg	
*Antitussive-Expectorants-Decongestant***	
mucus relief severe congest/cgh oral liquid 2.5-5-100 mg/5ml	
phenylephrine-dm-gg oral liquid 10-18-200 mg/15ml	
*Decongestant & Antihistamine***	
alahist d oral tablet 17.5-10 mg	

Drug Name	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	
*Expectorants***	
guaifenesin er oral tablet extended release 12 hour 600 mg	
guaifenesin oral liquid 100 mg/5ml	
guaifenesin oral tablet 200 mg, 400 mg	
mucus relief max st oral tablet extended release 12 hour 1200 mg	
*Non-Narc Antitussive-Decongestant-Antihistamine***	
cold & cough childrens oral liquid 2.5-1-5 mg/5ml	
pse-dexchlorphen-chlophedianol oral liquid 30-1-12.5 mg/5ml	
vanacof oral liquid 30-1-12.5 mg/5ml	
DERMATOLOGICALS	
*Acne Products***	
acne medication 10 external gel 10 %	
acne medication 10 external lotion 10 %	
acne medication 2.5 external gel 2.5 %	
acne medication 5 external gel 5 %	
acne medication 5 external lotion 5 %	
benzoyl peroxide wash external liquid 5 %	
panoxyl creamy wash external liquid 4 %	
panoxyl foaming wash external liquid 10 %	
*Antibiotic Mixtures Topical***	
antibiotic/pain relief external cream 3.5-10000-10	
polysporin external ointment 500-10000 unit/gm	
antibiotic plus pain relief external cream 3.5-10000-10	
triple antibiotic external ointment 3.5-400-5000	
*Antibiotics - Topical***	
bacitracin external ointment 500 unit/gm	
*Antifungals - Topical***	
butenafine hcl external cream 1 %	
jock itch spray powder external aerosol powder 1 %	
lamisil at external cream 1 %	

Drug Name	
tinactin external cream 1 %	
tolnaftate external powder 1 %	
*Antiseborrheic Products***	
anti-dandruff external shampoo 1 %	
*Astringents***	
calamine external lotion	
zinc oxide external ointment 40 %	
*Corticosteroids - Topical***	
anti-itch maximum strength external cream 1 %	
aquanil hc external lotion 1 %	
hydrocortisone acetate external cream 1 %	
hydrocortisone acetate external ointment 1 %	
hydrocortisone external cream 0.5 %	
hydrocortisone external lotion 1 %	
hydrocortisone external ointment 0.5 %, 1 %	
*Diaper Rash Products***	
medi-paste external ointment	
*Emollient Combinations***	
mineral oil-hydrophil petrolat external ointment	
*Emollient/Keratolytic Agents***	
urea 20 intensive hydrating external cream 20 %	
urea external cream 20 %	
ureacin-20 external cream 20 %	
*Emollients***	
a&d external ointment	
a+d prevent external ointment	
ammonium lactate external cream 12 %	
ammonium lactate external lotion 12 %	
glycerin external liquid	
hydrolatum external ointment	
keri nourishing shea butter external lotion	
vitamins a & d external ointment	
*Imidazole-Related Antifungals - Topical***	
antifungal external cream 2 %	
antifungal external powder 2 %	
clotrimazole anti-fungal external cream 1 %	
clotrimazole external solution 1 %	

Drug Name	
*Keratolytic/Antimitotic Agents***	
corn & callus remover external liquid 17 %	
*Local Anesthetics - Topical***	
arthritis pain relieving external cream 0.075 %	
capsaicin external cream 0.025 %	
lidocaine hcl external cream 4 %	
lidocaine pain relief external patch 4 %	
*Misc. Topical Combinations***	
calamine-zinc oxide external lotion 8-8 %	
*Scabicide Combinations***	
lice killing maximum strength external shampoo 0.33-4 %	
*Scabicides & Pediculicides***	
lice treatment creme rinse external liquid 1 %	
lice treatment external lotion 1 %	
*Tar Products***	
dhs tar external shampoo 0.5 %	
therapeutic external shampoo 0.5 %	
*Topical Steroid Combinations***	
hydrocortisone external cream 0.5 %, 1 %	
DIAGNOSTIC PRODUCTS	
*Diagnostic Tests***	
fora gtel blood ketone test in vitro strip	
ketone test strips in vitro strip	
*Multiple Urine Tests***	
ketone test strips in vitro strip	
GASTROINTESTINAL AGENTS - MISC.	
*Antiflatulents***	
simethicone oral suspension 40 mg/0.6ml	
simethicone oral tablet chewable 80 mg	
HEMATOPOIETIC AGENTS	
*Cobalamins***	
vitamin b-12 oral tablet 1000 mcg	
vitamin b-12 sublingual tablet sublingual 1000 mcg	
*Folic Acid/Folates***	
folic acid oral tablet 1 mg	

Drug Name	
*Iron Combinations***	
iron 100 plus oral tablet 100-250-0.025-1 mg	
*Iron***	
ferretts chewable iron oral tablet chewable 18 mg	
ferrocite oral tablet 324 mg	
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg	
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg	
ferrous gluconate oral tablet 324 (38 fe) mg	
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	
ferrous sulfate oral solution 75 (15 fe) mg/ml	
ferrous sulfate oral tablet 325 (65 fe) mg	
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	
iron chews pediatric oral tablet chewable 15 mg	
iron oral tablet 28 mg	
slow release iron oral tablet extended release 143 (45 fe) mg	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
*Antihistamine Hypnotics***	
sleep-aid (doxylamine) oral tablet 25 mg	
LAXATIVES	
*Bulk Laxatives***	
fiber oral powder 28.3 %	
natural fiber oral powder 58.6 %	
*Laxatives - Miscellaneous***	
glycerin (adult) rectal suppository 2.1 gm	
polyethylene glycol 3350 oral powder 17 gm/scoop	
*Laxatives & Dss***	
easy-lax plus oral tablet 8.6-50 mg	
*Saline Laxative Mixtures***	
enema disposable rectal enema	
*Saline Laxatives***	
magnesium citrate oral solution 1.745 gm/30ml	
milk of magnesia oral suspension 1200 mg/15ml	
*Stimulant Laxatives***	
bisacodyl ec oral tablet delayed release 5 mg	
bisacodyl rectal suppository 10 mg	

Drug Name	
castor oil oral oil 100 %	
gentle laxative rectal suppository 10 mg	
senna oral syrup 176 mg/5ml, 8.8 mg/5ml	
senna oral tablet 8.6 mg	
senna smooth oral tablet 15 mg	
*Surfactant Laxatives***	
docusate calcium oral capsule 240 mg	
docusate sodium oral capsule 250 mg	
docusate sodium oral liquid 50 mg/5ml	
docusate sodium oral syrup 60 mg/15ml	
stool softener oral capsule 100 mg	
MEDICAL DEVICES AND SUPPLIES	
*Condoms - Female***	
fc2 female condom	
*Condoms - Male***	
condoms	
MINERALS & ELECTROLYTES	
*Calcium Combinations***	
calcium 500 + d oral tablet 500-3.125 mg-mcg	
calcium 600 + minerals oral tablet 600-200 mg-unit	
calcium 600+d oral tablet 600-5 mg-mcg	
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 600-10 mg-mcg	
calcium carb-cholecalciferol oral tablet 600-5 mg-mcg	
calcium+d3 oral tablet 500-10 mg-mcg	
os-cal calcium + d3 oral tablet 500-5 mg-mcg	
calcium/minerals/vitamin d oral tablet 600-400 mg-unit	
*Calcium***	
calcium 600 oral tablet 600 mg	
calcium carbonate oral tablet 1500 (600 ca) mg	
calcium citrate oral tablet 950 (200 ca) mg	
calcium oral tablet 500 mg	
oyster shell calcium oral tablet 500 mg	
*Magnesium***	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg	

Drug Name	
MULTIVITAMINS	
*B-Complex W/ C***	
b-complex-c oral tablet	
*Multiple Vitamins W/ Iron***	
multi-vitamin/iron oral tablet	
*Multiple Vitamins W/ Minerals***	
multi vitamin/minerals oral tablet	
ultra-mega oral tablet extended release	
*Multivitamins***	
daily-vite oral tablet	
essential one daily oral tablet	
essentials oral tablet	
multiple vitamins essential oral tablet	
stress formula oral tablet	
tab-a-vite oral tablet	
tab-a-vite/beta carotene oral tablet	
thera oral tablet	
*Ped Multi Vitamins W/Fl & Fe***	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	
*Ped Multiple Vitamins W/ Minerals***	
activnutrients oral tablet chewable	
*Ped Mv W/ Fluoride***	
multivitamin/fluoride oral solution 0.5 mg/ml	
multi-vitamin/fluoride oral solution 0.5 mg/ml	
*Ped Mv W/ Iron***	
cerovite jr oral tablet chewable 18 mg	
childrens animal shapes oral tablet chewable 18 mg	
multivitamin infant & toddler oral solution 11 mg/ml	
childrens complete oral tablet chewable 18 mg	
animal shapes complete oral tablet chewable 18 mg	
*Ped Vitamins Acid W/ Fluoride***	
tri-vite/fluoride oral solution 0.25 mg/ml	
vitamins acid-fluoride oral solution 0.25 mg/ml	
*Pediatric Multiple Vitamins***	
childrens chewables/ex c oral tablet chewable	
little ones childrens oral tablet chewable	
poly-vi-sol oral solution	

Drug Name	
childrens vitamins/extra c oral tablet chewable	
animal shapes kids first oral tablet chewable	
*Prenatal Mv & Min W/Fe-Fa***	
theranatal core nutrition oral tablet 27-1 mg	
NASAL AGENTS - SYSTEMIC AND TOPICAL	
*Nasal Agents - Misc.***	
saline nasal gel	
saline nasal spray nasal solution 0.65 %	
*Nasal Mast Cell Stabilizers***	
cromolyn sodium nasal aerosol solution 5.2 mg/act	
*Nasal Steroids***	
fluticasone propionate nasal suspension 50 mcg/act	
triamcinolone acetonide nasal aerosol 55 mcg/act	
*Systemic Decongestants***	
phenylephrine hcl oral tablet 10 mg	
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	
pseudoephedrine hcl oral tablet 30 mg, 60 mg	
sudogest oral tablet 60 mg	
*Topical Decongestants***	
nasal spray 12 hour nasal solution 0.05 %	
NUTRIENTS	
*Misc. Nutritional Substances***	
fish oil triple strength oral capsule 1400 mg	
omega-3 fish oil oral capsule delayed release 1200 mg	
omega-3 fish oil oral capsule 1200 mg	
omega-3 fish oil oral capsule 300 mg	
sea-omega oral capsule 1000 mg	
OPHTHALMIC AGENTS	
*Artificial Tear And Lubricant Combinations***	
artificial tears pf ophthalmic solution 0.1-0.3 %	
natural tears pf ophthalmic solution 0.1-0.3 %	
dry eye relief drops ophthalmic solution 0.2-0.2-1 %	
genteal tears moderate pf ophthalmic solution 0.1-0.3 %	
genteal tears pf ophthalmic solution 0.1-0.3 %	
eye drops ophthalmic solution 0.2-0.2-1 %	
lubricant eye drops (pf) ophthalmic solution 0.1-0.3 %, 0.4-0.3 %	

Drug Name	
refresh digital ophthalmic solution 0.5-1-0.5 %	
refresh optive advanced ophthalmic solution 0.5-1-0.5 %	
refresh optive ophthalmic gel 1-0.9 %	
refresh relieva pf ophthalmic solution 0.5-1 %	
dry eye relief ophthalmic solution 0.2-0.2-1 %	
systane ophthalmic gel 0.4-0.3 %	
systane ophthalmic solution 0.4-0.3 %	
*Artificial Tears And Lubricants***	
carboxymethylcellulose sodium ophthalmic gel 1 %	
dry eye relief ophthalmic gel 1 %	
genteal severe ophthalmic gel 0.3 %	
polyvinyl alcohol ophthalmic solution 1.4 %	
refresh liquigel ophthalmic gel 1 %	
refresh plus ophthalmic solution 0.5 %	
refresh tears ophthalmic solution 0.5 %	
systane complete ophthalmic solution 0.6 %	
*Ophthalmic Antiallergic***	
eye allergy itch/red relief ophthalmic solution 0.1 %	
ketotifen fumarate ophthalmic solution 0.025 %	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	
pataday ophthalmic solution 0.7 %	
*Ophthalmic Decongestant Combinations***	
eye allergy relief ophthalmic solution 0.025-0.3 %, 0.027-0.315 %	
*Ophthalmic Decongestants***	
eye drops ophthalmic solution 0.05 %	
OTIC AGENTS	
*Otic Agents - Miscellaneous***	
ear drops otic solution 6.5 %	
PHARMACEUTICAL ADJUVANTS	
*Antimicrobial Agents***	
benzyl alcohol liquid	
*Flavoring Agents***	
blood orange os liquid	
flavorx liquid	
*Gelatin Capsules (Empty)***	
empty capsule size 000 white capsule	

Drug Name	
*Oral Vehicles***	
cherry oral syrup	
good start sterile water oral liquid	
oral suspend oral liquid	
pcca-plus oral suspension	
raspberry syrup oral syrup	
simple syrup oral syrup	
sorbitol solution 70 %	
syrspend sf oral suspension reconstituted	
syrup vehicle oral syrup	
*Pharmaceutical Excipients***	
lactose monohydrate powder	
xanthan gum powder	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
*Smoking Deterrents***	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	
nicotine polacrilex mouth/throat lozenge 2 mg	
nicotine polacrilex mouth/throat lozenge 4 mg	
nicotine transdermal kit 21-14-7 mg/24hr	
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	
nicotine transdermal patch 24 hour 7 mg/24hr	
*ULCER	
DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*	
*H-2 Antagonists***	
cimetidine 200 oral tablet 200 mg	
famotidine oral tablet 10 mg, 20 mg	
*Proton Pump Inhibitors***	
esomeprazole magnesium oral capsule delayed release 20 mg	
lansoprazole oral capsule delayed release 15 mg	
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	
omeprazole oral tablet delayed release 20 mg	
VAGINAL AND RELATED PRODUCTS	
*Imidazole-Related Antifungals***	
clotrimazole vaginal cream 1 %	
miconazole 1 vaginal kit 1200 & 2 mg & %	
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	

Drug Name	
miconazole nitrate vaginal cream 2 %	
*Spermicides***	
encare vaginal suppository 100 mg	
options gynol ii contraceptive vaginal gel 3 %	
today sponge vaginal 1000 mg	
vaginal contraceptive vaginal film 28 %	
vaginal contraceptive vaginal foam 12.5 %	
vaginal contraceptive vaginal gel 4 %	
VITAMINS	
*Vitamin B-1***	
thiamine mononitrate oral tablet 100 mg	
*Vitamin B-3***	
niacin er oral capsule extended release 250 mg, 500 mg	
niacin er oral tablet extended release 500 mg, 750 mg	
niacin oral tablet 100 mg	
niacin oral tablet 500 mg	
*Vitamin B-6***	
pyridoxine hcl oral tablet 50 mg	
vitamin b-6 oral tablet 25 mg	
*Vitamin C***	
ascorbic acid oral tablet 500 mg	
c-500 oral tablet chewable 500 mg	
chewable c oral tablet chewable 500 mg	
vit c/rose hips oral tablet 1000 mg	
vitamin c oral tablet 1000 mg, 250 mg	
vitamin c oral tablet chewable 500 mg	
vitamin c/rose hips oral tablet 500 mg	
vitamin c oral tablet 1000 mg, 250 mg, 500 mg	
*Vitamin D***	
calcitol oral solution 200 mcg/ml	
d 1000 oral tablet chewable 25 mcg (1000 ut)	
d3-50 oral capsule 1.25 mg (50000 ut)	
d-vi-sol oral liquid 10 mcg/ml	
natural vitamin d-3 oral tablet 125 mcg (5000 ut)	
pronutrients vitamin d3 oral capsule 25 mcg (1000 ut)	
vitamin d (cholecalciferol) oral capsule 50 mcg (2000 ut)	
vitamin d (cholecalciferol) oral tablet chewable 10 mcg (400 unit)	

Drug Name	
vitamin d3 oral capsule 125 mcg (5000 ut)	
vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	
vitamin d3 oral tablet dispersible 125 mcg (5000 ut)	

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number on your ID card.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

注意：如果您使用中文，您可以免費獲得語言援助服務。請撥打您的會員身分卡上的電話號碼。

Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Other Pharmacies are available in our network. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at 1-844-362-0934, 8 a.m. to 8 p.m., E.S.T., 7 days a week. TTY users call 711.

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-362-0934. Someone who speaks English/Language 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 1-844-362-0934. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-362-0934。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-844-362-0934。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-362-0934. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-362-0934. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-362-0934 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 1-844-362-0934. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-362-0934번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-362-0934. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-362-0934. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-362-0934 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-362-0934. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-362-0934. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-362-0934. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-362-0934. Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-362-0934にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ‘ōlelo kā mākou i mea e pane ‘ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā‘au lapa‘au paha. I mea e loa‘a ai ke kōkua māhele ‘ōlelo, e kelepona mai iā mākou ma 1-844-362-0934. E hiki ana i kekahi mea ‘ōlelo Pelekānia/‘Ōlelo ke kōkua iā ‘oe. He pōmaika‘i manuahi kēia.

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This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Aetna® Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary**

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AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary