2024 List of Covered Drugs/Formulary

Aetna Better Health® Premier Plan MMAI

Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

For more recent information or other questions, contact us at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or visit **AetnaBetterHealth.com/Illinois**

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Aetna Better Health Premier Plan MMAI | 2024 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by Aetna Better Health Premier Plan MMAI. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Aetna Better Health Premier Plan MMAI. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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

For more recent information or other questions, contact us at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or visit **AetnaBetterHealth.com/Illinois.**

Table of Contents

A. Disclaimers....III

B. Frequently Asked Questions (FAQ)....IV

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

B2. Does the Drug List ever change?....IV

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

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

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

B6. What happens if Aetna Better Health Premier Plan MMAI changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?....VII

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

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

B9. What if I am a new Aetna Better Health Premier Plan MMAI member and can't find my drug on the Drug List or have a problem getting my drug?.....VIII

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

B11. How can I ask for an exception?.....IX

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

B13. What are generic drugs?.....X

B14. What are OTC drugs?.....X

B15. Does Aetna Better Health Premier Plan MMAI cover non-drug OTC products?.....X

B16. What is my copay?.....X

B17. What are drug tiers?.....X

C. Overview of the *List of Covered Drugs*.....XI

C1. Drugs Grouped by Medical Condition.....1

D. Index of Covered Drugs.....119

A. Disclaimers

This is a list of drugs that members can get in Aetna Better Health Premier Plan MMAI.

- Aetna Better Health Premier Plan MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ATENCIÓN: Si habla español, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-866-600-2139 (TTY: 711)** las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 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 Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- The formulary may change at any time. You will receive notice when necessary.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 2 are the drugs covered by Aetna Better Health Premier Plan MMAI. 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 Better Health Premier Plan MMAI 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 Better Health Premier Plan MMAI network pharmacy.
- Aetna Better Health Premier Plan MMAI may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website at **AetnaBetterHealth.com/Illinois** or call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

B2. Does the Drug List ever change?

Yes, and Aetna Better Health Premier Plan MMAI must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior authorization (PA) or approval for a drug. (PA is permission from Aetna Better Health Premier Plan MMAI 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.

This section is continued on the next page.

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

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

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

- You can always check Aetna Better Health Premier Plan MMAI's up to date Drug List online at **AetnaBetterHealth.com/Illinois.**
- You can also call Member Services to check the current Drug List at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

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

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

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

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.

This section is continued on the next page.

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 medication in an outpatient setting and 31-day supply of medication in a long-term care facility after you ask for a refill.

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

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

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

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

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Aetna Better Health Premier Plan MMAI before you fill your prescription. Aetna Better Health Premier Plan MMAI may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Aetna Better Health Premier Plan MMAI limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Better Health Premier Plan MMAI requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
- **Indication-based coverage:** If Aetna Better Health Premier Plan MMAI covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 2 - 118. You can also get more information by visiting our website at **AetnaBetterHealth.com/Illinois**. We have posted online documents that explains our PA and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table of drugs on page 2 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Aetna Better Health Premier Plan MMAI changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it on page 119.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the Drug List, call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week and ask about it. The call is free. If you learn that Aetna Better Health Premier Plan MMAI will not cover the drug, you can do one of these things:

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

B9. What if I am a new Aetna Better Health Premier Plan MMAI 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 medication in an outpatient setting and 31-day supply of medication in a long-term care facility of your drug during the first 90 days you are a member of Aetna Better Health Premier Plan MMAI. 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-day supply of medication in an outpatient setting and 31-day supply of medication in a long-term care facility.

We will cover a 30-day supply of your drug in an outpatient setting and 31-day supply of your drug in a long-term care facility if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by Aetna Better Health Premier Plan MMAI, **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 Better Health Premier Plan MMAI member.
- This is in addition to the temporary supply during the first 90 days you are a member of Aetna Better Health Premier Plan MMAI.

Current members with a change in level of care

- We will cover a one-time temporary 31-day supply if you move from a hospital or a long-term care facility to a home setting and:
  - You need a drug that is not on our drug list, or
  - Your ability to get the drug is limited
- We will cover a one-time temporary 31-day supply (see the note below for exceptions) if you move into or out of a long-term care setting and:
  - You need a drug that is not on our drug list, or
  - Your ability to get the drug is limited

This section is continued on the next page.

Note: Oral brand name solid dosage forms such as tablets or capsules are limited to 14 day fills with exceptions as required by Medicare Part D rules. To ask for a temporary supply of a drug, call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week.

During the time when you are getting a temporary supply of a drug, you should talk to your provider to decide what to do when the temporary supply runs out.

You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug. For example, you can ask the plan to cover a drug even though it is not on the Drug List. Or you can ask the plan to cover the drug without limits. If your provider says you have a good medical reason for an exception, he or she can help you ask for one.

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

Yes. You can ask Aetna Better Health Premier Plan MMAI 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 Better Health Premier Plan MMAI may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber can provide their supporting statement by calling Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or faxing it to us at **1-855-365-8109**.

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 Better Health Premier Plan MMAI covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter". Aetna Better Health Premier Plan MMAI covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Aetna Better Health Premier Plan MMAI Drug List to find out what OTC drugs are covered.

B15. Does Aetna Better Health Premier Plan MMAI cover non-drug OTC products?

Aetna Better Health Premier Plan MMAI covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include alcohol swabs and gauze pads.

You can read the Aetna Better Health Premier Plan MMAI Drug List to find out what non-drug OTC products are covered.

B16. What is my copay?

As an Aetna Better Health Premier Plan MMAI member, you have no copays for prescription and OTC drugs as long as you follow Aetna Better Health Premier Plan MMAI's rules.

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are Part D prescription brand name and generic drugs.
- Tier 2 drugs are Part D prescription brand name and generic drugs.
- Tier 3 drugs are Non-Part D prescription and over-the-counter drugs.

All tiers have no copay.

C. Overview of the *List of Covered Drugs*

The following *list of covered drugs* gives you information about the drugs covered by Aetna Better Health Premier Plan MMAI. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 119. The index alphabetically lists all drugs covered by Aetna Better Health Premier Plan MMAI.

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

The information in the necessary actions, restrictions, or limits on use column tells you if Aetna Better Health Premier Plan MMAI has any rules for covering your drug.

Note: The asterisk (*) next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

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

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

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. You can also read Chapter 9, of the Member Handbook to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

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

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:		
* = Non-Part D drugs or OTC items that are covered by Medicaid		
PA = Prior Authorization	QL = Quantity Limits	ST = Step Therapy
NM = Not available at Mail-order	B/D = Covered under Medicare B or D	LA = Limited Access
NDS = Non-Extended Days Supply		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol TABS 100mg, 300mg	$0(1)	
colchicine TABS .6mg	$0(1)	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	$0(1)	
MITIGARE CAPS .6mg	$0(2)	QL (60 caps / 30 days)
probenecid TABS 500mg	$0(1)	
MISCELLANEOUS		
acetaminophen LIQD 160mg/5ml; SOLN 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; SUPP 120mg; SUSP 160mg/5ml, 650mg/20.3ml; TABS 325mg, 500mg	$0(3)	NM; *
acetaminophen extra stren TABS 500mg	$0(3)	NM; *
adult aspirin regimen TBEC 81mg	$0(3)	NM; *
aspirin CHEW 81mg; TABS 325mg; TBEC 325mg	$0(3)	NM; *
aspirin adult low dose TBEC 81mg	$0(3)	NM; *
aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	NM; *
aspirin low strength CHEW 81mg	$0(3)	NM; *
aspirin regimen TBEC 81mg	$0(3)	NM; *
childrens acetaminophen SUSP 160mg/5ml	$0(3)	NM; *
childrens silapap LIQD 160mg/5ml	$0(3)	NM; *
ed-apap LIQD 160mg/5ml	$0(3)	NM; *
feverall childrens SUPP 120mg	$0(3)	NM; *
FEVERALL INFANTS SUPP 80mg	$0(3)	NM; *
FEVERALL JUNIOR STRENGTH SUPP 325mg	$0(3)	NM; *
gnp acetaminophen TABS 325mg	$0(3)	NM; *
gnp adult aspirin low str CHEW 81mg	$0(3)	NM; *
gnp aspirin TABS 325mg; TBEC 81mg, 325mg	$0(3)	NM; *

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gnp aspirin low dose TBEC 81mg	$0(3)	NM; *
gnp headache relief extra	$0(3)	NM; *
gnp infants pain/fever SUSP 160mg/5ml	$0(3)	NM; *
gnp migraine relief	$0(3)	NM; *
gnp pain & fever children SUSP 160mg/5ml	$0(3)	NM; *
gnp pain & fever infants SUSP 160mg/5ml	$0(3)	NM; *
gnp pain relief TABS 325mg	$0(3)	NM; *
gnp pain relief extra str TABS 500mg	$0(3)	NM; *
goodsense aspirin CHEW 81mg; TABS 325mg	$0(3)	NM; *
goodsense aspirin adults TABS 325mg	$0(3)	NM; *
goodsense migraine formul	$0(3)	NM; *
goodsense pain & fever ch SUSP 160mg/5ml	$0(3)	NM; *
goodsense pain & fever in SUSP 160mg/5ml	$0(3)	NM; *
goodsense pain relief TABS 325mg	$0(3)	NM; *
goodsense pain relief ext TABS 500mg	$0(3)	NM; *
headache relief	$0(3)	NM; *
headache relief/extra str	$0(3)	NM; *
hm adult aspirin TABS 325mg	$0(3)	NM; *
hm aspirin TBEC 325mg	$0(3)	NM; *
hm aspirin ec low dose TBEC 81mg	$0(3)	NM; *
hm pain reliever TABS 325mg	$0(3)	NM; *
liquid acetaminophen LIQD 160mg/5ml	$0(3)	NM; *
m-pap LIQD 160mg/5ml	$0(3)	NM; *
mapap childrens CHEW 80mg	$0(3)	NM; *
migraine relief	$0(3)	NM; *
pain & fever childrens SUSP 160mg/5ml	$0(3)	NM; *
pain & fever infants SUSP 160mg/5ml	$0(3)	NM; *
pain reliever plus	$0(3)	NM; *
qc acetaminophen infants SUSP 160mg/5ml	$0(3)	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply
***** - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
qc aspirin TABS 325mg	$0(3)	NM; *
qc aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	NM; *
qc enteric aspirin TBEC 325mg	$0(3)	NM; *
qc headache relief	$0(3)	NM; *
qc non-aspirin extra stre TABS 500mg	$0(3)	NM; *
qc pain relief TABS 325mg	$0(3)	NM; *
qc pain relief childrens SUSP 160mg/5ml	$0(3)	NM; *
qc pain relief extra stre TABS 500mg	$0(3)	NM; *
sm adult aspirin TABS 325mg	$0(3)	NM; *
sm aspirin adult low stre TBEC 81mg	$0(3)	NM; *
sm aspirin enteric coated TBEC 325mg	$0(3)	NM; *
sm aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	NM; *
sm migraine relief	$0(3)	NM; *
sm pain & fever childrens SUSP 80mg/2.5ml, 160mg/5ml	$0(3)	NM; *
sm pain & fever infants SUSP 160mg/5ml	$0(3)	NM; *
sm pain relief extra stre TABS 500mg	$0(3)	NM; *
sm pain reliever TABS 325mg	$0(3)	NM; *
sm pain reliever children SUSP 160mg/5ml	$0(3)	NM; *
sm pain reliever extra st TABS 500mg	$0(3)	NM; *
tri-buffered aspirin	$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
all day pain relief TABS 220mg	$0(3)	NM; *
all day relief TABS 220mg	$0(3)	NM; *
celecoxib CAPS 50mg, 100mg, 200mg	$0(1)	QL (60 caps / 30 days)
celecoxib CAPS 400mg	$0(1)	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	$0(1)	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	$0(1)	
diflunisal TABS 500mg	$0(1)	
ec-naproxen TBEC 375mg	$0(1)	QL (120 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order
B/D - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply
***** - Non-Part D drugs or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ec-naproxen TBEC 500mg	$0(1)	QL (90 tabs / 30 days)
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	$0(1)	
flurbiprofen TABS 100mg	$0(1)	
gnp ibuprofen TABS 200mg	$0(3)	NM; *
gnp naproxen TABS 220mg	$0(3)	NM; *
goodsense ibuprofen TABS 200mg	$0(3)	NM; *
goodsense naproxen sodium TABS 220mg	$0(3)	NM; *
hm ibuprofen TABS 200mg	$0(3)	NM; *
ibu TABS 400mg, 600mg, 800mg	$0(1)	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	$0(1)	
ibuprofen TABS 200mg	$0(3)	NM; *
meloxicam TABS 7.5mg, 15mg	$0(1)	
nabumetone TABS 500mg, 750mg	$0(1)	
naproxen TABS 250mg, 375mg, 500mg	$0(1)	
naproxen TBEC 375mg	$0(1)	QL (120 tabs / 30 days)
naproxen dr TBEC 500mg	$0(1)	QL (90 tabs / 30 days)
naproxen sodium TABS 220mg	$0(3)	NM; *
naproxen sodium TABS 275mg, 550mg	$0(1)	
piroxicam CAPS 10mg, 20mg	$0(1)	
qc ibuprofen TABS 200mg	$0(3)	NM; *
qc naproxen sodium TABS 220mg	$0(3)	NM; *
sm ibuprofen TABS 200mg	$0(3)	NM; *
sm ibuprofen ib TABS 200mg	$0(3)	NM; *
sm naproxen sodium TABS 220mg	$0(3)	NM; *
sulindac TABS 150mg, 200mg	$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	$0(1)	QL (4 patches / 28 days), PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	$0(1)	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg	$0(1)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate T24A 80mg, 100mg, 120mg	$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	$0(2)	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	$0(1)	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	$0(1)	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	$0(1)	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	$0(2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	$0(1)	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	$0(1)	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	$0(1)	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	$0(1)	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	$0(2)	
endocet tab 2.5-325mg	$0(1)	QL (360 tabs / 30 days)
endocet tab 5-325mg	$0(1)	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	$0(1)	QL (240 tabs / 30 days)
endocet tab 10-325mg	$0(1)	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	$0(1)	QL (120 lozenges / 30 days), PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	$0(2)	NDS, QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	$0(1)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	$0(1)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	$0(1)	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	$0(1)	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	$0(1)	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	$0(2)	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	$0(2)	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	$0(1)	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	$0(1)	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	$0(1)	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	$0(2)	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	$0(2)	
oxycodone hcl CAPS 5mg	$0(1)	QL (180 caps / 30 days)
oxycodone hcl CONC 100mg/5ml	$0(1)	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	$0(1)	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	$0(1)	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	$0(1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	$0(1)	QL (360 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oxycodone w/ acetaminophen tab 7.5-325 mg	$0(1)	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	$0(1)	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	$0(1)	QL (240 tabs / 30 days)
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	$0(1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	$0(2)	NDS, QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	$0(1)	
atovaquone SUSP 750mg/5ml	$0(1)	
aztreonam SOLR 1gm, 2gm	$0(1)	
CAYSTON SOLR 75mg	$0(2)	NDS, NM, LA, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	$0(1)	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	$0(1)	
clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	$0(1)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	$0(1)	
clindamycin phosphate in d5w iv soln 600 mg/50ml	$0(1)	
clindamycin phosphate in d5w iv soln 900 mg/50ml	$0(1)	
CLINDMYC/NAC INJ 300/50ML	$0(2)	
CLINDMYC/NAC INJ 600/50ML	$0(2)	
CLINDMYC/NAC INJ 900/50ML	$0(2)	
colistimethate sodium SOLR 150mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cvs pinworm treatment SUSP 144mg/ml	$0(3)	NM; *
dapsone TABS 25mg, 100mg	$0(1)	
DAPTOMYCIN SOLR 350mg	$0(2)	NDS
daptomycin SOLR 350mg, 500mg	$0(2)	NDS
EMVERM CHEW 100mg	$0(2)	NDS, QL (12 tabs / year)
ertapenem sodium SOLR 1gm	$0(1)	
gentamicin in saline inj 0.8 mg/ml	$0(1)	
gentamicin in saline inj 1 mg/ml	$0(1)	
gentamicin in saline inj 1.2 mg/ml	$0(1)	
gentamicin in saline inj 1.6 mg/ml	$0(1)	
gentamicin in saline inj 2 mg/ml	$0(1)	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	$0(1)	
imipenem-cilastatin intravenous for soln 250 mg	$0(1)	
imipenem-cilastatin intravenous for soln 500 mg	$0(1)	
ivermectin TABS 3mg	$0(1)	QL (12 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	$0(1)	
linezolid SUSR 100mg/5ml	$0(2)	NDS, QL (1800 mL / 30 days)
linezolid TABS 600mg	$0(1)	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	$0(1)	
meropenem SOLR 1gm, 500mg	$0(1)	
methenamine hippurate TABS 1gm	$0(1)	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	$0(1)	
neomycin sulfate TABS 500mg	$0(1)	
nitazoxanide TABS 500mg	$0(2)	NDS, QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	$0(2)	
nitrofurantoin monohyd macro CAPS 100mg	$0(2)	
pentamidine isethionate inh SOLR 300mg	$0(1)	B/D
pentamidine isethionate inj SOLR 300mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pin-away SUSP 144mg/ml	$0(3)	NM; *
praziquantel TABS 600mg	$0(1)	
reeses pinworm medicine SUSP 144mg/ml	$0(3)	NM; *
SIVEXTRO SOLR 200mg; TABS 200mg	$0(2)	NDS
streptomycin sulfate SOLR 1gm	$0(2)	NDS
sulfadiazine TABS 500mg	$0(2)	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	$0(1)	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	$0(1)	
sulfamethoxazole-trimethoprim tab 400-80 mg	$0(1)	
sulfamethoxazole-trimethoprim tab 800-160 mg	$0(1)	
tinidazole TABS 250mg, 500mg	$0(1)	
tobramycin NEBU 300mg/5ml	$0(2)	NDS, NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	$0(1)	
trimethoprim TABS 100mg	$0(1)	
vancomycin hcl CAPS 125mg	$0(1)	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	$0(1)	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	$0(1)	
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	$0(1)	
VANCOMYCIN INJ 1 GM	$0(2)	
VANCOMYCIN INJ 500MG	$0(2)	
VANCOMYCIN INJ 750MG	$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	$0(2)	B/D
amphotericin b SOLR 50mg	$0(1)	B/D
amphotericin b liposome SUSR 50mg	$0(2)	NDS, B/D
caspofungin acetate SOLR 50mg, 70mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	$0(1)	
fluconazole in nacl 0.9% inj 200 mg/100ml	$0(1)	
fluconazole in nacl 0.9% inj 400 mg/200ml	$0(1)	
flucytosine CAPS 250mg, 500mg	$0(2)	NDS, PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	$0(1)	
griseofulvin ultramicrosize TABS 125mg, 250mg	$0(1)	
itraconazole CAPS 100mg	$0(1)	PA
ketoconazole TABS 200mg	$0(1)	PA
micafungin sodium SOLR 50mg, 100mg	$0(2)	NDS
nystatin TABS 500000unit	$0(1)	
posaconazole SUSP 40mg/ml	$0(2)	NDS, QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	$0(2)	NDS, QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	$0(1)	QL (90 tabs / year)
voriconazole SOLR 200mg	$0(1)	PA
voriconazole SUSR 40mg/ml	$0(2)	NDS, PA
voriconazole TABS 50mg	$0(1)	QL (480 tabs / 30 days), PA
voriconazole TABS 200mg	$0(1)	QL (120 tabs / 30 days), PA
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	$0(1)	
atovaquone-proguanil hcl tab 250-100 mg	$0(1)	
chloroquine phosphate TABS 250mg, 500mg	$0(1)	
COARTEM TAB 20-120MG	$0(2)	
mefloquine hcl TABS 250mg	$0(1)	
primaquine phosphate TABS 26.3mg	$0(1)	
PRIMAQUINE PHOSPHATE TABS 26.3mg	$0(2)	
quinine sulfate CAPS 324mg	$0(1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	$0(1)	NM
APTIVUS CAPS 250mg	$0(2)	NDS, NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	$0(1)	NM
darunavir TABS 600mg	$0(2)	NDS, QL (60 tabs / 30 days), NM
darunavir TABS 800mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	$0(2)	NDS, NM
efavirenz CAPS 50mg, 200mg; TABS 600mg	$0(1)	NM
emtricitabine CAPS 200mg	$0(1)	NM
EMTRIVA SOLN 10mg/ml	$0(2)	NM
etravirine TABS 100mg, 200mg	$0(2)	NDS, NM
fosamprenavir calcium TABS 700mg	$0(2)	NDS, NM
FUZEON SOLR 90mg	$0(2)	NDS, NM, LA
INTELENCE TABS 25mg	$0(2)	NM
ISENTRESS CHEW 25mg	$0(2)	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	$0(2)	NDS, NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	$0(1)	NM
maraviroc TABS 150mg, 300mg	$0(2)	NDS, NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	$0(1)	NM
NORVIR PACK 100mg	$0(2)	NM
PIFELTRO TABS 100mg	$0(2)	NDS, NM
PREZISTA SUSP 100mg/ml	$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	$0(2)	QL (480 tabs / 30 days), NM

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREZISTA TABS 150mg	$0(2)	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	$0(2)	NDS, NM
ritonavir TABS 100mg	$0(1)	NM
RUKOBIA TB12 600mg	$0(2)	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	$0(2)	NDS, NM
SELZENTRY TABS 25mg	$0(2)	NM
SUNLENCA TBPK 300mg	$0(2)	NDS, NM, LA
tenofovir disoproxil fumarate TABS 300mg	$0(1)	NM
TIVICAY TABS 10mg	$0(2)	NM
TIVICAY TABS 25mg, 50mg	$0(2)	NDS, NM
TIVICAY PD TBSO 5mg	$0(2)	NDS, NM
TROGARZO SOLN 200mg/1.33ml	$0(2)	NDS, NM, LA
TYBOST TABS 150mg	$0(2)	NM
VIRACEPT TABS 250mg, 625mg	$0(2)	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	$0(2)	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	$0(1)	NM
BIKTARVY TAB 30-120-15 MG	$0(2)	NDS, NM
BIKTARVY TAB 50-200-25 MG	$0(2)	NDS, NM
CIMDUO TAB 300-300	$0(2)	NDS, NM
COMPLERA TAB	$0(2)	NDS, NM
DELSTRIGO TAB	$0(2)	NDS, NM
DESCOVY TAB 120-15MG	$0(2)	NDS, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	$0(2)	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	$0(2)	NDS, NM

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efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	$0(1)	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	$0(2)	NDS, NM
GENVOYA TAB	$0(2)	NDS, NM
JULUCA TAB 50-25MG	$0(2)	NDS, NM
lamivudine-zidovudine tab 150-300 mg	$0(1)	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	$0(1)	NM
lopinavir-ritonavir tab 100-25 mg	$0(1)	NM
lopinavir-ritonavir tab 200-50 mg	$0(1)	NM
ODEFSEY TAB	$0(2)	NDS, NM
PREZCOBIX TAB 800-150	$0(2)	NDS, NM
STRIBILD TAB	$0(2)	NDS, NM
SYMTUZA TAB	$0(2)	NDS, NM
TRIUMEQ PD TAB	$0(2)	NDS, NM
TRIUMEQ TAB	$0(2)	NDS, NM
TRIZIVIR TAB	$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine CAPS 250mg	$0(2)	NDS
ethambutol hcl TABS 100mg, 400mg	$0(1)	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRIFTIN TABS 150mg	$0(2)	
pyrazinamide TABS 500mg	$0(1)	
rifabutin CAPS 150mg	$0(1)	
rifampin CAPS 150mg, 300mg; SOLR 600mg	$0(1)	
SIRTURO TABS 20mg, 100mg	$0(2)	NDS, NM, LA, PA
TRECATOR TABS 250mg	$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	$0(1)	
acyclovir sodium SOLN 50mg/ml	$0(1)	B/D
adefovir dipivoxil TABS 10mg	$0(1)	NM
BARACLUDE SOLN .05mg/ml	$0(2)	NDS, NM
entecavir TABS .5mg, 1mg	$0(1)	NM
EPCLUSA PAK 150-37.5	$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	$0(2)	NDS, NM, PA
famciclovir TABS 125mg, 250mg, 500mg	$0(1)	
ganciclovir sodium SOLR 500mg	$0(1)	B/D
HARVONI PAK 33.75-150MG	$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	$0(2)	NDS, NM, PA
lamivudine (hbv) TABS 100mg	$0(1)	NM
MAVYRET PAK 50-20MG	$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	$0(2)	NDS, NM, PA
oseltamivir phosphate CAPS 30mg	$0(1)	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	$0(1)	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	$0(1)	QL (1080 mL / year)
PAXLOVID TAB 150-100	$0(2)	QL (40 tabs / 30 days); $0 Cost Share
PAXLOVID TAB 300-100	$0(2)	QL (60 tabs / 30 days); $0 Cost Share

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	$0(2)	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	$0(2)	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	$0(1)	NM
rimantadine hydrochloride TABS 100mg	$0(1)	
valacyclovir hcl TABS 1gm, 500mg	$0(1)	
valganciclovir hcl SOLR 50mg/ml	$0(2)	NDS
valganciclovir hcl TABS 450mg	$0(1)	
VEMLIDY TABS 25mg	$0(2)	NDS, NM
VOSEVI TAB	$0(2)	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	$0(1)	
CEFACLOR ER TB12 500mg	$0(2)	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	$0(1)	
CEFAZOLIN SOLR 2gm, 3gm	$0(2)	
CEFAZOLIN INJ 1GM/50ML	$0(2)	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	$0(2)	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	$0(1)	
cefepime hcl SOLR 1gm, 2gm	$0(1)	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	$0(1)	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	$0(1)	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	$0(1)	
ceftazidime SOLR 1gm, 2gm, 6gm	$0(1)	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	$0(1)	
cefuroxime axetil TABS 250mg, 500mg	$0(1)	
cefuroxime sodium SOLR 1.5gm, 750mg	$0(1)	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	$0(1)	
tazicef SOLR 1gm, 2gm, 6gm	$0(1)	
TEFLARO SOLR 400mg, 600mg	$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	$0(1)	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	$0(2)	NDS
e.e.s. 400 TABS 400mg	$0(1)	
ery-tab TBEC 250mg, 333mg, 500mg	$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	$0(2)	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	$0(1)	
erythromycin ethylsuccinate TABS 400mg	$0(1)	
erythromycin lactobionate SOLR 500mg	$0(1)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 500mg/5ml	$0(2)	
ciprofloxacin 200 mg/100ml in d5w	$0(1)	
ciprofloxacin 400 mg/200ml in d5w	$0(1)	

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ciprofloxacin hcl TABS 250mg, 500mg, 750mg	$0(1)	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	$0(1)	
levofloxacin in d5w iv soln 250 mg/50ml	$0(1)	
levofloxacin in d5w iv soln 500 mg/100ml	$0(1)	
levofloxacin in d5w iv soln 750 mg/150ml	$0(1)	
moxifloxacin hcl TABS 400mg	$0(1)	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	$0(1)	
amoxicillin & k clavulanate chew tab 400-57 mg	$0(1)	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	$0(1)	
amoxicillin & k clavulanate tab 250-125 mg	$0(1)	
amoxicillin & k clavulanate tab 500-125 mg	$0(1)	
amoxicillin & k clavulanate tab 875-125 mg	$0(1)	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	$0(1)	
ampicillin CAPS 500mg	$0(1)	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ampicillin & sulbactam sodium for inj 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	$0(1)	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	$0(1)	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	$0(2)	
dicloxacillin sodium CAPS 250mg, 500mg	$0(1)	
nafcillin sodium SOLR 1gm, 2gm	$0(1)	
nafcillin sodium SOLR 10gm	$0(2)	NDS
oxacillin sodium SOLR 1gm, 2gm, 10gm	$0(1)	
PEN GK/DEXTR INJ 40000/ML	$0(2)	
PEN GK/DEXTR INJ 60000/ML	$0(2)	
penicillin g potassium SOLR 5000000unit, 20000000unit	$0(1)	
penicillin g sodium SOLR 5000000unit	$0(1)	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	$0(1)	
pfizerpen SOLR 5000000unit, 20000000unit	$0(1)	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100 SOLR 100mg	$0(1)	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	$0(1)	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	$0(1)	
minocycline hcl CAPS 50mg, 75mg, 100mg	$0(1)	
NUZYRA SOLR 100mg; TABS 150mg	$0(2)	NDS, NM, LA
tetracycline hcl CAPS 250mg, 500mg	$0(1)	PA
tigecycline SOLR 50mg	$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	$0(2)	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	$0(2)	NDS, B/D, NM, LA
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	$0(1)	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	$0(1)	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg	$0(1)	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	$0(2)	NDS, B/D
cyclophosphamide SOLR 2gm	$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	$0(2)	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	$0(2)	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	$0(2)	NM
GLEOSTINE CAPS 100mg	$0(2)	NDS, NM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEUKERAN TABS 2mg	$0(2)	NDS
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	$0(1)	B/D
oxaliplatin SOLR 100mg	$0(2)	NDS, B/D
paraplatin SOLN 1000mg/100ml	$0(1)	B/D
ANTIBIOTICS		
doxorubicin hcl SOLN 2mg/ml	$0(1)	B/D
doxorubicin hcl liposomal INJ 2mg/ml	$0(2)	NDS, B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	$0(1)	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	$0(2)	B/D
ANTIMETABOLITES		
azacitidine SUSR 100mg	$0(2)	NDS, B/D, NM
cytarabine SOLN 20mg/ml	$0(1)	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	$0(1)	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	$0(1)	B/D
INQOVI TAB 35-100MG	$0(2)	NDS, QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	$0(2)	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	$0(2)	NDS, QL (80 tabs / 28 days), NM, LA, PA
mercaptopurine TABS 50mg	$0(1)	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	$0(1)	B/D
ONUREG TABS 200mg, 300mg	$0(2)	NDS, QL (14 tabs / 28 days), NM, LA, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	$0(2)	NDS, B/D
PURIXAN SUSP 2000mg/100ml	$0(2)	NDS, NM, LA

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TABLOID TABS 40mg	$0(2)	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
anastrozole TABS 1mg	$0(1)	
bicalutamide TABS 50mg	$0(1)	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	$0(2)	NM, PA
ERLEADA TABS 60mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	$0(2)	NDS
exemestane TABS 25mg	$0(1)	
FIRMAGON SOLR 80mg	$0(2)	NM, PA
FIRMAGON SOLR 120mg/vial	$0(2)	NDS, NM, PA
fulvestrant SOSY 250mg/5ml	$0(2)	NDS, B/D
letrozole TABS 2.5mg	$0(1)	
leuprolide acetate KIT 1mg/0.2ml	$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	$0(2)	NDS, NM, LA
megestrol acetate TABS 20mg, 40mg	$0(2)	
nilutamide TABS 150mg	$0(2)	NDS
NUBEQA TABS 300mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	$0(2)	NDS, NM, LA, PA

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ORSERDU TABS 86mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	$0(2)	NDS
tamoxifen citrate TABS 10mg, 20mg	$0(1)	
toremifene citrate TABS 60mg	$0(1)	
XTANDI CAPS 40mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
lenalidomide CAPS 20mg, 25mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg	$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
THALOMID CAPS 100mg	$0(2)	NDS, QL (112 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, LA, PA
bexarotene CAPS 75mg	$0(2)	NDS, QL (300 caps / 30 days), NM, PA

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hydroxyurea CAPS 500mg	$0(1)	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	$0(1)	B/D
IWILFIN TABS 192mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	$0(2)	NDS, NM, LA
tretinoin (chemotherapy) CAPS 10mg	$0(2)	NDS
WELIREG TABS 40mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	$0(1)	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	$0(1)	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	$0(1)	B/D
paclitaxel protein-bound particles for iv susp 100 mg	$0(2)	NDS, B/D, NM
vincristine sulfate SOLN 1mg/ml	$0(1)	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA

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ALUNBRIG TABS 30mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	$0(2)	NDS, QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg	$0(2)	NDS, NM, PA
bortezomib SOLR 3.5mg	$0(2)	NDS, NM, PA
BOSULIF CAPS 50mg	$0(2)	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	$0(2)	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CALQUENCE TABS 100mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	$0(2)	NDS, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	$0(2)	NDS, QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
erlotinib hcl TABS 25mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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FOTIVDA CAPS .89mg, 1.34mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	$0(2)	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
gefitinib TABS 250mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	$0(2)	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	$0(2)	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
imatinib mesylate TABS 100mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	$0(2)	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA

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INLYTA TABS 1mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	$0(2)	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	$0(2)	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	$0(2)	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
lapatinib ditosylate TABS 250mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA 12MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	$0(2)	NDS, QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	$0(2)	NDS, QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	$0(2)	NDS, NM, LA, PA

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NERLYNX TABS 40mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg, 420mg	$0(2)	NDS, NM, LA, PA
OGSIVEO TABS 50mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
OGSIVEO TABS 100mg, 150mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
OJEMDA SUSR 25mg/ml	$0(2)	NDS, QL (96 mL / 28 days), NM, LA, PA
OJEMDA TABS 100mg	$0(2)	NDS, QL (24 tabs / 28 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	$0(2)	NDS, NM, LA, PA
pazopanib hcl TABS 200mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	$0(2)	NDS, QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	$0(2)	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA

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RETEVMO CAPS 80mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
RETEVMO TABS 40mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO TABS 80mg, 120mg, 160mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	$0(2)	NDS, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	$0(2)	NDS, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	$0(2)	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TABRECTA TABS 150mg, 200mg	$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	$0(2)	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISSO TABS 40mg, 80mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	$0(2)	NDS, NM, LA, PA
TEPMETKO TABS 225mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	$0(2)	NDS, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA

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VANFLYTA TABS 17.7mg, 26.5mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	$0(2)	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	$0(2)	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	$0(2)	NDS, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	$0(2)	NDS, QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	$0(2)	NDS, QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	$0(2)	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	$0(2)	NDS, QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	$0(2)	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	$0(1)	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	$0(1)	
MESNEX TABS 400mg	$0(2)	NDS
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	$0(1)	QL (30 caps / 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lisinopril & hydrochlorothiazide tab 20-12.5 mg	$0(1)	
lisinopril & hydrochlorothiazide tab 20-25 mg	$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	$0(1)	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	$0(1)	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	$0(1)	
fosinopril sodium TABS 10mg, 20mg, 40mg	$0(1)	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	$0(1)	
moexipril hcl TABS 7.5mg, 15mg	$0(1)	
perindopril erbumine TABS 2mg, 4mg, 8mg	$0(1)	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	$0(1)	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	$0(1)	
trandolapril TABS 1mg, 2mg, 4mg	$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone TABS 25mg, 50mg	$0(1)	
KERENDIA TABS 10mg, 20mg	$0(2)	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	$0(1)	
prazosin hcl CAPS 1mg, 2mg, 5mg	$0(1)	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	$0(1)	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	$0(2)	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	$0(2)	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	$0(2)	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	$0(2)	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	$0(2)	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0(1)	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0(1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	$0(1)	QL (30 tabs / 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
valsartan-hydrochlorothiazide tab 160-25 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	$0(1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil TABS 4mg, 8mg, 16mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	$0(1)	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	$0(1)	
olmesartan medoxomil TABS 5mg	$0(1)	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	$0(1)	QL (60 tabs / 30 days)
valsartan TABS 320mg	$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	$0(1)	
disopyramide phosphate CAPS 100mg, 150mg	$0(2)	
dofetilide CAPS 125mcg, 250mcg, 500mcg	$0(1)	NM
flecainide acetate TABS 50mg, 100mg, 150mg	$0(1)	
MULTAQ TABS 400mg	$0(2)	
NORPACE CR CP12 100mg, 150mg	$0(2)	
pacerone TABS 100mg, 200mg, 400mg	$0(1)	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	$0(1)	

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quinidine sulfate TABS 200mg, 300mg	$0(1)	
sorine TABS 80mg, 120mg, 160mg, 240mg	$0(1)	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	$0(1)	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	$0(1)	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	$0(1)	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	$0(1)	
gemfibrozil TABS 600mg	$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	$0(1)	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine PACK 4gm; POWD 4gm/dose	$0(1)	
cholestyramine light PACK 4gm; POWD 4gm/dose	$0(1)	
colesevelam hcl PACK 3.75gm; TABS 625mg	$0(1)	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	$0(1)	
ezetimibe TABS 10mg	$0(1)	
ezetimibe-simvastatin tab 10-10 mg	$0(1)	QL (30 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ezetimibe-simvastatin tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	$0(1)	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	$0(2)	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	$0(2)	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	$0(1)	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	$0(1)	PA
prevalite PACK 4gm; POWD 4gm/dose	$0(1)	
REPATHA SOSY 140mg/ml	$0(2)	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	$0(2)	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	$0(2)	NM, PA
VASCEPA CAPS .5gm, 1gm	$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	$0(1)	
atenolol & chlorthalidone tab 100-25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 50-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl CAPS 200mg, 400mg	$0(1)	
atenolol TABS 25mg, 50mg, 100mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
betaxolol hcl TABS 10mg, 20mg	$0(1)	
bisoprolol fumarate TABS 5mg, 10mg	$0(1)	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	$0(1)	
labetalol hcl TABS 100mg, 200mg, 300mg	$0(1)	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	$0(1)	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	$0(1)	
nadolol TABS 20mg, 40mg, 80mg	$0(1)	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	$0(1)	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	$0(1)	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	$0(1)	
timolol maleate TABS 5mg, 10mg, 20mg	$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	$0(1)	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	$0(1)	
dilt-xr CP24 120mg, 180mg, 240mg	$0(1)	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	$0(1)	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	$0(1)	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
felodipine TB24 2.5mg, 5mg, 10mg	$0(1)	
isradipine CAPS 2.5mg, 5mg	$0(1)	
nicardipine hcl CAPS 20mg, 30mg	$0(1)	
nifedipine TB24 30mg, 60mg, 90mg	$0(1)	
nimodipine CAPS 30mg	$0(1)	
NYMALIZE SOLN 6mg/ml	$0(2)	NDS
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	$0(1)	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	$0(1)	
amiloride & hydrochlorothiazide tab 5-50 mg	$0(1)	
amiloride hcl TABS 5mg	$0(1)	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	$0(1)	
chlorthalidone TABS 25mg, 50mg	$0(1)	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	$0(1)	
furosemide inj SOLN 10mg/ml	$0(1)	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	$0(1)	
indapamide TABS 1.25mg, 2.5mg	$0(1)	
methazolamide TABS 25mg, 50mg	$0(1)	
metolazone TABS 2.5mg, 5mg, 10mg	$0(1)	
spironolactone & hydrochlorothiazide tab 25-25 mg	$0(1)	
torsemide TABS 5mg, 10mg, 20mg, 100mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
triamterene & hydrochlorothiazide cap 37.5-25 mg	$0(1)	
triamterene & hydrochlorothiazide tab 37.5-25 mg	$0(1)	
triamterene & hydrochlorothiazide tab 75-50 mg	$0(1)	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	$0(1)	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	$0(1)	
clonidine hcl TABS .1mg, .2mg, .3mg	$0(1)	
CORLANOR SOLN 5mg/5ml	$0(2)	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	$0(2)	QL (60 tabs / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	$0(1)	
digoxin TABS 125mcg, 250mcg	$0(1)	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
epinephrine (anaphylaxis) SOLN 1mg/ml	$0(1)	
guanfacine hcl TABS 1mg, 2mg	$0(2)	PA; PA if 70 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	$0(1)	
ivabradine hcl TABS 5mg, 7.5mg	$0(1)	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	$0(2)	NDS, NM, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	$0(1)	
minoxidil TABS 2.5mg, 10mg	$0(1)	
ranolazine TB12 500mg, 1000mg	$0(1)	
VERQUVO TABS 2.5mg, 5mg, 10mg	$0(2)	QL (30 tabs / 30 days)
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	$0(1)	
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NITRO-BID OINT 2%	$0(2)	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ambrisentan TABS 5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg, 125mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	$0(1)	QL (360 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	$0(2)	NDS, NM, LA, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	$0(1)	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	$0(1)	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	$0(1)	
lorazepam CONC 2mg/ml	$0(1)	QL (150 mL / 30 days)
lorazepam SOLN 2mg/ml, 4mg/ml	$0(1)	
lorazepam TABS .5mg, 1mg, 2mg	$0(1)	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	$0(1)	QL (150 mL / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride TABS 5mg; TBDP 5mg	$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
galantamine hydrobromide CP24 8mg, 16mg, 24mg	$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	$0(1)	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	$0(1)	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	$0(1)	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	$0(2)	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	$0(2)	
NAMZARIC CAP 14-10MG	$0(2)	
NAMZARIC CAP 21-10MG	$0(2)	
NAMZARIC CAP 28-10MG	$0(2)	
NAMZARIC CAP PACK	$0(2)	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	$0(1)	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	$0(2)	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	$0(2)	
AUVELITY TAB 45-105MG	$0(2)	QL (60 tabs / 30 days), PA
bupropion hcl TABS 75mg, 100mg	$0(1)	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	$0(1)	QL (60 tabs / 30 days)
bupropion hcl TB24 300mg	$0(1)	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	$0(1)	
clomipramine hcl CAPS 25mg, 50mg, 75mg	$0(2)	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	$0(2)	

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desvenlafaxine succinate TB24 25mg, 50mg, 100mg	$0(1)	QL (30 tabs / 30 days), PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	$0(2)	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	$0(2)	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	$0(1)	
FETZIMA CP24 20mg, 40mg	$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	$0(2)	QL (2 packs / year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	$0(1)	
imipramine hcl TABS 10mg, 25mg, 50mg	$0(2)	
MARPLAN TABS 10mg	$0(2)	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	$0(1)	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	$0(1)	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	$0(2)	
paroxetine hcl SUSP 10mg/5ml	$0(2)	QL (900 mL / 30 days), PA
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	$0(2)	
phenelzine sulfate TABS 15mg	$0(1)	
protriptyline hcl TABS 5mg, 10mg	$0(2)	
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	$0(1)	
tranylcypromine sulfate TABS 10mg	$0(1)	
trazodone hcl TABS 50mg, 100mg, 150mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
trimipramine maleate CAPS 25mg, 50mg	$0(2)	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	$0(2)	QL (30 tabs / 30 days)
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	$0(1)	
vilazodone hcl TABS 10mg, 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	$0(2)	NDS, QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	$0(2)	NDS, QL (14 caps / 14 days), NM, LA, PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl CAPS 100mg	$0(1)	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	$0(1)	
benztropine mesylate SOLN 1mg/ml	$0(1)	
benztropine mesylate TABS .5mg, 1mg, 2mg	$0(2)	PA; PA if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	$0(1)	
carb/levo orally disintegrating tab 10-100mg	$0(1)	
carb/levo orally disintegrating tab 25-100mg	$0(1)	
carb/levo orally disintegrating tab 25-250mg	$0(1)	
carbidopa & levodopa tab 10-100 mg	$0(1)	
carbidopa & levodopa tab 25-100 mg	$0(1)	
carbidopa & levodopa tab 25-250 mg	$0(1)	
carbidopa & levodopa tab er 25-100 mg	$0(1)	
carbidopa & levodopa tab er 50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	$0(1)	
entacapone TABS 200mg	$0(1)	
INBRIJA CAPS 42mg	$0(2)	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	$0(2)	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	$0(1)	
rasagiline mesylate TABS .5mg, 1mg	$0(1)	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	$0(1)	
selegiline hcl CAPS 5mg; TABS 5mg	$0(1)	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg	$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	$0(2)	NDS, QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	$0(1)	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	$0(1)	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	$0(2)	NDS, QL (1 syringe / 28 days)

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ARISTADA PRSY 1064mg/3.9ml	$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	$0(2)	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg	$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	$0(2)	NDS, QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	$0(1)	
clozapine TABS 25mg, 50mg	$0(1)	
clozapine TABS 100mg	$0(1)	QL (270 tabs / 30 days)
clozapine TABS 200mg	$0(1)	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	$0(1)	PA
clozapine TBDP 100mg	$0(1)	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	$0(1)	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	$0(2)	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	$0(2)	QL (2 packs / year), PA
fluphenazine decanoate SOLN 25mg/ml	$0(1)	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	$0(1)	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	$0(1)	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	$0(1)	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	$0(1)	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	$0(2)	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	$0(2)	NDS, QL (1 syringe / 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	$0(2)	NDS, QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	$0(1)	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	$0(1)	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	$0(1)	QL (60 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	$0(1)	
NUPLAZID CAPS 34mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
olanzapine SOLR 10mg	$0(1)	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg; TBDP 10mg	$0(1)	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	$0(1)	QL (30 tabs / 30 days)
paliperidone TB24 1.5mg, 3mg, 9mg	$0(1)	QL (30 tabs / 30 days)
paliperidone TB24 6mg	$0(1)	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	$0(1)	
PERSERIS PRSY 90mg, 120mg	$0(2)	NDS, QL (1 syringe / 30 days)
pimozide TABS 1mg, 2mg	$0(1)	
quetiapine fumarate TABS 25mg	$0(1)	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	$0(1)	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	$0(1)	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	$0(1)	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	$0(2)	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	$0(2)	NDS, QL (60 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
risperidone SOLN 1mg/ml	$0(1)	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	$0(1)	
risperidone TBDP 1mg, 2mg, 3mg	$0(1)	QL (60 tabs / 30 days)
risperidone TBDP 4mg	$0(1)	QL (120 tabs / 30 days)
risperidone TBDP .25mg, .5mg	$0(1)	QL (90 tabs / 30 days)
risperidone microspheres SRER 12.5mg, 25mg	$0(1)	QL (2 injections / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	$0(2)	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	$0(2)	NDS, QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	$0(1)	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	$0(1)	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	$0(1)	
VERSACLOZ SUSP 50mg/ml	$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	$0(2)	NDS, QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	$0(1)	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	$0(2)	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	$0(2)	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	$0(2)	PA

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BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	$0(1)	
clobazam SUSP 2.5mg/ml	$0(1)	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	$0(1)	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	$0(1)	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	$0(1)	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	$0(2)	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
diazepam SOLN 5mg/5ml	$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
diazepam TABS 2mg, 5mg, 10mg	$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	$0(1)	
diazepam inj SOLN 5mg/ml	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diazepam intensol CONC 5mg/ml	$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	$0(2)	
DILANTIN INFATABS CHEW 50mg	$0(2)	
DILANTIN-125 SUSP 125mg/5ml	$0(2)	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	$0(1)	
EPIDIOLEX SOLN 100mg/ml	$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
epitol TABS 200mg	$0(1)	
EPRONTIA SOLN 25mg/ml	$0(2)	QL (480 mL / 30 days), PA
ethosuximide CAPS 250mg; SOLN 250mg/5ml	$0(1)	
felbamate SUSP 600mg/5ml	$0(2)	NDS
felbamate TABS 400mg, 600mg	$0(1)	
FINTEPLA SOLN 2.2mg/ml	$0(2)	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg, 400mg	$0(1)	QL (180 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	$0(1)	QL (2160 mL / 30 days)
gabapentin TABS 600mg	$0(1)	QL (180 tabs / 30 days)
gabapentin TABS 800mg	$0(1)	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	$0(1)	
lacosamide TABS 50mg	$0(1)	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	$0(1)	QL (60 tabs / 30 days)

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lacosamide oral SOLN 10mg/ml	$0(1)	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	$0(1)	
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	$0(1)	
levetiracetam in sodium chloride iv soln 500 mg/100ml	$0(1)	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	$0(1)	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	$0(1)	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	$0(2)	
methsuximide CAPS 300mg	$0(1)	
NAYZILAM SOLN 5mg/0.1ml	$0(2)	
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	$0(1)	
phenobarbital ELIX 20mg/5ml	$0(2)	QL (1500 mL / 30 days), PA; PA if 70 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	$0(2)	PA; PA if 70 years and older
phenytek CAPS 200mg, 300mg	$0(1)	
phenytoin CHEW 50mg; SUSP 125mg/5ml	$0(1)	
phenytoin sodium SOLN 50mg/ml	$0(1)	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	$0(1)	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	$0(1)	QL (90 caps / 30 days), PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pregabalin CAPS 225mg, 300mg	$0(1)	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	$0(1)	QL (900 mL / 30 days), PA
primidone TABS 50mg, 125mg, 250mg	$0(1)	
roweepra TABS 500mg	$0(1)	
rufinamide SUSP 40mg/ml	$0(2)	NDS, QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	$0(1)	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	$0(2)	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	$0(2)	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	$0(2)	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	$0(2)	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	$0(1)	
SYMPAZAN FILM 5mg, 10mg, 20mg	$0(2)	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	$0(1)	
topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	$0(1)	
valproate sodium SOLN 100mg/ml, 250mg/5ml	$0(1)	
valproic acid CAPS 250mg	$0(1)	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	$0(2)	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	$0(2)	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	$0(2)	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	$0(2)	
vigabatrin PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA

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vigadrone PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigadrone TABS 500mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
vigpoder PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 25mg, 50mg, 100mg	$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	$0(2)	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	$0(2)	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	$0(1)	
ZTALMY SUSP 50mg/ml	$0(2)	NDS, QL (1100 mL / 30 days), NM, LA, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	$0(1)	QL (60 tabs / 30 days), PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amphetamine-dextroamphetamine tab 7.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	$0(1)	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	$0(1)	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	$0(1)	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	$0(1)	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	$0(1)	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	$0(1)	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	$0(1)	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
guanfacine hcl (adhd) TB24 3mg	$0(2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
methylphenidate hcl SOLN 5mg/5ml	$0(1)	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	$0(1)	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	$0(1)	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	$0(1)	QL (30 tabs / 30 days)
eszopiclone TABS 1mg, 2mg, 3mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

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tasimelteon CAPS 20mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older
temazepam CAPS 15mg	$0(1)	QL (60 caps / 30 days), PA; PA if 65 years and older
zaleplon CAPS 5mg	$0(2)	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zaleplon CAPS 10mg	$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	$0(2)	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 1mg/ml	$0(2)	NDS
dihydroergotamine mesylate SOLN 4mg/ml	$0(2)	NDS, QL (8 mL / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	$0(1)	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	$0(1)	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	$0(2)	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	$0(2)	QL (30 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	$0(1)	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	$0(1)	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	$0(1)	QL (12 units / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	$0(1)	QL (18 injections / 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	$0(1)	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	$0(2)	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	$0(2)	NDS, QL (2 packs / year), NM, PA
lithium SOLN 8meq/5ml	$0(1)	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	$0(1)	
NUEDEXTA CAP 20-10MG	$0(2)	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	$0(1)	
riluzole TABS 50mg	$0(1)	
tetrabenazine TABS 12.5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CPDR 95mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA

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BETASERON KIT .3mg	$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	$0(1)	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	$0(2)	NDS, QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen TABS 5mg	$0(1)	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	$0(1)	
carisoprodol TABS 350mg	$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
cyclobenzaprine hcl TABS 5mg, 10mg	$0(2)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
dantrolene sodium CAPS 25mg, 50mg, 100mg	$0(1)	
methocarbamol TABS 500mg	$0(2)	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methocarbamol TABS 750mg	$0(2)	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
tizanidine hcl TABS 2mg, 4mg	$0(1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil TABS 50mg	$0(1)	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	$0(1)	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	$0(1)	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	$0(1)	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	$0(1)	
buprenorphine hcl SUBL 2mg, 8mg	$0(1)	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	$0(1)	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	$0(1)	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	$0(1)	
gnp nicotine gum GUM 4mg	$0(3)	NM; *
gnp nicotine mini lozenge LOZG 2mg, 4mg	$0(3)	NM; *
gnp nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	NM; *

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gnp nicotine polacrilex m LOZG 4mg	$0(3)	NM; *
gnp nicotine transdermal PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
goodsense nicotine LOZG 2mg, 4mg	$0(3)	NM; *
goodsense nicotine gum GUM 4mg	$0(3)	NM; *
goodsense nicotine polacr GUM 2mg, 4mg; LOZG 4mg	$0(3)	NM; *
hm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg	$0(3)	NM; *
hm nicotine transdermal s PT24 7mg/24hr, 21mg/24hr	$0(3)	NM; *
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	$0(1)	
naltrexone hcl TABS 50mg	$0(1)	
nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
nicotine mini lozenge LOZG 2mg, 4mg	$0(3)	NM; *
nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	NM; *
nicotine polacrilex mini LOZG 2mg	$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	$0(3)	NM; *
nicotine transdermal syst PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
NICOTROL INHALER INHA 10mg	$0(2)	
NICOTROL NS SOLN 10mg/ml	$0(2)	
sm nicotine GUM 4mg; LOZG 2mg	$0(3)	NM; *
sm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	NM; *
sm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
varenicline tartrate TABS .5mg, 1mg	$0(1)	QL (56 tabs / 28 days), PA
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	$0(1)	QL (2 packs / year), PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIVITROL SUSR 380mg	$0(2)	NDS, NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
depo-testosterone SOLN 100mg/ml, 200mg/ml	$0(1)	PA
methyltestosterone CAPS 10mg	$0(2)	NDS, QL (600 caps / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	$0(1)	QL (300 gm / 30 days), PA
testosterone GEL 1.62%	$0(1)	QL (150 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	$0(1)	PA
testosterone enanthate SOLN 200mg/ml	$0(1)	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	$0(2)	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	$0(2)	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	$0(1)	QL (90 tabs / 30 days)
glimepiride TABS 4mg	$0(1)	QL (60 tabs / 30 days)
glipizide TABS 5mg	$0(1)	QL (240 tabs / 30 days)
glipizide TABS 10mg	$0(1)	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	$0(1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	$0(1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)

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JANUMET TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	$0(2)	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	$0(2)	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	$0(1)	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	$0(1)	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	$0(1)	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	$0(2)	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	$0(2)	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	$0(1)	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	$0(1)	QL (90 tabs / 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pioglitazone hcl-metformin hcl tab 15-850 mg	$0(1)	QL (90 tabs / 30 days)
repaglinide TABS 2mg	$0(1)	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	$0(2)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	$0(2)	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	$0(2)	
ADMELOG SOLOSTAR SOPN 100unit/ml	$0(2)	
BASAGLAR KWIKPEN SOPN 100unit/ml	$0(2)	
BD ALCOHOL SWABS	$0(2)	
FIASP SOLN 100unit/ml	$0(2)	
FIASP FLEXTOUCH SOPN 100unit/ml	$0(2)	

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FIASP PENFILL SOCT 100unit/ml	$0(2)	
FIASP PUMPCART SOCT 100unit/ml	$0(2)	B/D
GAUZE PADS 2” X 2”	$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	$0(2)	NDS
INSULIN PEN NEEDLES: BD/NOVO	$0(2)	
INSULIN SAFETY NEEDLES	$0(2)	
INSULIN SYRINGES: BD	$0(2)	
LANTUS SOLN 100unit/ml	$0(2)	
LANTUS SOLOSTAR SOPN 100unit/ml	$0(2)	
NOVOLIN INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	$0(2)	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	$0(2)	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	$0(2)	QL (15 pods / 30 days), PA

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OMNIPOD MIS CLASSIC	$0(2)	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	$0(2)	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	$0(2)	
TOUJEO SOLOSTAR SOPN 300unit/ml	$0(2)	
TRESIBA SOLN 100unit/ml	$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	$0(2)	
V-GO 20 KIT	$0(2)	QL (30 devices / 30 days), PA
V-GO 30 KIT	$0(2)	QL (30 devices / 30 days), PA
V-GO 40 KIT	$0(2)	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	$0(1)	
calcitonin (salmon) spray SOLN 200unit/act	$0(1)	B/D
ibandronate sodium TABS 150mg	$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	$0(2)	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	$0(2)	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	$0(1)	B/D
PROLIA SOSY 60mg/ml	$0(2)	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg; TBEC 35mg	$0(1)	
TERIPARATIDE SOPN 620mcg/2.48ml	$0(2)	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	$0(2)	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	$0(2)	NDS
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	$0(2)	NDS, NM, PA

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deferasirox TABS 90mg	$0(1)	NM, PA
kionex SUSP 15gm/60ml	$0(1)	
LOKELMA PACK 5gm, 10gm	$0(2)	
penicillamine TABS 250mg	$0(2)	NDS, NM
sodium polystyrene sulfonate powder	$0(1)	
sps SUSP 15gm/60ml	$0(1)	
trientine hcl CAPS 250mg	$0(2)	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	$0(2)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	$0(1)	
altavera	$0(1)	
alyacen 1/35	$0(1)	
alyacen 7/7/7	$0(1)	
amethia	$0(1)	
apri	$0(1)	
aranelle	$0(1)	
ashlyna	$0(1)	
aubra eq	$0(1)	
aurovela 1/20	$0(1)	
aurovela 24 fe	$0(1)	
aurovela fe 1.5/30	$0(1)	
aurovela fe 1/20	$0(1)	
aviane	$0(1)	
ayuna	$0(1)	
azurette	$0(1)	
balziva	$0(1)	
blisovi 24 fe	$0(1)	
blisovi fe 1.5/30	$0(1)	
briellyn	$0(1)	
camila TABS .35mg	$0(1)	
camrese	$0(1)	
camrese lo	$0(1)	
chateal eq	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cryselle-28	$0(1)	
cyred eq	$0(1)	
dasetta 1/35	$0(1)	
dasetta 7/7/7	$0(1)	
daysee	$0(1)	
deblitane TABS .35mg	$0(1)	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	$0(2)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0(1)	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0(1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	$0(1)	
drospirenone-ethinyl estradiol tab 3-0.02 mg	$0(1)	
drospirenone-ethinyl estradiol tab 3-0.03 mg	$0(1)	
econtra ez TABS 1.5mg	$0(3)	NM; *
econtra one-step TABS 1.5mg	$0(3)	NM; *
elinest	$0(1)	
eluryng	$0(1)	
emzahh TABS .35mg	$0(1)	
enilloring	$0(1)	
enpresse-28	$0(1)	
enskyce	$0(1)	
errin TABS .35mg	$0(1)	
estarylla	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0(1)	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
falmina	$0(1)	
finzala	$0(1)	
hailey 1.5/30	$0(1)	
hailey 24 fe	$0(1)	
haloette	$0(1)	
heather TABS .35mg	$0(1)	
iclevia	$0(1)	
incassia TABS .35mg	$0(1)	
introvale	$0(1)	
isibloom	$0(1)	
jasmiel	$0(1)	
jolessa	$0(1)	
juleber	$0(1)	
junel 1.5/30	$0(1)	
junel 1/20	$0(1)	
junel fe 1.5/30	$0(1)	
junel fe 1/20	$0(1)	
junel fe 24	$0(1)	
kaitlib fe	$0(1)	
kariva	$0(1)	
kelnor 1/35	$0(1)	
kelnor 1/50	$0(1)	
kurvelo	$0(1)	
larin 1.5/30	$0(1)	
larin 1/20	$0(1)	
larin 24 fe	$0(1)	
larin fe 1.5/30	$0(1)	
larin fe 1/20	$0(1)	
layolis fe	$0(1)	
leena	$0(1)	
lessina	$0(1)	
levonest	$0(1)	

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levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	$0(1)	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	$0(1)	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0(1)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0(1)	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0(1)	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0(1)	
levonorgestrel (emergency oc) TABS 1.5mg	$0(3)	NM; *
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0(1)	
levora 0.15/30-28	$0(1)	
loestrin 1.5/30-21	$0(1)	
loestrin 1/20-21	$0(1)	
loestrin fe 1.5/30	$0(1)	
loestrin fe 1/20	$0(1)	
loryna	$0(1)	
low-ogestrel	$0(1)	
lutera	$0(1)	
lyleq TABS .35mg	$0(1)	
lyza TABS .35mg	$0(1)	
marlissa	$0(1)	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	$0(1)	
mibelas 24 fe	$0(1)	
microgestin 1.5/30	$0(1)	
microgestin 1/20	$0(1)	
microgestin 24 fe	$0(1)	

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microgestin fe 1.5/30	$0(1)	
microgestin fe 1/20	$0(1)	
mili	$0(1)	
mono-linyah	$0(1)	
my choice TABS 1.5mg	$0(3)	NM; *
my way TABS 1.5mg	$0(3)	NM; *
necon 0.5/35-28	$0(1)	
new day TABS 1.5mg	$0(3)	NM; *
nikki	$0(1)	
nora-be TABS .35mg	$0(1)	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	$0(1)	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0(1)	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	$0(1)	
norethindrone (contraceptive) TABS .35mg	$0(1)	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	$0(1)	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0(1)	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0(1)	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0(1)	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0(1)	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0(1)	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0(1)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0(1)	

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norlyroc TABS .35mg	$0(1)	
nortrel 0.5/35 (28)	$0(1)	
nortrel 1/35 (21)	$0(1)	
nortrel 1/35 (28)	$0(1)	
nortrel 7/7/7	$0(1)	
nylia 1/35	$0(1)	
nylia 7/7/7	$0(1)	
nymyo	$0(1)	
ocella	$0(1)	
opcicon one-step TABS 1.5mg	$0(3)	NM; *
option 2 TABS 1.5mg	$0(3)	NM; *
philith	$0(1)	
pimtrea	$0(1)	
portia-28	$0(1)	
reclipsen	$0(1)	
rivelsa	$0(1)	
setlakin	$0(1)	
sharobel TABS .35mg	$0(1)	
simliya	$0(1)	
simpesse	$0(1)	
sprintec 28	$0(1)	
sronyx	$0(1)	
syeda	$0(1)	
tarina 24 fe	$0(1)	
tarina fe 1/20 eq	$0(1)	
tilia fe	$0(1)	
tri-estarylla	$0(1)	
tri-legest fe	$0(1)	
tri-linyah	$0(1)	
tri-lo-estarylla	$0(1)	
tri-lo-marzia	$0(1)	
tri-lo-mili	$0(1)	
tri-lo-sprintec	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tri-mili	$0(1)	
tri-nymyo	$0(1)	
tri-sprintec	$0(1)	
tri-vylibra	$0(1)	
tri-vylibra lo	$0(1)	
trivora-28	$0(1)	
turqoz	$0(1)	
tydemy	$0(1)	
velivet	$0(1)	
vestura	$0(1)	
vienva	$0(1)	
viorele	$0(1)	
vyfemla	$0(1)	
vylibra	$0(1)	
wera	$0(1)	
wymzya fe	$0(1)	
xulane	$0(1)	
zafemy	$0(1)	
zovia 1/35	$0(1)	
zumandimine	$0(1)	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	$0(1)	
SYNAREL SOLN 2mg/ml	$0(2)	NDS, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	$0(2)	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	$0(2)	
estradiol & norethindrone acetate tab 0.5-0.1 mg	$0(2)	

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estradiol & norethindrone acetate tab 1-0.5 mg	$0(2)	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	$0(1)	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	$0(1)	
fyavolv tab 0.5mg-2.5mcg	$0(2)	
fyavolv tab 1mg-5mcg	$0(2)	
jinteli	$0(2)	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	$0(2)	
mimvey	$0(2)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	$0(2)	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	$0(2)	
yuvafem TABS 10mcg	$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	$0(1)	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	$0(2)	B/D
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	$0(1)	
fludrocortisone acetate TABS .1mg	$0(1)	
hydrocortisone TABS 5mg, 10mg, 20mg	$0(1)	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	$0(1)	B/D
methylprednisolone TBPK 4mg	$0(1)	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	$0(1)	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	$0(1)	B/D

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prednisolone SOLN 15mg/5ml	$0(1)	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	$0(1)	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	$0(1)	B/D
prednisone TBPK 5mg, 10mg	$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
diazoxide SUSP 50mg/ml	$0(2)	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	$0(2)	
GVOKE KIT SOLN 1mg/0.2ml	$0(2)	
GVOKE PFS SOSY 1mg/0.2ml	$0(2)	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	$0(2)	NDS, NM, LA, PA
betaine powder for oral solution	$0(2)	NDS, NM, LA
cabergoline TABS .5mg	$0(1)	
carglumic acid TBSO 200mg	$0(2)	NDS, NM, LA, PA
CERDELGA CAPS 84mg	$0(2)	NDS, NM, LA, PA
CEREZYME SOLR 400unit	$0(2)	NDS, NM, LA, PA
cinacalcet hcl TABS 30mg, 60mg	$0(1)	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	$0(2)	NM, LA, PA
desmopressin acetate SOLN 4mcg/ml	$0(2)	NDS
desmopressin acetate TABS .1mg, .2mg	$0(1)	
desmopressin acetate spray SOLN .01%	$0(1)	
desmopressin acetate spray refrigerated SOLN .01%	$0(1)	
FABRAZYME SOLR 5mg, 35mg	$0(2)	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	$0(2)	NDS, NM, PA

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GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	$0(2)	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	$0(2)	NDS, NM, LA, PA
javygtor PACK 100mg, 500mg; TABS 100mg	$0(2)	NDS, NM, LA, PA
KORLYM TABS 300mg	$0(2)	NDS, NM, LA, PA
lanreotide acetate SOLN 120mg/0.5ml	$0(2)	NDS, NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	$0(1)	B/D
LUMIZYME SOLR 50mg	$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	$0(2)	NDS, NM, PA
mifepristone (hyperglycemia) TABS 300mg	$0(2)	NDS, NM, PA
miglustat CAPS 100mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	$0(2)	NDS, NM, LA, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	$0(2)	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	$0(1)	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	$0(2)	NDS, NM, PA
raloxifene hcl TABS 60mg	$0(1)	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	$0(2)	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	$0(2)	NDS, NM, LA, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	$0(2)	NDS, NM, PA

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SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	$0(2)	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	$0(2)	NDS, NM, LA, PA
yargesa CAPS 100mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder) CAPS 667mg	$0(1)	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	$0(1)	QL (360 tabs / 30 days)
lanthanum carbonate CHEW 500mg, 1000mg	$0(1)	QL (90 tabs / 30 days)
lanthanum carbonate CHEW 750mg	$0(1)	QL (180 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	$0(1)	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	$0(1)	QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	$0(1)	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	$0(2)	NDS, QL (180 tabs / 30 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	$0(1)	
megestrol acetate SUSP 40mg/ml	$0(2)	
megestrol acetate (appetite) SUSP 625mg/5ml	$0(2)	PA
norethindrone acetate TABS 5mg	$0(1)	
progesterone CAPS 100mg, 200mg	$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	$0(1)	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	

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levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	$0(1)	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	$0(1)	
methimazole TABS 5mg, 10mg	$0(1)	
propylthiouracil TABS 50mg	$0(1)	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(2)	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	$0(1)	B/D
calcitriol (oral) SOLN 1mcg/ml	$0(1)	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	$0(1)	B/D
RAYALDEE CPCR 30mcg	$0(2)	NDS
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
acid gone	$0(3)	NM; *
almacone double strength	$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	$0(3)	NM; *
antacid CHEW 500mg, 750mg	$0(3)	NM; *
antacid calcium regular s CHEW 500mg	$0(3)	NM; *
antacid extra strength CHEW 750mg	$0(3)	NM; *
antacid maximum strength	$0(3)	NM; *
antacid regular strength	$0(3)	NM; *

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antacid/antigas liquid	$0(3)	NM; *
cal-gest antacid CHEW 500mg	$0(3)	NM; *
calcium antacid CHEW 500mg	$0(3)	NM; *
calcium antacid extra str CHEW 750mg	$0(3)	NM; *
CALCIUM CARBONATE SUSP 1250mg/5ml	$0(3)	NM; *
calcium carbonate (antacid) SUSP 1250mg/5ml	$0(3)	NM; *
gnp antacid CHEW 500mg	$0(3)	NM; *
gnp antacid & anti-gas/re	$0(3)	NM; *
gnp antacid and anti-gas/	$0(3)	NM; *
gnp antacid anti-gas/maxi	$0(3)	NM; *
gnp antacid extra strengt CHEW 750mg	$0(3)	NM; *
gnp antacid/regular stren	$0(3)	NM; *
heartburn relief extra st	$0(3)	NM; *
hm antacid CHEW 500mg	$0(3)	NM; *
hm antacid anti-gas extra	$0(3)	NM; *
hm antacid extra strength CHEW 750mg	$0(3)	NM; *
mag-al plus	$0(3)	NM; *
mag-al plus xs	$0(3)	NM; *
magnesium oxide TABS 400mg, 420mg	$0(3)	NM; *
mintox maximum strength	$0(3)	NM; *
mintox plus	$0(3)	NM; *
qc antacid CHEW 500mg	$0(3)	NM; *
qc antacid extra strength CHEW 750mg	$0(3)	NM; *
qc antacid/anti-gas	$0(3)	NM; *
qc antacid/anti-gas maxim	$0(3)	NM; *
qc heartburn antacid	$0(3)	NM; *
sm antacid CHEW 500mg	$0(3)	NM; *
sm antacid advanced	$0(3)	NM; *
sm antacid advanced maxi	$0(3)	NM; *
sm antacid extra strength CHEW 750mg	$0(3)	NM; *
sm antacid maximum streng	$0(3)	NM; *

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sm calcium antacid extra CHEW 750mg	$0(3)	NM; *
smooth antacid extra stre CHEW 750mg	$0(3)	NM; *
sodium bicarbonate (antacid) TABS 325mg, 650mg	$0(3)	NM; *
SODIUM POW BICARBON	$0(3)	NM; *
ANTI-DIARRHEAL		
anti-diarrheal CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	$0(3)	NM; *
bismatrol CHEW 262mg	$0(3)	NM; *
bismuth subsalicylate CHEW 262mg	$0(3)	NM; *
gnp anti-diarrheal CAPS 2mg; TABS 2mg	$0(3)	NM; *
gnp loperamide hydrochlor SOLN 1mg/7.5ml	$0(3)	NM; *
gnp pink bismuth CHEW 262mg	$0(3)	NM; *
gnp stomach relief SUSP 525mg/30ml	$0(3)	NM; *
goodsense anti-diarrheal SOLN 1mg/7.5ml	$0(3)	NM; *
loperamide hcl SOLN 1mg/7.5ml, 2mg/15ml; TABS 2mg	$0(3)	NM; *
qc anti-diarrheal CAPS 2mg; TABS 2mg	$0(3)	NM; *
qc pink bismuth SUSP 525mg/15ml	$0(3)	NM; *
qc stomach relief CHEW 262mg; SUSP 525mg/30ml; TABS 262mg	$0(3)	NM; *
qc stomach relief ultra SUSP 525mg/15ml	$0(3)	NM; *
sm anti-diarrheal CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	$0(3)	NM; *
sm stomach relief CHEW 262mg; TABS 262mg	$0(3)	NM; *
sm stomach relief liquid SUSP 525mg/30ml	$0(3)	NM; *
stomach relief CHEW 262mg; SUSP 525mg/30ml; TABS 262mg	$0(3)	NM; *
stomach relief extra stre SUSP 525mg/15ml	$0(3)	NM; *

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stomach relief ultra SUSP 525mg/15ml	$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
anti-nausea	$0(3)	NM; *
aprepitant CAPS 40mg, 80mg, 125mg	$0(1)	B/D
aprepitant capsule therapy pack 80 & 125 mg	$0(1)	B/D
compro SUPP 25mg	$0(1)	
driminate TABS 50mg	$0(3)	NM; *
dronabinol CAPS 2.5mg, 5mg, 10mg	$0(1)	B/D, QL (60 caps / 30 days)
gnp motion sickness relie TABS 25mg, 50mg	$0(3)	NM; *
gnp nausea relief	$0(3)	NM; *
granisetron hcl SOLN 1mg/ml, 4mg/4ml	$0(1)	
granisetron hcl TABS 1mg	$0(1)	B/D
hm motion sickness TABS 50mg	$0(3)	NM; *
meclizine hcl CHEW 25mg; TABS 12.5mg	$0(3)	NM; *
meclizine hcl TABS 12.5mg, 25mg	$0(2)	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	$0(1)	
motion sickness relief TABS 50mg	$0(3)	NM; *
motion sickness relief/le TABS 25mg	$0(3)	NM; *
motion-time CHEW 25mg	$0(3)	NM; *
nausea relief	$0(3)	NM; *
ondansetron TBDP 4mg, 8mg	$0(1)	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	$0(1)	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	$0(1)	B/D
prochlorperazine SUPP 25mg	$0(1)	
prochlorperazine edisylate SOLN 10mg/2ml	$0(1)	
prochlorperazine maleate TABS 5mg, 10mg	$0(1)	

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promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	$0(2)	PA; PA if 70 years and older
qc motion sickness relief TABS 50mg	$0(3)	NM; *
qc travel ease CHEW 25mg	$0(3)	NM; *
scopolamine PT72 1mg/3days	$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
sm motion sickness TABS 25mg, 50mg	$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	$0(2)	
glycopyrrolate TABS 1mg	$0(1)	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	$0(1)	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer TABS 10mg	$0(3)	NM; *
acid reducer original str TABS 10mg	$0(3)	NM; *
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	$0(1)	
famotidine SUSR 40mg/5ml	$0(1)	QL (300 mL / 30 days)
famotidine TABS 10mg	$0(3)	NM; *
famotidine TABS 20mg	$0(1)	QL (120 tabs / 30 days)
famotidine TABS 40mg	$0(1)	QL (60 tabs / 30 days)
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0(1)	
famotidine original stren TABS 10mg	$0(3)	NM; *
gnp acid reducer TABS 10mg	$0(3)	NM; *
heartburn relief TABS 10mg	$0(3)	NM; *
nizatidine CAPS 150mg, 300mg	$0(1)	
qc famotidine acid reduce TABS 10mg	$0(3)	NM; *
sm acid reducer TABS 10mg	$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	$0(1)	
budesonide CPEP 3mg	$0(1)	QL (90 caps / 30 days), PA

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budesonide TB24 9mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	$0(1)	
mesalamine CP24 .375gm	$0(1)	QL (120 caps / 30 days)
mesalamine CPDR 400mg	$0(1)	QL (180 caps / 30 days)
mesalamine ENEM 4gm; SUPP 1000mg	$0(1)	
mesalamine TBEC 1.2gm	$0(1)	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	$0(1)	
sulfasalazine TABS 500mg; TBEC 500mg	$0(1)	
LAXATIVES		
bisacodyl SUPP 10mg	$0(3)	NM; *
bisacodyl ec TBEC 5mg	$0(3)	NM; *
calcium polycarbophil TABS 625mg	$0(3)	NM; *
chocolated laxative regul CHEW 15mg	$0(3)	NM; *
clearlax POWD 17gm/scoop	$0(3)	NM; *
colace 2-in-1	$0(3)	NM; *
COLACE CLEAR CAPS 50mg	$0(3)	NM; *
constulose SOLN 10gm/15ml	$0(1)	
docusate calcium CAPS 240mg	$0(3)	NM; *
docusate mini ENEM 283mg/5ml	$0(3)	NM; *
docusate sodium CAPS 100mg, 250mg; LIQD 50mg/5ml, 100mg/10ml	$0(3)	NM; *
DOCUSOL KIDS ENEM 100mg/5ml	$0(3)	NM; *
docusol mini ENEM 283mg/5ml	$0(3)	NM; *
docusol plus mini-enema	$0(3)	NM; *
dok TABS 100mg	$0(3)	NM; *
enema ready-to-use	$0(3)	NM; *
enemeez mini ENEM 283mg/5ml	$0(3)	NM; *
enemeez plus	$0(3)	NM; *
enulose SOLN 10gm/15ml	$0(1)	
fiber laxative TABS 625mg	$0(3)	NM; *
fiber-lax TABS 625mg	$0(3)	NM; *

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FLEET ENE PED	$0(3)	NM; *
gavilax POWD 17gm/scoop	$0(3)	NM; *
gavilyte-c	$0(1)	
gavilyte-g	$0(1)	
generlac SOLN 10gm/15ml	$0(1)	
gentle laxative SUPP 10mg; TBEC 5mg	$0(3)	NM; *
glycerin (laxative) SUPP 2gm	$0(3)	NM; *
glycerin childrens SUPP 1gm	$0(3)	NM; *
gnp clearlax PACK 17gm; POWD 17gm/scoop	$0(3)	NM; *
gnp fiber therapy TABS 500mg	$0(3)	NM; *
gnp gentle laxative SUPP 10mg; TBEC 5mg	$0(3)	NM; *
gnp milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
gnp natural fiber CAPS .52gm	$0(3)	NM; *
gnp senna lax TABS 8.6mg	$0(3)	NM; *
gnp senna plus	$0(3)	NM; *
gnp stool softener CAPS 100mg, 240mg, 250mg	$0(3)	NM; *
gnp stool softener/stimul	$0(3)	NM; *
gnp womens gentle laxativ TBEC 5mg	$0(3)	NM; *
goodsense clearlax POWD 17gm/scoop	$0(3)	NM; *
healthylax PACK 17gm	$0(3)	NM; *
hm clearlax POWD 17gm/scoop	$0(3)	NM; *
hm enema saline laxative	$0(3)	NM; *
hm gentle laxative SUPP 10mg	$0(3)	NM; *
hm laxative TBEC 5mg	$0(3)	NM; *
hm milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
hm senna TABS 8.6mg	$0(3)	NM; *
hm stool softener CAPS 100mg, 250mg	$0(3)	NM; *
hm stool softener/stimula	$0(3)	NM; *
lactulose SOLN 10gm/15ml	$0(1)	
lactulose (encephalopathy) SOLN 10gm/15ml	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
laxative maximum strength TABS 25mg	$0(3)	NM; *
laxative regular strength TABS 15mg	$0(3)	NM; *
milk of magnesia SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	$0(3)	NM; *
MILK OF MAGNESIA CONCENTR SUSP 2400mg/10ml	$0(3)	NM; *
PEDIA-LAX LIQD 50mg/15ml; SUPP 2.8gm	$0(3)	NM; *
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	$0(1)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	$0(1)	
PLENVU SOL	$0(2)	
polyethylene glycol 3350 PACK 17gm; POWD 17gm/scoop	$0(3)	NM; *
qc chocolated laxative CHEW 15mg	$0(3)	NM; *
qc enema	$0(3)	NM; *
qc fiber TABS 625mg	$0(3)	NM; *
qc fiber therapy POWD 25%, 51.7%; TABS 500mg	$0(3)	NM; *
qc gentle laxative SUPP 10mg	$0(3)	NM; *
qc gentle laxative womens TBEC 5mg	$0(3)	NM; *
qc laxative TBEC 5mg	$0(3)	NM; *
qc milk of magnesia SUSP 400mg/5ml	$0(3)	NM; *
qc natura-lax POWD 17gm/scoop	$0(3)	NM; *
qc stool softener CAPS 100mg, 250mg	$0(3)	NM; *
qc stool softener plus la	$0(3)	NM; *
qc stool softener plus st	$0(3)	NM; *
qc vegetable laxative TABS 8.6mg	$0(3)	NM; *
senexon-s	$0(3)	NM; *
senna plus	$0(3)	NM; *
SENNA PLUS CAP 8.6-50MG	$0(3)	NM; *
senna regular strength TABS 8.6mg	$0(3)	NM; *

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
senna-lax TABS 8.6mg	$0(3)	NM; *
senna-time TABS 8.6mg	$0(3)	NM; *
senna-time s	$0(3)	NM; *
sennosides CAPS 8.6mg; LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg	$0(3)	NM; *
sennosides-docusate sodium tab 8.6-50 mg	$0(3)	NM; *
senokot extra strength TABS 17.2mg	$0(3)	NM; *
sm clearlax POWD 17gm/scoop	$0(3)	NM; *
sm enema	$0(3)	NM; *
sm fiber TABS 625mg	$0(3)	NM; *
sm fiber laxative TABS 500mg	$0(3)	NM; *
sm gentle laxative TBEC 5mg	$0(3)	NM; *
sm milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
sm stool softener CAPS 100mg; TABS 100mg	$0(3)	NM; *
sm stool softener/stimula	$0(3)	NM; *
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	$0(1)	
sodium phosphates - enema**	$0(3)	NM; *
soluble fiber	$0(3)	NM; *
SORBITOL SOLN 70%	$0(3)	NM; *
stimulant laxative	$0(3)	NM; *
STL SOFT/LAX CAP 8.6-50MG	$0(3)	NM; *
stool softener CAPS 100mg	$0(3)	NM; *
stool softener + stimulan	$0(3)	NM; *
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
cromolyn sodium (mastocytosis) CONC 100mg/5ml	$0(1)	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diphenoxylate w/ atropine tab 2.5-0.025 mg	$0(2)	
GATTEX KIT 5mg	$0(2)	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	$0(2)	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	$0(1)	
misoprostol TABS 100mcg, 200mcg	$0(1)	
MOVANTIK TABS 12.5mg, 25mg	$0(2)	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	$0(2)	NDS, QL (28 syringes / 28 days), PA
sucralfate TABS 1gm	$0(1)	
ursodiol CAPS 300mg; TABS 250mg, 500mg	$0(1)	
XERMELO TABS 250mg	$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	$0(2)	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	$0(2)	
CREON CAP 6000UNIT	$0(2)	
CREON CAP 12000UNT	$0(2)	
CREON CAP 24000UNT	$0(2)	
CREON CAP 36000UNT	$0(2)	
ZENPEP CAP 3000UNIT	$0(2)	
ZENPEP CAP 5000UNIT	$0(2)	
ZENPEP CAP 10000UNT	$0(2)	
ZENPEP CAP 15000UNT	$0(2)	
ZENPEP CAP 20000UNT	$0(2)	
ZENPEP CAP 25000UNT	$0(2)	
ZENPEP CAP 40000UNT	$0(2)	
ZENPEP CAP 60000UNT	$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
esomeprazole magnesium CPDR 20mg, 40mg	$0(1)	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	$0(1)	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	$0(1)	
rabeprazole sodium TBEC 20mg	$0(1)	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl TB24 10mg	$0(1)	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	$0(1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0(1)	QL (30 caps / 30 days)
finasteride TABS 5mg	$0(1)	QL (30 tabs / 30 days)
tamsulosin hcl CAPS .4mg	$0(1)	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	$0(1)	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	$0(1)	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
GEMTESA TABS 75mg	$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	$0(2)	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	$0(1)	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	$0(1)	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	$0(1)	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	$0(1)	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	$0(1)	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	$0(1)	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	$0(1)	
clotrimazole vaginal CREA 1%	$0(3)	NM; *
3 day vaginal CREA 2%	$0(3)	NM; *
gnp clotrimazole 3 CREA 2%	$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gnp miconazole 1 combinat	$0(3)	NM; *
gnp miconazole 3	$0(3)	NM; *
gnp miconazole 7 CREA 2%	$0(3)	NM; *
metronidazole vaginal GEL .75%	$0(1)	
miconazole 3 combination	$0(3)	NM; *
miconazole 3 combo pack	$0(3)	NM; *
miconazole 7 CREA 2%; SUPP 100mg	$0(3)	NM; *
miconazole nitrate vaginal CREA 2%	$0(3)	NM; *
qc clotrimazole CREA 1%	$0(3)	NM; *
qc miconazole 7 CREA 2%	$0(3)	NM; *
sm 3-day vaginal CREA 2%	$0(3)	NM; *
sm clotrimazole vaginal CREA 1%	$0(3)	NM; *
sm miconazole 3	$0(3)	NM; *
sm miconazole 7 CREA 2%; SUPP 100mg	$0(3)	NM; *
sm tioconazole-1 OINT 6.5%	$0(3)	NM; *
terconazole vaginal CREA .4%, .8%; SUPP 80mg	$0(1)	
tioconazole 1 OINT 6.5%	$0(3)	NM; *
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	$0(2)	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	$0(1)	
fondaparinux sodium SOLN 2.5mg/0.5ml	$0(1)	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	$0(2)	NDS
HEP SOD/D5W INJ 20000UNT	$0(2)	
HEP SOD/D5W INJ 25000UNT	$0(2)	
HEP SOD/NACL INJ 12500UNT	$0(2)	
HEP SOD/NACL INJ 25000UNT	$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	$0(1)	B/D
HEPARIN/NACL INJ 25000UNT	$0(2)	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	$0(1)	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	$0(1)	
XARELTO SUSR 1mg/ml	$0(2)	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	$0(2)	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	$0(2)	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	$0(2)	NDS, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
ALVAIZ TABS 18mg, 36mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
anagrelide hcl CAPS .5mg, 1mg	$0(1)	
BERINERT KIT 500unit	$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
cilostazol TABS 50mg, 100mg	$0(1)	
DOPTELET TABS 20mg	$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	$0(2)	
ENDARI PACK 5gm	$0(2)	NDS, NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HAEGARDA SOLR 2000unit	$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
icatibant acetate SOSY 30mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	$0(2)	NDS, NM, PA
pentoxifylline TBCR 400mg	$0(1)	
PROMACTA PACK 12.5mg	$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
sajazir SOSY 30mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, LA, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	$0(1)	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	$0(1)	
BRILINTA TABS 60mg, 90mg	$0(2)	
clopidogrel bisulfate TABS 75mg	$0(1)	
dipyridamole TABS 25mg, 50mg, 75mg	$0(2)	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	$0(2)	NDS, QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	$0(2)	NDS, NM, PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENBREL SOLN 25mg/0.5ml	$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	$0(2)	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	$0(2)	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	$0(2)	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	$0(2)	NDS, NM, LA, PA

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KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	$0(2)	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 20mg, 30mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20	$0(2)	NDS, QL (110 tabs / year), NM, PA
OTEZLA TAB 10/20/30	$0(2)	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	$0(2)	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	$0(2)	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	$0(2)	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	$0(2)	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	$0(2)	NDS, QL (12 vials / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	$0(2)	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	$0(2)	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	$0(2)	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TREMFYA SOPN 100mg/ml	$0(2)	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
XELJANZ SOLN 1mg/ml	$0(2)	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate TABS 200mg	$0(1)	
JYLAMVO SOLN 2mg/ml	$0(2)	B/D
leflunomide TABS 10mg, 20mg	$0(1)	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	$0(1)	
XATMEP SOLN 2.5mg/ml	$0(2)	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	$0(2)	NDS, PA
BIVIGAM SOLN 5gm/50ml, 10%	$0(2)	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	$0(2)	NDS, NM, PA
GAMASTAN INJ	$0(2)	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	$0(2)	NDS, NM, LA, PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	$0(2)	NDS, NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	$0(2)	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	$0(2)	B/D, NM
azathioprine TABS 50mg	$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	$0(2)	NDS, NM, LA, PA
cyclosporine CAPS 25mg, 100mg	$0(1)	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	$0(1)	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	$0(2)	NDS, B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	$0(1)	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	$0(1)	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	$0(2)	NDS, B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	$0(1)	B/D, NM

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NULOJIX SOLR 250mg	$0(2)	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	$0(2)	B/D, NM
REZUROCK TABS 200mg	$0(2)	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	$0(2)	B/D, NM
sirolimus SOLN 1mg/ml	$0(2)	NDS, B/D, NM
sirolimus TABS .5mg, 1mg, 2mg	$0(1)	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	$0(1)	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	$0(1)	
ACTHIB INJ	$0(1)	
ADACEL INJ	$0(1)	
AREXVY SUSR 120mcg/0.5ml	$0(1)	
BCG VACCINE SOLR 50mg	$0(1)	
BEXSERO INJ	$0(1)	
BOOSTRIX INJ	$0(1)	
DAPTACEL INJ	$0(1)	
DENGVAXIA SUS	$0(1)	
DIP/TET PED INJ 25-5LFU	$0(1)	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	$0(1)	B/D
GARDASIL 9 INJ	$0(1)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	$0(1)	
HEPLISAV-B SOSY 20mcg/0.5ml	$0(1)	B/D
HIBERIX SOLR 10mcg	$0(1)	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	$0(1)	B/D
INFANRIX INJ	$0(1)	
IPOL INJ INACTIVE	$0(1)	
IXCHIQ INJ	$0(1)	
IXIARO INJ	$0(1)	
JYNNEOS SUSP .5ml	$0(1)	B/D
KINRIX INJ	$0(1)	
M-M-R II INJ	$0(1)	

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MENACTRA INJ	$0(1)	
MENQUADFI INJ	$0(1)	
MENVEO INJ	$0(1)	
MENVEO SOL	$0(1)	
MRESVIA SUSY 50mcg/0.5ml	$0(1)	
PEDIARIX INJ 0.5ML	$0(1)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	$0(1)	
PENBRAYA INJ	$0(1)	
PENTACEL INJ	$0(1)	
PREHEVBRIO SUSP 10mcg/ml	$0(1)	B/D
PRIORIX INJ	$0(1)	
PROQUAD INJ	$0(1)	
QUADRACEL INJ	$0(1)	
QUADRACEL INJ 0.5ML	$0(1)	
RABAVERT INJ	$0(1)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	$0(1)	B/D
ROTARIX SUS	$0(1)	
ROTATEQ SOL	$0(1)	
SHINGRIX SUSR 50mcg/0.5ml	$0(1)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	$0(1)	B/D
TENIVAC INJ 5-2LF	$0(1)	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	$0(1)	
TRUMENBA INJ	$0(1)	
TWINRIX INJ	$0(1)	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	$0(1)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	$0(1)	
VARIVAX INJ 1350pfu/0.5ml	$0(1)	
YF-VAX INJ	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	$0(2)	
D5W/LYTES INJ #48	$0(2)	
D10W/NACL INJ 0.2%	$0(2)	
dextrose 2.5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% in lactated ringers	$0(1)	
dextrose 5% w/ sodium chloride 0.2%	$0(1)	
dextrose 5% w/ sodium chloride 0.3%	$0(1)	
dextrose 5% w/ sodium chloride 0.9%	$0(1)	
dextrose 5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% w/ sodium chloride 0.225%	$0(1)	
dextrose 10% w/ sodium chloride 0.45%	$0(1)	
ISOLYTE-P INJ /D5W	$0(2)	
ISOLYTE-S INJ	$0(2)	
ISOLYTE-S INJ PH 7.4	$0(2)	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	$0(1)	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	$0(1)	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KCL/D5W/NACL INJ 0.3/0.9%	$0(2)	
lactated ringer's solution	$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	$0(2)	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	$0(2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	$0(2)	
MG SO4/D5W INJ 10MG/ML	$0(2)	
multiple electrolytes ph 5.5	$0(1)	
multiple electrolytes ph 7.4	$0(1)	
PLASMA-LYTE INJ -148	$0(2)	
PLASMA-LYTE INJ -A	$0(2)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	$0(2)	
POT CHL 20MEQ/L IN NACL 0.45% INJ	$0(2)	
POT CHL 40MEQ/L IN NACL 0.9% INJ	$0(2)	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	$0(1)	
POTASSIUM CHLORIDE SOLN 10meq/50ml	$0(2)	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	$0(1)	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	$0(1)	
TPN ELECTROL INJ	$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	$0(1)	
klor-con 8 TBCR 8meq	$0(1)	
klor-con 10 TBCR 10meq	$0(1)	
klor-con m10 TBCR 10meq	$0(1)	

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klor-con m15 TBCR 15meq	$0(1)	
klor-con m20 TBCR 20meq	$0(1)	
M-NATAL PLUS TAB	$0(2)	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	$0(1)	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	$0(1)	
PRENATAL TAB 27-1MG	$0(2)	
PRENATAL TAB PLUS	$0(2)	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	$0(1)	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	$0(2)	B/D
CLINIMIX INJ 4.25/D10	$0(2)	B/D
CLINIMIX INJ 5%/D15W	$0(2)	B/D
CLINIMIX INJ 5%/D20W	$0(2)	B/D
CLINIMIX INJ 6/5	$0(2)	B/D
CLINIMIX INJ 8/10	$0(2)	B/D
CLINIMIX INJ 8/14	$0(2)	B/D
clinisol sf 15%	$0(1)	B/D
CLINOLIPID EMU 20%	$0(2)	B/D
dextrose SOLN 5%, 10%	$0(1)	
dextrose SOLN 50%, 70%	$0(1)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	$0(2)	B/D
plenamine	$0(1)	B/D
PREMASOL SOL 10%	$0(2)	NDS, B/D
PROSOL INJ 20%	$0(2)	B/D
TRAVASOL INJ 10%	$0(2)	B/D
TROPHAMINE INJ 10%	$0(2)	B/D

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VITAMINS		
ergocalciferol CAPS 1.25mg, 50000unit; SOLN 8000unit/ml	$0(3)	NM; *
phytonadione SOLN 10mg/ml; TABS 5mg	$0(3)	NM; *
pyridoxine hcl SOLN 100mg/ml	$0(3)	NM; *
thiamine hcl SOLN 100mg/ml	$0(3)	NM; *
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	$0(1)	
neo-polycin hc ophth oint 1%	$0(1)	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	$0(1)	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	$0(1)	
neomycin-polymyxin-hc ophth susp	$0(1)	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	$0(1)	
TOBRADEX OIN 0.3-0.1%	$0(2)	
TOBRADEX ST SUS 0.3-0.05	$0(2)	
tobramycin-dexamethasone ophth susp 0.3-0.1%	$0(1)	
ZYLET SUS 0.5-0.3%	$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin (ophthalmic) OINT 500unit/gm	$0(1)	
bacitracin-polymyxin b ophth oint	$0(1)	
BESIVANCE SUSP .6%	$0(2)	
CILOXAN OINT .3%	$0(2)	
ciprofloxacin hcl (ophth) SOLN .3%	$0(1)	
erythromycin (ophth) OINT 5mg/gm	$0(1)	
gatifloxacin (ophth) SOLN .5%	$0(1)	
gentamicin sulfate (ophth) SOLN .3%	$0(1)	
moxifloxacin hcl (ophth) SOLN .5%	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NATACYN SUSP 5%	$0(2)	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	$0(1)	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	$0(1)	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	$0(1)	
ofloxacin (ophth) SOLN .3%	$0(1)	
polycin ophth oint	$0(1)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	$0(1)	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	$0(1)	
tobramycin (ophth) SOLN .3%	$0(1)	
trifluridine SOLN 1%	$0(1)	
XDEMVY SOLN .25%	$0(2)	NDS, NM, LA, PA
ZIRGAN GEL .15%	$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	$0(2)	
bromfenac sodium (ophth) SOLN .07%, .075%	$0(1)	
BROMSITE SOLN .075%	$0(2)	
dexamethasone sodium phosphate (ophth) SOLN .1%	$0(1)	
diclofenac sodium (ophth) SOLN .1%	$0(1)	
EYSUVIS SUSP .25%	$0(2)	
FLAREX SUSP .1%	$0(2)	
fluorometholone (ophth) SUSP .1%	$0(1)	
flurbiprofen sodium SOLN .03%	$0(1)	
ketorolac tromethamine (ophth) SOLN .4%, .5%	$0(1)	
LOTEMAX OINT .5%	$0(2)	
loteprednol etabonate SUSP .2%	$0(1)	
prednisolone acetate (ophth) SUSP 1%	$0(1)	

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PREDNISOLONE SODIUM PHOSP SOLN 1%	$0(2)	
PROLENSA SOLN .07%	$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl (ophth) SOLN .05%	$0(1)	
cromolyn sodium (ophth) SOLN 4%	$0(1)	
ZERVIATE SOLN .24%	$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	$0(1)	
BETOPTIC-S SUSP .25%	$0(2)	
brimonidine tartrate SOLN .15%, .2%	$0(1)	
brinzolamide SUSP 1%	$0(1)	
carteolol hcl (ophth) SOLN 1%	$0(1)	
COMBIGAN SOL 0.2/0.5%	$0(2)	
dorzolamide hcl SOLN 2%	$0(1)	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	$0(1)	
latanoprost SOLN .005%	$0(1)	
levobunolol hcl SOLN .5%	$0(1)	
LUMIGAN SOLN .01%	$0(2)	
pilocarpine hcl SOLN 1%, 2%, 4%	$0(1)	
RHOPRESSA SOLN .02%	$0(2)	
ROCKLATAN DRO	$0(2)	
SIMBRINZA SUS 1-0.2%	$0(2)	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	$0(1)	
VYZULTA SOLN .024%	$0(2)	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	$0(2)	
atropine sulfate (ophthalmic) SOLN 1%	$0(1)	
CYSTADROPS SOLN .37%	$0(2)	NDS, NM, LA, PA
CYSTARAN SOLN .44%	$0(2)	NDS, NM, LA, PA
MIEBO SOLN 1.338gm/ml	$0(2)	

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proparacaine hcl SOLN .5%	$0(1)	
RESTASIS EMUL .05%	$0(2)	
RESTASIS MULTIDOSE EMUL .05%	$0(2)	
TYRVAYA SOLN .03mg/act	$0(2)	
XIIDRA SOLN 5%	$0(2)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	$0(1)	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	$0(1)	
flac OIL .01%	$0(1)	
fluocinolone acetonide (otic) OIL .01%	$0(1)	
neomycin-polymyxin-hc otic soln 1%	$0(1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0(1)	
ofloxacin (otic) SOLN .3%	$0(1)	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	$0(2)	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act	$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	$0(2)	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	$0(1)	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	$0(1)	

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ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
all day allergy TABS 10mg	$0(3)	NM; *
all day allergy childrens SOLN 5mg/5ml	$0(3)	NM; *
allergy childrens LIQD 12.5mg/5ml; SOLN 5mg/5ml	$0(3)	NM; *
allergy relief CAPS 25mg; CHEW 25mg; TABS 5mg, 10mg, 25mg	$0(3)	NM; *
allergy relief childrens LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml	$0(3)	NM; *
allergy relief/indoor/out TABS 10mg	$0(3)	NM; *
azelastine hcl SOLN .1%	$0(1)	
banophen CAPS 25mg, 50mg; TABS 25mg	$0(3)	NM; *
cetirizine hcl CHEW 5mg, 10mg; TABS 5mg, 10mg	$0(3)	NM; *
cetirizine hcl SOLN 5mg/5ml	$0(1)	QL (300 mL / 30 days)
cetirizine hcl allergy ch SOLN 5mg/5ml	$0(3)	NM; *
cetirizine hcl childrens SOLN 1mg/ml, 5mg/5ml	$0(3)	NM; *
cetirizine hydrochloride SOLN 5mg/5ml	$0(3)	NM; *
childrens loratadine SOLN 5mg/5ml	$0(3)	NM; *
complete allergy medicine CAPS 25mg	$0(3)	NM; *
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	$0(2)	PA; PA if 70 years and older
diphenhydramine hcl CAPS 25mg, 50mg; LIQD 12.5mg/5ml, 25mg/10ml; TABS 25mg	$0(3)	NM; *
diphenhydramine hcl SOLN 50mg/ml	$0(1)	
gnp all day allergy TABS 10mg	$0(3)	NM; *
gnp all day allergy child SOLN 1mg/ml, 5mg/5ml	$0(3)	NM; *
gnp all day allergy relie CAPS 10mg	$0(3)	NM; *
gnp allergy TABS 25mg	$0(3)	NM; *

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gnp allergy relief CAPS 25mg; CHEW 12.5mg; TABS 25mg	$0(3)	NM; *
gnp allergy relief maximu LIQD 12.5mg/5ml	$0(3)	NM; *
gnp childrens allergy LIQD 12.5mg/5ml	$0(3)	NM; *
gnp loratadine SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	$0(3)	NM; *
gnp loratadine childrens SOLN 5mg/5ml	$0(3)	NM; *
goodsense all day allergy SOLN 5mg/5ml; TABS 10mg	$0(3)	NM; *
goodsense allergy relief TABS 10mg	$0(3)	NM; *
hm all day allergy TABS 10mg	$0(3)	NM; *
hm all day allergy childr SOLN 5mg/5ml	$0(3)	NM; *
hm allergy relief CAPS 25mg; TABS 10mg	$0(3)	NM; *
hm cetirizine hydrochlori TABS 10mg	$0(3)	NM; *
hm loratadine TABS 10mg	$0(3)	NM; *
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	$0(2)	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	$0(2)	PA; PA if 70 years and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml	$0(1)	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	$0(1)	QL (30 tabs / 30 days)
loratadine CAPS 10mg; SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	$0(3)	NM; *
loratadine childrens CHEW 5mg; SOLN 5mg/5ml	$0(3)	NM; *
m-dryl LIQD 12.5mg/5ml	$0(3)	NM; *
qc all day allergy relief CAPS 10mg	$0(3)	NM; *
qc allergy childrens LIQD 12.5mg/5ml	$0(3)	NM; *
qc allergy relief CAPS 10mg, 25mg; TABS 10mg, 25mg	$0(3)	NM; *
qc loratadine allergy rel TABS 10mg	$0(3)	NM; *
siladryl allergy LIQD 12.5mg/5ml	$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sm all day allergy TABS 10mg	$0(3)	NM; *
sm all day allergy child SOLN 1mg/ml	$0(3)	NM; *
sm all day allergy childr SOLN 5mg/5ml	$0(3)	NM; *
sm all day allergy relief TABS 10mg	$0(3)	NM; *
sm allergy childrens SOLN 5mg/5ml	$0(3)	NM; *
sm allergy relief TABS 25mg	$0(3)	NM; *
sm allergy relief childre LIQD 12.5mg/5ml	$0(3)	NM; *
sm loratadine SOLN 5mg/5ml; TABS 10mg	$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	$0(1)	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	$0(1)	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	$0(1)	B/D
levalbuterol tartrate AERO 45mcg/act	$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	$0(2)	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	$0(1)	
VENTOLIN HFA AERS 108mcg/act	$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
chest congestion relief LIQD 100mg/5ml	$0(3)	NM; *
chest congestion relief d	$0(3)	NM; *
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	$0(3)	NM; *
gnp mucus dm maximum stre	$0(3)	NM; *

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gnp mucus er TB12 600mg, 1200mg	$0(3)	NM; *
gnp mucus relief er maxim TB12 1200mg	$0(3)	NM; *
gnp nasal decongestant TABS 30mg	$0(3)	NM; *
gnp nasal decongestant/ma TABS 30mg	$0(3)	NM; *
gnp tussin dm cough	$0(3)	NM; *
gnp tussin mucus & chest LIQD 100mg/5ml	$0(3)	NM; *
goodsense mucus dm	$0(3)	NM; *
goodsense mucus er TB12 600mg	$0(3)	NM; *
goodsense mucus er maximu TB12 1200mg	$0(3)	NM; *
guaifenesin LIQD 100mg/5ml; TB12 600mg	$0(3)	NM; *
hm mucus relief dm	$0(3)	NM; *
mucus & chest congestion LIQD 100mg/5ml	$0(3)	NM; *
mucus relief TB12 600mg	$0(3)	NM; *
mucus relief dm	$0(3)	NM; *
mucus relief dm maximum s	$0(3)	NM; *
mucus relief er TB12 600mg	$0(3)	NM; *
mucus relief maximum stre TB12 1200mg	$0(3)	NM; *
nasal decongestant TABS 30mg	$0(3)	NM; *
promethazine w/ codeine syrup 6.25-10 mg/5ml	$0(3)	NM; *
pseudoephedrine hcl TABS 30mg	$0(3)	NM; *
qc mucus relief 12 hour TB12 600mg	$0(3)	NM; *
qc mucus relief childrens LIQD 100mg/5ml	$0(3)	NM; *
qc mucus relief dm max	$0(3)	NM; *
qc mucus relief er 12 hou TB12 1200mg	$0(3)	NM; *
qc nasal decongestant max TABS 30mg	$0(3)	NM; *
qc tussin dm cough & ches	$0(3)	NM; *
qc tussin expectorant adu LIQD 100mg/5ml	$0(3)	NM; *

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robafen mucus/chest conge LIQD 200mg/10ml	$0(3)	NM; *
siltussin sa LIQD 100mg/5ml	$0(3)	NM; *
siltussin-dm	$0(3)	NM; *
sinus congestion maximum TABS 30mg	$0(3)	NM; *
sm mucus relief TB12 600mg	$0(3)	NM; *
sm mucus relief maximum s TB12 1200mg	$0(3)	NM; *
sm mucus relief/12 hour TB12 600mg	$0(3)	NM; *
sm nasal decongestant max TABS 30mg	$0(3)	NM; *
sm tussin dm	$0(3)	NM; *
sm tussin dm cough/chest	$0(3)	NM; *
sm tussin mucus + chest c LIQD 100mg/5ml	$0(3)	NM; *
sudogest TABS 30mg	$0(3)	NM; *
sudogest maximum strength TABS 30mg	$0(3)	NM; *
tusnel diabetic	$0(3)	NM; *
tusnel-ex LIQD 100mg/5ml	$0(3)	NM; *
tussin dm	$0(3)	NM; *
tussin mucus & chest cong LIQD 100mg/5ml	$0(3)	NM; *
tussin mucus + chest cong LIQD 100mg/5ml	$0(3)	NM; *
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	$0(1)	
zafirlukast TABS 10mg, 20mg	$0(1)	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	$0(1)	B/D
ARALAST NP SOLR 500mg, 1000mg	$0(2)	NDS, NM, LA, PA
BRONCHITOL CAPS 40mg	$0(2)	NDS, QL (560 caps / 28 days), NM, LA, PA
cromolyn sodium NEBU 20mg/2ml	$0(1)	B/D

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epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	$0(1)	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	$0(1)	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	$0(2)	NDS, NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
pirfenidone CAPS 267mg	$0(2)	NDS, QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	$0(2)	NDS, NM, PA
roflumilast TABS 250mcg	$0(1)	QL (56 tabs / year)
roflumilast TABS 500mcg	$0(1)	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMDEKO TAB 100-150	$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	$0(1)	
TRIKAFTA PAK 59.5MG	$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide (nasal) SOLN .025%	$0(1)	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	$0(1)	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	$0(2)	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AERS 80mcg/act	$0(2)	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	$0(2)	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	$0(2)	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	$0(1)	B/D
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	$0(2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	$0(2)	QL (60 blisters / 30 days)

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BREO ELLIPTA INH 100-25	$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0(2)	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	$0(2)	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	$0(2)	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	$0(2)	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	$0(1)	QL (60 inhalations / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
amnesteem CAPS 10mg, 20mg, 40mg	$0(1)	PA
benzoyl peroxide-erythromycin gel 5-3%	$0(1)	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
clindamycin phosphate (topical) GEL 1%	$0(1)	QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	$0(1)	QL (60 mL / 30 days)
ery PADS 2%	$0(1)	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	$0(1)	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	$0(1)	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
sulfacetamide sodium (acne) LOTN 10%	$0(1)	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	$0(1)	QL (45 gm / 30 days), PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zenatane CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	$0(1)	QL (30 gm / 30 days)
mupirocin OINT 2%	$0(1)	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	$0(1)	
ssd CREA 1%	$0(1)	
SULFAMYLON CREA 85mg/gm	$0(2)	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77%	$0(1)	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	$0(1)	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	$0(1)	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	$0(1)	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	$0(1)	QL (45 gm / 30 days)
ketoconazole (topical) CREA 2%	$0(1)	QL (60 gm / 30 days)
klayesta POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	$0(1)	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	$0(1)	PA
calcipotriene CREA .005%; OINT .005%	$0(1)	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	$0(1)	QL (120 mL / 30 days), PA
calcitrene OINT .005%	$0(1)	QL (120 gm / 30 days), PA
tazarotene CREA .1%	$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	$0(1)	QL (120 mL / 30 days)
selenium sulfide LOTN 2.5%	$0(1)	

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DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	$0(1)	
alclometasone dipropionate CREA .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	$0(1)	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	$0(1)	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	$0(1)	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	$0(1)	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	$0(1)	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	$0(2)	QL (120 gm / 30 days), PA
fluocinolone acetonide CREA .01%	$0(1)	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	$0(1)	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	$0(1)	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	$0(1)	QL (90 mL / 30 days)
fluocinonide CREA .05%	$0(1)	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
fluocinonide SOLN .05%	$0(1)	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	$0(1)	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	$0(1)	
halobetasol propionate CREA .05%; OINT .05%	$0(1)	QL (50 gm / 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	$0(1)	
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	$0(1)	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	$0(1)	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	$0(1)	QL (60 mL / 30 days), PA
lidocaine OINT 5%	$0(1)	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
lidocaine hcl SOLN 4%	$0(1)	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	$0(1)	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
tridacaine ii PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1%	$0(2)	NDS, QL (60 gm / 30 days), NM, PA
diclofenac sodium (topical) GEL 1%	$0(1)	QL (1000 gm / 30 days)
diclofenac sodium (topical) SOLN 1.5%	$0(1)	QL (300 mL / 28 days)
fluorouracil (topical) CREA 5%	$0(1)	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	$0(1)	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	$0(1)	
imiquimod CREA 5%	$0(1)	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	$0(1)	
metronidazole (topical) CREA .75%; GEL .75%	$0(1)	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	$0(1)	QL (59 mL / 30 days)
nitroglycerin (intra-anal) OINT .4%	$0(1)	QL (30 gm / 30 days)
PANRETIN GEL .1%	$0(2)	NDS, QL (60 gm / 30 days), PA
podofilox SOLN .5%	$0(1)	QL (7 mL / 28 days)

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procto-med hc CREA 2.5%	$0(1)	
proctocort CREA 1%	$0(1)	
proctosol hc CREA 2.5%	$0(1)	
proctozone-hc CREA 2.5%	$0(1)	
RECTIV OINT .4%	$0(2)	QL (30 gm / 30 days)
tacrolimus (topical) OINT .03%, .1%	$0(1)	QL (100 gm / 30 days)
VALCHLOR GEL .016%	$0(2)	NDS, QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	$0(1)	QL (59 mL / 30 days)
permethrin CREA 5%	$0(1)	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	$0(2)	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	$0(1)	
water for irrigation, sterile irrigation soln	$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	$0(1)	
chlorhexidine gluconate (mouth-throat) SOLN .12%	$0(1)	
clotrimazole TROC 10mg	$0(1)	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	$0(1)	
lidocaine hcl (mouth-throat) SOLN 2%	$0(1)	
nystatin (mouth-throat) SUSP 100000unit/ml	$0(1)	
periogard SOLN .12%	$0(1)	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	$0(1)	
triamcinolone acetonide (mouth) PSTE .1%	$0(1)	

D. Index of Covered Drugs

Drug Name **Page #**

*****

*sodium phosphates - enema*** 88

3

3 day vaginal 90

A

abacavir sulfate 12
abacavir sulfate-lamivudine tab 600-300 mg 13
ABELCET 10
ABILIFY MAINTENA 49
abiraterone acetate 22
ABRYSVO 98
acamprosate calcium 62
acarbose 64
accutane 114
acebutolol hcl 41
acetaminophen 2
acetaminophen extra stren 2
acetaminophen w/ codeine soln 120-12 mg/5ml 6
acetaminophen w/ codeine tab 300-15 mg ... 6
acetaminophen w/ codeine tab 300-30 mg .. 6
acetaminophen w/ codeine tab 300-60 mg .. 6
acetazolamide 43
acetic acid 90
acetic acid (otic) 106
acetylcysteine 111
acid gone 80
acid reducer 84
acid reducer original str 84
acitretin 115
ACTHIB INJ 98
ACTIMMUNE 97
acyclovir 15
acyclovir sodium 15
ADACEL INJ 98
ADALIMUMAB-AACF (2 PEN) 93
adefovir dipivoxil 15
ADEMPAS 45
ADMELOG 66
ADMELOG SOLOSTAR 66

Drug Name **Page #**

adult aspirin regimen 2
ADVAIR HFA AER 45/21 113
ADVAIR HFA AER 115/21 113
ADVAIR HFA AER 230/21 113
afirmelle 69
AIMOVIG 59
AKEEGA TAB 50/500MG 22
AKEEGA TAB 100/500 22
ala-cort 116
albendazole 8
albuterol sulfate 109
alclometasone dipropionate 116
ALDURAZYME 77
ALECENSA 24
alendronate sodium 68
alfuzosin hcl 90
aliskiren fumarate 44
all day allergy 107
all day allergy childrens 107
all day pain relief 4
all day relief 4
allergy childrens 107
allergy relief 107
allergy relief childrens 107
allergy relief/indoor/out 107
allopurinol 2
almacone double strength 80
alosetron hcl 88
alprazolam 45
ALREX 104
altavera 69
ALUMINUM HYDROXIDE 80
ALUNBRIG 25
ALUNBRIG PAK 25
ALVAIZ 92
ALVESCO 113
alyacen 1/35 69
alyacen 7/7/7 69
ALYGLO 96
amantadine hcl 48
ambrisentan 45
amethia 69
amikacin sulfate 8
amiloride hcl 43

Drug Name **Page #**

amiloride & hydrochlorothiazide tab 5-50 mg 43
amiodarone hcl 39
amitriptyline hcl 46
amlodipine besylate 42
amlodipine besylate-benazepril hcl cap 2.5-10 mg 34
amlodipine besylate-benazepril hcl cap 5-10 mg 34
amlodipine besylate-benazepril hcl cap 5-20 mg 35
amlodipine besylate-benazepril hcl cap 5-40 mg 35
amlodipine besylate-benazepril hcl cap 10-20 mg 35
amlodipine besylate-benazepril hcl cap 10-40 mg 35
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 37
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 37
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 37
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 37
amlodipine besylate-valsartan tab 5-160 mg 37
amlodipine besylate-valsartan tab 5-320 mg 37
amlodipine besylate-valsartan tab 10-160 mg 37
amlodipine besylate-valsartan tab 10-320 mg 37
amnesteem 114
amoxapine 46
amoxicillin 18
amoxicillin & k clavulanate chew tab 400-57 mg 18
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 18
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 18
amoxicillin & k clavulanate for susp 400-57 mg/5ml 18
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 18

Drug Name **Page #**

amoxicillin & k clavulanate tab 250-125 mg 18
amoxicillin & k clavulanate tab 500-125 mg 18
amoxicillin & k clavulanate tab 875-125 mg 18
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 18
amphetamine-dextroamphetamine cap er 24hr 5 mg 57
amphetamine-dextroamphetamine cap er 24hr 10 mg 57
amphetamine-dextroamphetamine cap er 24hr 15 mg 57
amphetamine-dextroamphetamine cap er 24hr 20 mg 57
amphetamine-dextroamphetamine cap er 24hr 25 mg 57
amphetamine-dextroamphetamine cap er 24hr 30 mg 57
amphetamine-dextroamphetamine tab 5 mg 57
amphetamine-dextroamphetamine tab 7.5 mg 58
amphetamine-dextroamphetamine tab 10 mg 58
amphetamine-dextroamphetamine tab 12.5 mg 58
amphetamine-dextroamphetamine tab 15 mg 58
amphetamine-dextroamphetamine tab 20 mg 58
amphetamine-dextroamphetamine tab 30 mg 58
amphotericin b 10
amphotericin b liposome 10
ampicillin 18
ampicillin sodium 19
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 18
ampicillin & sulbactam sodium for inj 3 (2-1) gm 19
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm 19
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm 19
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 19
anagrelide hcl 92

Drug Name **Page #**
anastrozole ... 22
ANORO ELLIPT AER 62.5-25 ... 106
antacid ... 80
antacid/antigas liquid ... 81
antacid calcium regular s ... 80
antacid extra strength ... 80
antacid maximum strength ... 80
antacid regular strength ... 80
anti-diarrheal ... 82
anti-gas/ and gnp antacid ... 81
anti-nausea ... 83
aprepitant ... 83
aprepitant capsule therapy pack 80 & 125 mg ... 83
apri ... 69
APTIOM ... 52
APTIVUS ... 12
ARALAST NP ... 111
aranelle ... 69
ARCALYST ... 97
AREXVY ... 98
aripiprazole ... 49
ARISTADA ... 49, 50
ARISTADA INITIO ... 50
armodafinil ... 62
ARNUITY ELLIPTA ... 113
asenapine maleate ... 50
ashlyna ... 69
aspirin ... 2
aspirin adult low dose ... 2
aspirin-dipyridamole cap er 12hr 25-200 mg ... 93
aspirin low dose ... 2
aspirin low strength ... 2
aspirin regimen ... 2
ASTAGRAF XL ... 97
atazanavir sulfate ... 12
atenolol ... 41
atenolol & chlorthalidone tab 50-25 mg ... 41
atenolol & chlorthalidone tab 100-25 mg ... 41
atomoxetine hcl ... 58
atorvastatin calcium ... 40
atovaquone ... 8
atovaquone-proguanil hcl tab 62.5-25 mg ... 11
atovaquone-proguanil hcl tab 250-100 mg ... 11
ATROPINE SULFATE ... 105
atropine sulfate (ophthalmic) ... 105
ATROVENT HFA ... 106
aubra eq ... 69
AUGTYRO ... 25
aurovela 1/20 ... 69
aurovela 24 fe ... 69
aurovela fe 1.5/30 ... 69
aurovela fe 1/20 ... 69
AUSTEDO ... 60
AUSTEDO XR ... 60
AUSTEDO XR TAB TITR KIT ... 60
AUVELITY TAB 45-105MG ... 46
aviane ... 69
ayuna ... 69
AYVAKIT ... 25
azacitidine ... 21
azathioprine ... 97
azelastine hcl ... 107
azelastine hcl (ophth) ... 105
azithromycin ... 17
aztreonam ... 8
azurette ... 69

B

bacitracin (ophthalmic) ... 103
bacitracin-polymyxin b ophth oint ... 103
bacitracin-polymyxin-neomycin-hc ophth oint 1% ... 103
baclofen ... 61
BAFIERTAM ... 60
balsalazide disodium ... 84
BALVERSA ... 25
balziva ... 69
banophen ... 107
BARACLUDE ... 15
BASAGLAR KWIKPEN ... 66
BCG VACCINE ... 98
BD ALCOHOL SWABS ... 66
benazepril hcl ... 36
benazepril & hydrochlorothiazide tab 5-6.25mg ... 35
benazepril & hydrochlorothiazide tab 10-12.5 mg ... 35
benazepril & hydrochlorothiazide tab 20-12.5 mg ... 35

Drug Name **Page #**

benazepril & hydrochlorothiazide tab 20-25 mg ... 35
BENDAMUSTINE HYDROCHLORID ... 20
BENDEKA ... 20
BENLYSTA ... 97
benzoyl peroxide-erythromycin gel 5-3% ... 114
benztropine mesylate ... 48
BERINERT ... 92
BESIVANCE ... 103
BESREMI ... 23
betaine powder for oral solution ... 77
betamethasone dipropionate augmented ... 116
betamethasone dipropionate (topical) ... 116
betamethasone valerate ... 116
BETASERON ... 61
betaxolol hcl ... 42
betaxolol hcl (ophth) ... 105
bethanechol chloride ... 90
BETOPTIC-S ... 105
BEVESPI AER 9-4.8MCG ... 106
bexarotene ... 23
bexarotene (topical) ... 117
BEXSERO INJ ... 98
bicalutamide ... 22
BICILLIN L-A ... 19
BIKTARVY TAB 30-120-15 MG ... 13
BIKTARVY TAB 50-200-25 MG ... 13
bisacodyl ... 85
bisacodyl ec ... 85
bismatrol ... 82
bismuth subsalicylate ... 82
bisoprolol fumarate ... 42
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg ... 41
bisoprolol & hydrochlorothiazide tab 5-6.25 mg ... 41
bisoprolol & hydrochlorothiazide tab 10-6.25 mg ... 41
BIVIGAM ... 96
blisovi 24 fe ... 69
blisovi fe 1.5/30 ... 69
BOOSTRIX INJ ... 98
bortezomib ... 25
BORTEZOMIB ... 25
bosentan ... 45
BOSULIF ... 25

Drug Name **Page #**

BRAFTOVI ... 25
BREO ELLIPTA INH 50-25MCG ... 113
BREO ELLIPTA INH 100-25 ... 114
BREO ELLIPTA INH 200-25 ... 114
BREZTRI AERO AER SPHERE ... 106
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) ... 106
briellyn ... 69
BRILINTA ... 93
brimonidine tartrate ... 105
brinzolamide ... 105
BRIVIACT ... 52, 53
bromfenac sodium (ophth) ... 104
bromocriptine mesylate ... 48
BROMSITE ... 104
BRONCHITOL ... 111
BRUKINSA ... 25
budesonide ... 84, 85
budesonide (inhalation) ... 113
bumetanide ... 43
buprenorphine ... 5
buprenorphine hcl ... 62
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) ... 62
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) ... 62
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) ... 62
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) ... 62
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) ... 62
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) ... 62
bupropion hcl ... 46
bupropion hcl (smoking deterrent) ... 62
buspirone hcl ... 45
butorphanol tartrate ... 6
BYDUREON BCISE ... 64
BYETTA ... 64

C

cabergoline ... 77
CABOMETYX ... 25
calcipotriene ... 115
calcitonin (salmon) spray ... 68

Drug Name	Page #
calcitrene	115
calcitriol	80
calcitriol (oral)	80
calcium acetate (phosphate binder)	79
calcium antacid	81
calcium antacid extra str	81
CALCIUM CARBONATE	81
calcium carbonate (antacid)	81
calcium polycarbophil	85
cal-gest antacid	81
CALQUENCE	25, 26
camila	69
camrese	69
camrese lo	69
candesartan cilexetil	39
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	37
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	37
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	37
CAPLYTA	50
CAPRELSA	26
captopril	36
captopril & hydrochlorothiazide tab 25-15 mg	35
captopril & hydrochlorothiazide tab 25-25 mg	35
captopril & hydrochlorothiazide tab 50-15 mg	35
captopril & hydrochlorothiazide tab 50-25 mg	35
carbamazepine	53
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	48
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	49
carbidopa-levodopa-entacapone tabs 25-100-200 mg	49
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	49
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	49
carbidopa-levodopa-entacapone tabs 50-200-200 mg	49
carbidopa & levodopa tab 10-100 mg	48
carbidopa & levodopa tab 25-100 mg	48
carbidopa & levodopa tab 25-250 mg	48
carbidopa & levodopa tab er 25-100 mg	48
carbidopa & levodopa tab er 50-200 mg	48
carb/levo orally disintegrating tab 10-100mg	48
carb/levo orally disintegrating tab 25-100mg	48
carb/levo orally disintegrating tab 25-250mg	48
carboplatin	20
carglumic acid	77
carisoprodol	61
carteolol hcl (ophth)	105
cartia xt	42
carvedilol	42
caspofungin acetate	10
CAYSTON	8
cefaclor	16
CEFACLOR ER	16
cefadroxil	16
CEFAZOLIN	16
CEFAZOLIN INJ 1GM/50ML	16
cefazolin sodium	16
CEFAZOLIN SOLN 2GM/100ML-4%	16
cefdinir	16
cefepime hcl	16
cefixime	16
cefoxitin sodium	16
cefpodoxime proxetil	16
cefprozil	17
ceftazidime	17
ceftriaxone sodium	17
cefuroxime axetil	17
cefuroxime sodium	17
celecoxib	4
cephalexin	17
CERDELGA	77
CEREZYME	77
cetirizine hcl	107
cetirizine hcl allergy ch	107
cetirizine hcl childrens	107
cetirizine hydrochloride	107
cevimeline hcl	118
chateal eq	69
CHEMET	68

Drug Name	Page #
chest congestion relief	109
chest congestion relief d	109
childrens acetaminophen	2
childrens loratadine	107
childrens silapap	2
chlorhexidine gluconate (mouth-throat)	118
chloroquine phosphate	11
chlorpromazine hcl	50
chlorthalidone	43
chocolated laxative regul	85
cholestyramine	40
cholestyramine light	40
ciclopirox olamine	115
cilostazol	92
CILOXAN	103
CIMDUO TAB 300-300	13
cinacalcet hcl	77
CIPRO	17
ciprofloxacin 200 mg/100ml in d5w	17
ciprofloxacin 400 mg/200ml in d5w	17
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	106
ciprofloxacin hcl	18
ciprofloxacin hcl (ophth)	103
cisplatin	20
citalopram hydrobromide	46
claravis	114
clarithromycin	17
clearlax	85
clindamycin hcl	8
clindamycin palmitate hydrochloride	8
clindamycin phosphate	8
clindamycin phosphate in d5w iv soln 300 mg/50ml	8
clindamycin phosphate in d5w iv soln 600 mg/50ml	8
clindamycin phosphate in d5w iv soln 900 mg/50ml	8
clindamycin phosphate (topical)	114
clindamycin phosphate vaginal	90
CLINDMYC/NAC INJ 300/50ML	8
CLINDMYC/NAC INJ 600/50ML	8
CLINDMYC/NAC INJ 900/50ML	8
CLINIMIX INJ 4.25/D5W	102
CLINIMIX INJ 4.25/D10	102
CLINIMIX INJ 5%/D15W	102
CLINIMIX INJ 5%/D20W	102
CLINIMIX INJ 6/5	102
CLINIMIX INJ 8/10	102
CLINIMIX INJ 8/14	102
clinisol sf 15%	102
CLINOLIPID EMU 20%	102
clobazam	53
clobetasol propionate	116
clobetasol propionate e	116
clomipramine hcl	46
clonazepam	53
clonidine	44
clonidine hcl	44
clopidogrel bisulfate	93
clorazepate dipotassium	53
clotrimazole	118
clotrimazole (topical)	115
clotrimazole vaginal	90
clotrimazole w/ betamethasone cream 1-0.05%	115
clozapine	50
COARTEM TAB 20-120MG	11
colace 2-in-1	85
COLACE CLEAR	85
colchicine	2
colchicine w/ probenecid tab 0.5-500 mg	2
colesevelam hcl	40
colestipol hcl	40
colistimethate sodium	8
COMBIGAN SOL 0.2/0.5%	105
COMBIVENT AER 20-100	106
COMETRIQ (60MG DOSE)	26
COMETRIQ KIT 100MG	26
COMETRIQ KIT 140MG	26
COMPLERA TAB	13
complete allergy medicine	107
compro	83
constulose	85
COPIKTRA	26
CORLANOR	44
COTELLIC	26
CREON CAP 3000UNIT	89
CREON CAP 6000UNIT	89
CREON CAP 12000UNT	89
CREON CAP 24000UNT	89
CREON CAP 36000UNT	89

Drug Name **Page #**

cromolyn sodium 111
cromolyn sodium (mastocytosis) 88
cromolyn sodium (ophth) 105
cryselle-28 70
cvs pinworm treatment 9
cyclobenzaprine hcl 61
cyclophosphamide 20
CYCLOPHOSPHAMIDE 20
CYCLOPHOSPHAMIDE MONOHYDR 20
cycloserine 14
cyclosporine 97
cyclosporine modified (for microemulsion) . 97
cyproheptadine hcl 107
cyred eq 70
CYSTADROPS 105
CYSTAGON 77
CYSTARAN 105
cytarabine 21

D

D2.5W/NACL INJ 0.45% 100
D5W/LYTES INJ #48 100
D10W/NACL INJ 0.2% 100
dalfampridine 61
danazol 75
dantrolene sodium 61
dapsone 9
DAPTACEL INJ 98
daptomycin 9
DAPTOMYCIN 9
darunavir 12
dasetta 1/35 70
dasetta 7/7/7 70
DAURISMO 26
daysee 70
DAYVIGO 58
deblitane 70
deferasirox 68, 69
DELSTRIGO TAB 13
DENGVAXIA SUS 98
DEPO-SUBQ PROVERA 104 70
depo-testosterone 64
DESCOVY TAB 120-15MG 13
DESCOVY TAB 200/25MG 13
desipramine hcl 46
desmopressin acetate 77

Drug Name **Page #**

desmopressin acetate spray 77
desmopressin acetate spray refrigerated 77
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 70
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 70
desvenlafaxine succinate 47
dexamethasone 76
DEXAMETHASONE INTENSOL 76
dexamethasone sodium phosphate 76
dexamethasone sodium phosphate (ophth) 104
dexmethylphenidate hcl 58
dextromethorphan-guaifenesin syrup 10-100 mg/5ml 109
dextrose 102
dextrose 2.5% w/ sodium chloride 0.45% .. 100
dextrose 5% in lactated ringers 100
dextrose 5% w/ sodium chloride 0.2% 100
dextrose 5% w/ sodium chloride 0.3% 100
dextrose 5% w/ sodium chloride 0.9% 100
dextrose 5% w/ sodium chloride 0.45% ... 100
dextrose 5% w/ sodium chloride 0.225% . 100
dextrose 10% w/ sodium chloride 0.45% .. 100
DIACOMIT 53
diazepam 53
diazepam (anticonvulsant) 53
diazepam inj 53
diazepam intensol 54
diazoxide 77
diclofenac potassium 4
diclofenac sodium 4
diclofenac sodium (ophth) 104
diclofenac sodium (topical) 117
dicloxacillin sodium 19
dicyclomine hcl 84
DIFICID 17
diflunisal 4
digoxin 44
dihydroergotamine mesylate 59
DILANTIN 54
DILANTIN-125 54
DILANTIN INFATABS 54
diltiazem hcl 42
diltiazem hcl coated beads 42

Drug Name **Page #**

diltiazem hcl extended release beads 42
dilt-xr 42
diphenhydramine hcl 107
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml 88
diphenoxylate w/ atropine tab 2.5-0.025 mg 89
DIP/TET PED INJ 25-5LFU 98
dipyridamole 93
disopyramide phosphate 39
disulfiram 62
divalproex sodium 54
docetaxel 24
DOCETAXEL 24
docusate calcium 85
docusate mini 85
docusate sodium 85
DOCUSOL KIDS 85
docusol mini 85
docusol plus mini-enema 85
dofetilide 39
dok 85
donepezil hydrochloride 45
DOPTELET 92
dorzolamide hcl 105
dorzolamide hcl-timolol maleate ophth soln 2-0.5% 105
dotti 75
DOVATO TAB 50-300MG 13
doxazosin mesylate 36
doxepin hcl 47
doxepin hcl (sleep) 58
doxorubicin hcl 21
doxorubicin hcl liposomal 21
DOXORUBICIN HYDROCHLORIDE 21
doxy 100 20
doxycycline hyclate 20
doxycycline (monohydrate) 20
driminate 83
DRIZALMA SPRINKLE 47
dronabinol 83
drospirenone-ethinyl estradiol tab 3-0.02 mg 70
drospirenone-ethinyl estradiol tab 3-0.03 mg 70

Drug Name **Page #**

drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 70
DROXIA 92
droxidopa 44
DULERA AER 50-5MCG 114
DULERA AER 100-5MCG 114
DULERA AER 200-5MCG 114
duloxetine hcl 47
DUPIXENT 93
dutasteride 90
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 90

E

ec-naproxen 4, 5
econtra ez 70
econtra one-step 70
ed-apap 2
EDURANT 12
e.e.s. 400 17
efavirenz 12
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 14
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 14
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 14
ELIGARD 22
elinest 70
ELIQUIS 91
ELIQUIS STARTER PACK 91
ELLENCE 21
eluryng 70
EMSAM 47
emtricitabine 12
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 14
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 14
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 14
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 14
EMTRIVA 12
EMVERM 9
emzahh 70

Drug Name **Page #**

enalapril maleate 36
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 35
enalapril maleate & hydrochlorothiazide tab 10-25 mg 35
ENBREL 94
ENBREL MINI 94
ENBREL SURECLICK 94
ENDARI 92
endocet tab 2.5-325mg 6
endocet tab 5-325mg 6
endocet tab 7.5-325mg 6
endocet tab 10-325mg 6
enema ready-to-use 85
enemeez mini 85
enemeez plus 85
ENGERIX-B 98
enilloring 70
enoxaparin sodium 91
enpresse-28 70
enskyce 70
ENSTILAR AER 116
entacapone 49
entecavir 15
ENTRESTO CAP 6-6MG 37
ENTRESTO CAP 15-16MG 37
ENTRESTO TAB 24-26MG 37
ENTRESTO TAB 49-51MG 37
ENTRESTO TAB 97-103MG 37
enulose 85
EPCLUSA PAK 150-37.5 15
EPCLUSA PAK 200-50MG 15
EPCLUSA TAB 200-50MG 15
EPCLUSA TAB 400-100 15
EPIDIOLEX 54
epinephrine (anaphylaxis) 44, 112
epitol 54
eplerenone 36
EPRONTIA 54
ergocalciferol 103
ergotamine w/ caffeine tab 1-100 mg 59
ERIVEDGE 26
ERLEADA 22
erlotinib hcl 26
errin 70
ertapenem sodium 9

Drug Name **Page #**

ery 114
ery-tab 17
ERYTHROCIN LACTOBIONATE 17
erythromycin (acne aid) 114
erythromycin base 17
erythromycin ethylsuccinate 17
erythromycin lactobionate 17
erythromycin (ophth) 103
escitalopram oxalate 47
esomeprazole magnesium 89
estarylla 70
estradiol 75
estradiol & norethindrone acetate tab 0.5-0.1 mg 75
estradiol & norethindrone acetate tab 1-0.5 mg 76
estradiol vaginal 76
estradiol valerate 76
eszopiclone 58
ethambutol hcl 14
ethosuximide 54
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 70
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 70
etodolac 5
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 70
etoposide 24
etravirine 12
EULEXIN 22
euthyrox 79
everolimus 26
everolimus (immunosuppressant) 97
EVOTAZ TAB 300-150 14
exemestane 22
EYSUVIS 104
ezetimibe 40
ezetimibe-simvastatin tab 10-10 mg 40
ezetimibe-simvastatin tab 10-20 mg 41
ezetimibe-simvastatin tab 10-40 mg 41
ezetimibe-simvastatin tab 10-80 mg 41

F

FABRAZYME 77
falmina 71

Drug Name **Page #**

famciclovir 15
famotidine 84
famotidine in nacl 0.9% iv soln 20 mg/50ml 84
famotidine original stren 84
FANAPT 50
FANAPT PAK 50
FARXIGA 64
FASENRA 112
FASENRA PEN 112
felbamate 54
felodipine 43
fenofibrate 40
fenofibrate micronized 40
fentanyl 6
fentanyl citrate 6, 7
FETZIMA 47
FETZIMA CAP TITRATIO 47
feverall childrens 2
FEVERALL INFANTS 2
FEVERALL JUNIOR STRENGTH 2
FIASP 66
FIASP FLEXTOUCH 66
FIASP PENFILL 67
FIASP PUMPCART 67
fiber-lax 85
fiber laxative 85
finasteride 90
fingolimod hcl 61
FINTEPLA 54
finzala 71
FIRMAGON 22
flac 106
FLAREX 104
FLEBOGAMMA DIF 96
flecainide acetate 39
FLEET ENE PED 86
fluconazole 11
fluconazole in nacl 0.9% inj 200 mg/100ml 11
fluconazole in nacl 0.9% inj 400 mg/200ml 11
flucytosine 11
fludrocortisone acetate 76
flunisolide (nasal) 113
fluocinolone acetonide 116
fluocinolone acetonide (otic) 106
fluocinonide 116

Drug Name **Page #**

fluocinonide emulsified base 116
fluorometholone (ophth) 104
fluorouracil 21
fluorouracil (topical) 117
fluoxetine hcl 47
fluphenazine decanoate 50
fluphenazine hcl 50
flurbiprofen 5
flurbiprofen sodium 104
fluticasone propionate 116
fluticasone propionate (nasal) 113
fluticasone-salmeterol aer powder ba 100-50 mcg/act 114
fluticasone-salmeterol aer powder ba 250-50 mcg/act 114
fluticasone-salmeterol aer powder ba 500-50 mcg/act 114
fluvoxamine maleate 45
fondaparinux sodium 91
fosamprenavir calcium 12
fosinopril sodium 36
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 35
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 35
FOTIVDA 27
FRUZAQLA 27
fulvestrant 22
furosemide 43
furosemide inj 43
FUZEON 12
fyavolv tab 0.5mg-2.5mcg 76
fyavolv tab 1mg-5mcg 76
FYCOMPA 54

G

gabapentin 54
galantamine hydrobromide 46
GAMASTAN INJ 96
GAMMAGARD LIQUID 96
GAMMAGARD S/D IGA LESS TH 96
GAMMAKED 96
GAMMAPLEX 96
GAMUNEX-C 97
ganciclovir sodium 15
GARDASIL 9 INJ 98

Drug Name	Page #
gatifloxacin (ophth)	103
GATTEX	89
GAUZE PADS 2	67
gavilax	86
gavilyte-c	86
gavilyte-g	86
GAVRETO	27
gefitinib	27
gemcitabine hcl	21
gemfibrozil	40
GEMTESA	90
generlac	86
gengraf	97
GENOTROPIN	77
GENOTROPIN MINIQUICK	78
gentamicin in saline inj 0.8 mg/ml	9
gentamicin in saline inj 1.2 mg/ml	9
gentamicin in saline inj 1.6 mg/ml	9
gentamicin in saline inj 1 mg/ml	9
gentamicin in saline inj 2 mg/ml	9
gentamicin sulfate	9
gentamicin sulfate (ophth)	103
gentamicin sulfate (topical)	115
gentle laxative	86
GENVOYA TAB	14
GILOTRIF	27
glatiramer acetate	61
glatopa	61
GLEOSTINE	20
glimepiride	64
glipizide	64
glipizide-metformin hcl tab 2.5-250 mg	64
glipizide-metformin hcl tab 2.5-500 mg	64
glipizide-metformin hcl tab 5-500 mg	64
glipizide xl	64
glycerin childrens	86
glycerin (laxative)	86
glycopyrrolate	84
glydo	117
GLYXAMBI TAB 10-5 MG	64
GLYXAMBI TAB 25-5 MG	64
gnp acetaminophen	2
gnp acid reducer	84
gnp adult aspirin low str	2
gnp all day allergy	107
gnp all day allergy child	107

Drug Name	Page #
gnp all day allergy relie	107
gnp allergy	107
gnp allergy relief	108
gnp allergy relief maximu	108
gnp antacid	81
and anti-gas/	81
gnp antacid anti-gas/maxi	81
gnp antacid & anti-gas/re	81
gnp antacid extra strengt	81
gnp antacid/regular stren	81
gnp anti-diarrheal	82
gnp aspirin	2
gnp aspirin low dose	3
gnp childrens allergy	108
gnp clearlax	86
gnp clotrimazole 3	90
gnp fiber therapy	86
gnp gentle laxative	86
gnp headache relief extra	3
gnp ibuprofen	5
gnp infants pain/fever	3
gnp loperamide hydrochlor	82
gnp loratadine	108
gnp loratadine childrens	108
gnp miconazole 1 combinat	91
gnp miconazole 3	91
gnp miconazole 7	91
gnp migraine relief	3
gnp milk of magnesia	86
gnp motion sickness relie	83
gnp mucus dm maximum stre	109
gnp mucus er	110
gnp mucus relief er maxim	110
gnp naproxen	5
gnp nasal decongestant	110
gnp nasal decongestant/ma	110
gnp natural fiber	86
gnp nausea relief	83
gnp nicotine gum	62
gnp nicotine mini lozenge	62
gnp nicotine polacrilex	62
gnp nicotine polacrilex m	63
gnp nicotine transdermal	63
gnp pain & fever children	3
gnp pain & fever infants	3

Drug Name	Page #
gnp pain relief	3
gnp pain relief extra str	3
gnp pink bismuth	82
gnp senna lax	86
gnp senna plus	86
gnp stomach relief	82
gnp stool softener	86
gnp stool softener/stimul	86
gnp tussin dm cough	110
gnp tussin mucus & chest	110
gnp womens gentle laxativ	86
goodsense all day allergy	108
goodsense allergy relief	108
goodsense anti-diarrheal	82
goodsense aspirin	3
goodsense aspirin adults	3
goodsense clearlax	86
goodsense ibuprofen	5
goodsense migraine formul	3
goodsense mucus dm	110
goodsense mucus er	110
goodsense mucus er maximu	110
goodsense naproxen sodium	5
goodsense nicotine	63
goodsense nicotine gum	63
goodsense nicotine polacr	63
goodsense pain & fever ch	3
goodsense pain & fever in	3
goodsense pain relief	3
goodsense pain relief ext	3
granisetron hcl	83
griseofulvin microsize	11
griseofulvin ultramicrosize	11
guaifenesin	110
guanfacine hcl	44
guanfacine hcl (adhd)	58
GVOKE HYPOPEN 2-PACK	77
GVOKE KIT	77
GVOKE PFS	77

H

Drug Name	Page #
HAEGARDA	93
hailey 1.5/30	71
hailey 24 fe	71
halobetasol propionate	116
haloette	71
haloperidol	50
haloperidol decanoate	50
haloperidol lactate	50
HARVONI PAK 33.75-150MG	15
HARVONI PAK 45-200MG	15
HARVONI TAB 45-200MG	15
HARVONI TAB 90-400MG	15
HAVRIX	98
headache relief	3
headache relief/extra str	3
healthylax	86
heartburn relief	84
heartburn relief extra st	81
heather	71
HEPARIN/NACL INJ 25000UNT	92
heparin sodium (porcine)	92
HEPLISAV-B	98
HEP SOD/D5W INJ 20000UNT	91
HEP SOD/D5W INJ 25000UNT	91
HEP SOD/NACL INJ 12500UNT	91
HEP SOD/NACL INJ 25000UNT	91
HERCEP HYLEC SOL 60-10000	27
HERCEPTIN	27
HERZUMA	27
HIBERIX	98
hm adult aspirin	3
hm all day allergy	108
hm all day allergy childr	108
hm allergy relief	108
hm antacid	81
hm antacid anti-gas extra	81
hm antacid extra strength	81
hm aspirin	3
hm aspirin ec low dose	3
hm cetirizine hydrochlori	108
hm clearlax	86
hm enema saline laxative	86
hm gentle laxative	86
hm ibuprofen	5
hm laxative	86
hm loratadine	108
hm milk of magnesia	86
hm motion sickness	83
hm mucus relief dm	110
hm nicotine polacrilex	63
hm nicotine transdermal s	63

Drug Name **Page #**

hm pain reliever 3
hm senna 86
hm stool softener 86
hm stool softener/stimula 86
HUMIRA 94
HUMIRA PEN 94
HUMIRA PEN-CD/UC/HS START 94
HUMIRA PEN KIT PS/UV 94
HUMIRA PEN-PEDIATRIC UC S 94
HUMULIN R U-500 (CONCENTR 67
HUMULIN R U-500 KWIKPEN 67
hydralazine hcl 44
hydrochlorothiazide 43
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 7
hydrocodone-acetaminophen tab 5-325 mg 7
hydrocodone-acetaminophen tab 7.5-325 mg 7
hydrocodone-acetaminophen tab 10-325 mg 7
hydrocodone bitartrate 6
hydrocodone-ibuprofen tab 7.5-200 mg 7
hydrocortisone 76
hydrocortisone (intrarectal) 85
hydrocortisone (rectal) 117
hydrocortisone (topical) 117
hydromorphone hcl 7
hydroxychloroquine sulfate 96
hydroxyurea 24
hydroxyzine hcl 108
hydroxyzine pamoate 108
HYSINGLA ER 6

I

ibandronate sodium 68
IBRANCE 27
ibu 5
ibuprofen 5
icatibant acetate 93
iclevia 71
ICLUSIG 27
IDACIO (2 PEN) 94
IDACIO (2 SYRINGE) 94
IDACIO CROHN INJ DISEASE 94
IDACIO PLAQU INJ PSORIASIS 94
IDHIFA 27

Drug Name **Page #**

imatinib mesylate 27
IMBRUVICA 27
imipenem-cilastatin intravenous for soln 250 mg 9
imipenem-cilastatin intravenous for soln 500 mg 9
imipramine hcl 47
imiquimod 117
IMOVAX RABIES (H.D.C.V.) 98
INBRIJA 49
incassia 71
INCRELEX 78
INCRUSE ELLIPTA 106
indapamide 43
INFANRIX INJ 98
INFLIXIMAB 94
INLYTA 28
INQOVI TAB 35-100MG 21
INREBIC 28
INSULIN PEN NEEDLES\ BD/NOVO 67
INSULIN SAFETY NEEDLES 67
INSULIN SYRINGES\ BD 67
INTELENCE 12
INTRALIPID 102
introvale 71
INVEGA HAFYERA 50
INVEGA SUSTENNA 50
INVEGA TRINZA 51
IPOL INJ INACTIVE 98
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 106
ipratropium bromide 106
ipratropium bromide (nasal) 106
irbesartan 39
irbesartan-hydrochlorothiazide tab 150-12.5 mg 37
irbesartan-hydrochlorothiazide tab 300-12.5 mg 37
irinotecan hcl 24
ISENTRESS 12
ISENTRESS HD 12
isibloom 71
ISOLYTE-P INJ /D5W 100
ISOLYTE-S INJ 100
ISOLYTE-S INJ PH 7.4 100
isoniazid 14

Drug Name **Page #**

isosorbide dinitrate 44
isosorbide mononitrate 44
isotretinoin 114
isradipine 43
itraconazole 11
ivabradine hcl 44
ivermectin 9
IWILFIN 24
IXCHIQ INJ 98
IXIARO INJ 98

J

JAKAFI 28
jantoven 92
JANUMET TAB 50-500MG 64
JANUMET TAB 50-1000 65
JANUMET XR TAB 50-500MG 65
JANUMET XR TAB 50-1000 65
JANUMET XR TAB 100-1000 65
JANUVIA 65
JARDIANCE 65
jasmiel 71
javygtor 78
JAYPIRCA 28
JENTADUETO TAB 2.5-500 65
JENTADUETO TAB 2.5-850 65
JENTADUETO TAB 2.5-1000 65
JENTADUETO TAB XR 2.5-1000MG 65
JENTADUETO TAB XR 5-1000MG 65
jinteli 76
jolessa 71
juleber 71
JULUCA TAB 50-25MG 14
junel 1.5/30 71
junel 1/20 71
junel fe 1.5/30 71
junel fe 1/20 71
junel fe 24 71
JYLAMVO 96
JYNNEOS 98

K

KADCYLA 28
kaitlib fe 71
KALYDECO 112
KANJINTI 28

Drug Name **Page #**

kariva 71
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 100
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj 100
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 100
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 100
kcl 20 meq/l (0.15%) in nacl 0.9% inj 100
kcl 20 meq/l (0.15%) in nacl 0.45% inj 100
kcl 20 meq/l (0.149%) in nacl 0.45% inj 100
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 100
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 100
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 100
kcl 40 meq/l (0.3%) in nacl 0.9% inj 100
KCL/D5W/NACL INJ 0.3/0.9% 101
kelnor 1/35 71
kelnor 1/50 71
KERENDIA 36
KESIMPTA 61
ketoconazole 11
ketoconazole (topical) 115
ketorolac tromethamine (ophth) 104
KEVZARA 95
KEYTRUDA 28
KINRIX INJ 98
kionex 69
KISQALI 200 DOSE 28
KISQALI 200 PAK FEMARA 24
KISQALI 400 DOSE 28
KISQALI 400 PAK FEMARA 24
KISQALI 600 DOSE 28
KISQALI 600 PAK FEMARA 24
klayesta 115
klor-con 101
klor-con 8 101
klor-con 10 101
klor-con m10 101
klor-con m15 102
klor-con m20 102
KORLYM 78
KOSELUGO 28

Drug Name **Page #**

kourzeq 118
KRAZATI 28
kurvelo 71

L

labetalol hcl 42
lacosamide 54
lacosamide oral 55
lactated ringer's solution 101
lactic acid (ammonium lactate) 117
lactulose 86
lactulose (encephalopathy) 86
lamivudine 12
lamivudine (hbv) 15
lamivudine-zidovudine tab 150-300 mg 14
lamotrigine 55
lanreotide acetate 78
lansoprazole 89
lanthanum carbonate 79
LANTUS 67
LANTUS SOLOSTAR 67
lapatinib ditosylate 28
larin 1.5/30 71
larin 1/20 71
larin 24 fe 71
larin fe 1.5/30 71
larin fe 1/20 71
latanoprost 105
laxative maximum strength 87
laxative regular strength 87
layolis fe 71
leena 71
leflunomide 96
lenalidomide 23
LENVIMA 4 MG DAILY DOSE 28
LENVIMA 8 MG DAILY DOSE 28
LENVIMA 10 MG DAILY DOSE 28
LENVIMA 12MG DAILY DOSE 29
LENVIMA 20 MG DAILY DOSE 29
LENVIMA CAP 14 MG 29
LENVIMA CAP 18 MG 29
LENVIMA CAP 24 MG 29
lessina 71
letrozole 22
leucovorin calcium 34
LEUKERAN 21

Drug Name **Page #**

leuprolide acetate 22
levalbuterol hcl 109
levalbuterol tartrate 109
levetiracetam 55
levetiracetam in sodium chloride iv soln 500 mg/100ml 55
levetiracetam in sodium chloride iv soln 1000 mg/100ml 55
levetiracetam in sodium chloride iv soln 1500 mg/100ml 55
levobunolol hcl 105
levocarnitine (metabolic modifiers) 78
levocetirizine dihydrochloride 108
levofloxacin 18
levofloxacin in d5w iv soln 250 mg/50ml 18
levofloxacin in d5w iv soln 500 mg/100ml 18
levofloxacin in d5w iv soln 750 mg/150ml 18
levonest 71
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 72
levonorgestrel (emergency oc) 72
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 72
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 72
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 72
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 72
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 72
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) 72
levora 0.15/30-28 72
levo-t 79
levothyroxine sodium 80
levoxyl 80
l-glutamine (sickle cell) 93
LIBERVANT 55
lidocaine 117
lidocaine hcl 117
lidocaine hcl (local anesth.) 8
lidocaine hcl (mouth-throat) 118
lidocaine-prilocaine cream 2.5-2.5% 117
lidocan 117
linezolid 9

Drug Name **Page #**
LINEZOLID INJ 2MG/ML 9
LINZESS 89
liothyronine sodium 80
liquid acetaminophen 3
lisinopril 36
lisinopril & hydrochlorothiazide tab 10-12.5 mg 35
lisinopril & hydrochlorothiazide tab 20-12.5 mg 36
lisinopril & hydrochlorothiazide tab 20-25 mg 36
lithium 60
lithium carbonate 60
loestrin 1.5/30-21 72
loestrin 1/20-21 72
loestrin fe 1.5/30 72
loestrin fe 1/20 72
LOKELMA 69
LONSURF TAB 15-6.14 21
LONSURF TAB 20-8.19 21
loperamide hcl 82, 89
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) 14
lopinavir-ritonavir tab 100-25 mg 14
lopinavir-ritonavir tab 200-50 mg 14
loratadine 108
loratadine childrens 108
lorazepam 45
lorazepam intensol 45
LORBRENA 29
loryna 72
losartan potassium 39
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 37
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 38
losartan potassium & hydrochlorothiazide tab 100-25 mg 38
LOTEMAX 104
loteprednol etabonate 104
lovastatin 40
low-ogestrel 72
loxapine succinate 51
LUMAKRAS 29
LUMIGAN 105
LUMIZYME 78

Drug Name **Page #**
LUPRON DEPOT (1-MONTH) 22
LUPRON DEPOT (3-MONTH) 22
LUPRON DEPOT-PED (1-MONTH 78
LUPRON DEPOT-PED (3-MONTH 78
LUPRON DEPOT-PED (6-MONTH 78
lurasidone hcl 51
lutera 72
lyleq 72
lyllana 76
LYNPARZA 29
LYSODREN 22
LYTGOBI (12 MG DAILY DOSE) 29
LYTGOBI (16 MG DAILY DOSE) 29
LYTGOBI (20 MG DAILY DOSE) 29
lyza 72

M

mag-al plus 81
mag-al plus xs 81
magnesium oxide 81
magnesium sulfate 101
MAGNESIUM SULFATE 101
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 101
malathion 118
mapap childrens 3
maraviroc 12
marlissa 72
MARPLAN 47
MATULANE 24
MAVYRET PAK 50-20MG 15
MAVYRET TAB 100-40MG 15
m-dryl 108
meclizine hcl 83
medroxyprogesterone acetate 79
medroxyprogesterone acetate (contraceptive) 72
mefloquine hcl 11
megestrol acetate 22, 79
megestrol acetate (appetite) 79
MEKINIST 29
MEKTOVI 29
meloxicam 5
memantine hcl 46
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 46

Drug Name	Page #
MENACTRA INJ	99
MENQUADFI INJ	99
MENVEO INJ	99
MENVEO SOL	99
mercaptopurine	21
meropenem	9
mesalamine	85
mesalamine w/ cleanser	85
MESNEX	34
metformin hcl	65
methadone hcl	6
methadone hydrochloride i	6
methazolamide	43
methenamine hippurate	9
methimazole	80
methocarbamol	61, 62
methotrexate sodium	21, 96
methsuximide	55
methylphenidate hcl	58
methylprednisolone	76
methylprednisolone acetate	76
methylprednisolone sod succ	76
methyltestosterone	64
metoclopramide hcl	83
metolazone	43
metoprolol & hydrochlorothiazide tab 50-25 mg	41
metoprolol & hydrochlorothiazide tab 100-25 mg	41
metoprolol & hydrochlorothiazide tab 100-50 mg	41
metoprolol succinate	42
metoprolol tartrate	42
metronidazole	9
metronidazole (topical)	117
metronidazole vaginal	91
metyrosine	44
MG SO4/D5W INJ 10MG/ML	101
mibelas 24 fe	72
micafungin sodium	11
miconazole 3 combination	91
miconazole 3 combo pack	91
miconazole 7	91
miconazole nitrate vaginal	91
microgestin 1.5/30	72
microgestin 1/20	72
microgestin 24 fe	72
microgestin fe 1.5/30	73
microgestin fe 1/20	73
midodrine hcl	44
MIEBO	105
mifepristone (hyperglycemia)	78
miglustat	78
migraine relief	3
mili	73
milk of magnesia	87
MILK OF MAGNESIA CONCENTR	87
mimvey	76
minocycline hcl	20
minoxidil	44
mintox maximum strength	81
mintox plus	81
mirtazapine	47
misoprostol	89
MITIGARE	2
M-M-R II INJ	98
M-NATAL PLUS TAB	102
modafinil	62
moexipril hcl	36
molindone hcl	51
mometasone furoate	117
MONJUVI	29
mono-linyah	73
montelukast sodium	111
morphine sulfate	6, 7
MORPHINE SULFATE	7
MORPHINE SULFATE/SODIUM C	7
motion sickness relief	83
motion sickness relief/le	83
motion-time	83
MOUNJARO	65
MOVANTIK	89
moxifloxacin hcl	18
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	18
moxifloxacin hcl (ophth)	103
m-pap	3
MRESVIA	99
mucus & chest congestion	110
mucus relief	110
mucus relief dm	110
mucus relief dm maximum s	110

Drug Name **Page #**

mucus relief er 110
mucus relief maximum stre 110
MULTAQ 39
multiple electrolytes ph 5.5 101
multiple electrolytes ph 7.4 101
mupirocin 115
my choice 73
mycophenolate mofetil 97
mycophenolate sodium 97
MYRBETRIQ 90
my way 73

N

nabumetone 5
nadolol 42
nafcillin sodium 19
NAGLAZYME 78
nalbuphine hcl 7
naloxone hcl 63
naltrexone hcl 63
NAMZARIC CAP 7-10MG 46
NAMZARIC CAP 14-10MG 46
NAMZARIC CAP 21-10MG 46
NAMZARIC CAP 28-10MG 46
NAMZARIC CAP PACK 46
naproxen 5
naproxen dr 5
naproxen sodium 5
naratriptan hcl 59
nasal decongestant 110
NATACYN 104
nateglinide 65
NATPARA 68
nausea relief 83
NAYZILAM 55
nebivolol hcl 42
necon 0.5/35-28 73
nefazodone hcl 47
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 104
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 104
neomycin-polymyxin-dexamethasone ophth oint 0.1% 103
neomycin-polymyxin-dexamethasone ophth susp 0.1% 103

Drug Name **Page #**

neomycin-polymyxin-hc ophth susp 103
neomycin-polymyxin-hc otic soln 1% 106
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 106
neomycin sulfate 9
neo-polycin 5(3.5)mg-400unt-10000unt op oin 104
neo-polycin hc ophth oint 1% 103
NERLYNX 30
NEUPRO 49
nevirapine 12
new day 73
NEXAVAR 30
NEXLETOL 41
NEXLIZET TAB 180/10MG 41
niacin (antihyperlipidemic) 41
nicardipine hcl 43
nicotine 63
nicotine mini lozenge 63
nicotine polacrilex 63
nicotine polacrilex mini 63
NICOTINE SYS KIT TRANSDER 63
nicotine transdermal syst 63
NICOTROL INHALER 63
NICOTROL NS 63
nifedipine 43
nikki 73
nilutamide 22
nimodipine 43
NINLARO 30
nitazoxanide 9
nitisinone 78
NITRO-BID 45
nitrofurantoin macrocrystal 9
nitrofurantoin monohyd macro 9
nitroglycerin 45
nitroglycerin (intra-anal) 117
nizatidine 84
nora-be 73
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 73
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 73
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 73

Drug Name **Page #**

norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 73
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 73
norethindrone acetate 79
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 76
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 76
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 73
norethindrone (contraceptive) 73
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 73
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 73
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 73
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 73
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 73
norlyroc 74
NORPACE CR 39
nortrel 0.5/35 (28) 74
nortrel 1/35 (21) 74
nortrel 1/35 (28) 74
nortrel 7/7/7 74
nortriptyline hcl 47
NORVIR 12
NOVOLIN INJ 70/30 67
NOVOLIN INJ 70/30 FP 67
NOVOLIN N 67
NOVOLIN N FLEXPEN 67
NOVOLIN R 67
NOVOLIN R FLEXPEN 67
NOVOLOG MIX INJ 70/30 67
NOVOLOG MIX INJ FLEXPEN 67
NUBEQA 22
NUEDEXTA CAP 20-10MG 60
NULOJIX 98
NUPLAZID 51
NURTEC 59
NUTRILIPID 102
NUZYRA 20
nyamyc 115

Drug Name **Page #**

nylia 1/35 74
nylia 7/7/7 74
NYMALIZE 43
nymyo 74
nystatin 11
nystatin (mouth-throat) 118
nystatin (topical) 115
nystop 115

O

ocella 74
OCTAGAM 97
octreotide acetate 78
ODEFSEY TAB 14
ODOMZO 30
OFEV 112
ofloxacin (ophth) 104
ofloxacin (otic) 106
OGIVRI 30
OGSIVEO 30
OJEMDA 30
OJJAARA 30
olanzapine 51
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 38
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 38
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 38
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 38
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 38
olmesartan medoxomil 39
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 38
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 38
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg 38
omega-3-acid ethyl esters cap 1 gm 41
omeprazole 89
OMNIPOD 5 G6 KIT INTRO 67
OMNIPOD 5 G6 MIS PODS 67
OMNIPOD 5 G7 KIT INTRO 67
OMNIPOD 5 G7 MIS PODS 67

Drug Name **Page #**

OMNIPOD DASH KIT INTRO 67
OMNIPOD DASH MIS PODS 67
OMNIPOD GO KIT 10UNT/DY 67
OMNIPOD GO KIT 15UNT/DY 67
OMNIPOD GO KIT 20UNT/DY 67
OMNIPOD GO KIT 25UNT/DY 67
OMNIPOD GO KIT 30UNT/DY 67
OMNIPOD GO KIT 35UNT/DY 67
OMNIPOD GO KIT 40UNT/DY 67
OMNIPOD MIS CLASSIC 68
ondansetron 83
ondansetron hcl 83
ONTRUZANT 30
ONUREG 21
opcicon one-step 74
OPSUMIT 45
option 2 74
ORGOVYX 22
ORKAMBI GRA 75-94MG 112
ORKAMBI GRA 100-125 112
ORKAMBI GRA 150-188 112
ORKAMBI TAB 100-125 112
ORKAMBI TAB 200-125 112
ORSERDU 23
oseltamivir phosphate 15
OTEZLA 95
OTEZLA TAB 10/20 95
OTEZLA TAB 10/20/30 95
oxacillin sodium 19
oxaliplatin 21
oxcarbazepine 55
oxybutynin chloride 90
oxycodone hcl 7
oxycodone w/ acetaminophen tab 2.5-325 mg 7
oxycodone w/ acetaminophen tab 5-325 mg 7
oxycodone w/ acetaminophen tab 7.5-325 mg 8
oxycodone w/ acetaminophen tab 10-325 mg 8
OXYCONTIN 6
OZEMPIC (0.25 OR 0.5 MG/DOSE) 65
OZEMPIC (0.25 OR 0.5MG/DOSE) 65
OZEMPIC (1MG/DOSE) 65
OZEMPIC (2MG/DOSE) 65

Drug Name **Page #**

P

pacerone 39
paclitaxel 24
paclitaxel protein-bound particles for iv susp 100 mg 24
pain & fever childrens 3
pain & fever infants 3
pain reliever plus 3
paliperidone 51
pamidronate disodium 68
PAMIDRONATE DISODIUM 68
PANRETIN 117
pantoprazole sodium 90
PANZYGA 97
paraplatin 21
paricalcitol 80
paroxetine hcl 47
PAXLOVID TAB 150-100 15
PAXLOVID TAB 300-100 15
pazopanib hcl 30
PEDIA-LAX 87
PEDIARIX INJ 0.5ML 99
PEDVAX HIB 99
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 87
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 87
PEGASYS 16
PEMAZYRE 30
pemetrexed disodium 21
PENBRAYA INJ 99
PEN GK/DEXTR INJ 40000/ML 19
PEN GK/DEXTR INJ 60000/ML 19
penicillamine 69
penicillin g potassium 19
penicillin g sodium 19
penicillin v potassium 19
PENTACEL INJ 99
pentamidine isethionate inh 9
pentamidine isethionate inj 9
pentoxifylline 93
perindopril erbumine 36
periogard 118
permethrin 118
perphenazine 51

Drug Name	Page #
PERSERIS	51
pfizerpen	19
phenelzine sulfate	47
phenobarbital	55
phenobarbital sodium	55
phenytek	55
phenytoin	55
phenytoin sodium	55
phenytoin sodium extended	55
PHESGO SOL	30
philith	74
phytonadione	103
PIFELTRO	12
pilocarpine hcl	105
pilocarpine hcl (oral)	118
pimozide	51
pimtrea	74
pin-away	10
pindolol	42
pioglitazone hcl	65
pioglitazone hcl-metformin hcl tab 15-500 mg	65
pioglitazone hcl-metformin hcl tab 15-850 mg	66
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	19
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	19
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	19
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	19
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	20
PIQRAY 200MG DAILY DOSE	30
PIQRAY 250MG TAB DOSE	30
PIQRAY 300MG DAILY DOSE	30
pirfenidone	112
piroxicam	5
PLASMA-LYTE INJ -148	101
PLASMA-LYTE INJ -A	101
plenamine	102
PLENVU SOL	87
podofilox	117
polycin ophth oint	104
polyethylene glycol 3350	87
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	104
POMALYST	23
portia-28	74
posaconazole	11
potassium chloride	101, 102
POTASSIUM CHLORIDE	101
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	101
potassium chloride microencapsulated crystals er	102
potassium citrate (alkalinizer)	90
POT CHL 20MEQ/L IN NACL 0.9% INJ	101
POT CHL 20MEQ/L IN NACL 0.45% INJ	101
POT CHL 40MEQ/L IN NACL 0.9% INJ	101
pramipexole dihydrochloride	49
prasugrel hcl	93
pravastatin sodium	40
praziquantel	10
prazosin hcl	36
prednisolone	77
prednisolone acetate (ophth)	104
PREDNISOLONE SODIUM PHOSP	105
prednisolone sodium phosphate	77
prednisone	77
PREDNISONE INTENSOL	77
pregabalin	55, 56
PREHEVBRIO	99
PREMASOL SOL 10%	102
PRENATAL TAB 27-1MG	102
PRENATAL TAB PLUS	102
prevalite	41
PREVYMIS	16
PREZCOBIX TAB 800-150	14
PREZISTA	12, 13
PRIFTIN	15
primaquine phosphate	11
PRIMAQUINE PHOSPHATE	11
primidone	56
PRIORIX INJ	99
PRIVIGEN	97
probenecid	2
prochlorperazine	83
prochlorperazine edisylate	83
prochlorperazine maleate	83
PROCRIT	92

Drug Name **Page #**

proctocort 118
procto-med hc 118
proctosol hc 118
proctozone-hc 118
progesterone 79
PROGRAF 98
PROLASTIN-C 112
PROLENSA 105
PROLIA 68
PROMACTA 93
promethazine hcl 84
promethazine w/ codeine syrup 6.25-10 mg/5ml 110
propafenone hcl 39
proparacaine hcl 106
propranolol hcl 42
propylthiouracil 80
PROQUAD INJ 99
PROSOL INJ 20% 102
protriptyline hcl 47
pseudoephedrine hcl 110
PULMOZYME 112
PURIXAN 21
pyrazinamide 15
pyridostigmine bromide 60
pyridoxine hcl 103

Q

qc acetaminophen infants 3
qc all day allergy relief 108
qc allergy childrens 108
qc allergy relief 108
qc antacid 81
qc antacid/anti-gas 81
qc antacid/anti-gas maxim 81
qc antacid extra strength 81
qc anti-diarrheal 82
qc aspirin 4
qc aspirin low dose 4
qc chocolated laxative 87
qc clotrimazole 91
qc enema 87
qc enteric aspirin 4
qc famotidine acid reduce 84
qc fiber 87
qc fiber therapy 87

Drug Name **Page #**

qc gentle laxative 87
qc gentle laxative womens 87
qc headache relief 4
qc heartburn antacid 81
qc ibuprofen 5
qc laxative 87
qc loratadine allergy rel 108
qc miconazole 7 91
qc milk of magnesia 87
qc motion sickness relief 84
qc mucus relief 12 hour 110
qc mucus relief childrens 110
qc mucus relief dm max 110
qc mucus relief er 12 hou 110
qc naproxen sodium 5
qc nasal decongestant max 110
qc natura-lax 87
qc non-aspirin extra stre 4
qc pain relief 4
qc pain relief childrens 4
qc pain relief extra stre 4
qc pink bismuth 82
qc stomach relief 82
qc stomach relief ultra 82
qc stool softener 87
qc stool softener plus la 87
qc stool softener plus st 87
qc travel ease 84
qc tussin dm cough & ches 110
qc tussin expectorant adu 110
qc vegetable laxative 87
QINLOCK 30
QUADRACEL INJ 99
QUADRACEL INJ 0.5ML 99
quetiapine fumarate 51
quinapril hcl 36
quinidine sulfate 40
quinine sulfate 11
QULIPTA 59

R

RABAVERT INJ 99
rabeprazole sodium 90
raloxifene hcl 78
ramipril 36
ranolazine 44

Drug Name	Page #
rasagiline mesylate	49
RAYALDEE	80
reclipsen	74
RECOMBIVAX HB	99
RECTIV	118
reeses pinworm medicine	10
REGRANEX	118
RELENZA DISKHALER	16
RELISTOR	89
REMICADE	95
RENFLEXIS	95
repaglinide	66
REPATHA	41
REPATHA PUSHTRONEX SYSTEM	41
REPATHA SURECLICK	41
RESTASIS	106
RESTASIS MULTIDOSE	106
RETEVMO	30, 31
REVLIMID	23
REXULTI	51
REYATAZ	13
REZLIDHIA	31
REZUROCK	98
RHOPRESSA	105
ribavirin (hepatitis c)	16
rifabutin	15
rifampin	15
riluzole	60
rimantadine hydrochloride	16
RINVOQ	95
RINVOQ LQ	95
risedronate sodium	68
risperidone	52
risperidone microspheres	52
ritonavir	13
rivastigmine	46
rivastigmine tartrate	46
rivelsa	74
rizatriptan benzoate	59
robafen mucus/chest conge	111
ROCKLATAN DRO	105
roflumilast	112
ropinirole hydrochloride	49
rosuvastatin calcium	40
ROTARIX SUS	99
ROTATEQ SOL	99

Drug Name	Page #
roweepra	56
ROZLYTREK	31
RUBRACA	31
rufinamide	56
RUKOBIA	13
RYBELSUS	66
RYDAPT	31

S

sajazir	93
SANDIMMUNE	98
SANTYL	118
sapropterin dihydrochloride	78
SCEMBLIX	31
scopolamine	84
SECUADO	52
selegiline hcl	49
selenium sulfide	115
SELZENTRY	13
senexon-s	87
senna-lax	88
senna plus	87
SENNA PLUS CAP 8.6-50MG	87
senna regular strength	87
senna-time	88
senna-time s	88
sennosides	88
sennosides-docusate sodium tab 8.6-50 mg	88
senokot extra strength	88
SEREVENT DISKUS	109
sertraline hcl	47
setlakin	74
sevelamer carbonate	79
sharobel	74
SHINGRIX	99
SIGNIFOR	78
siladryl allergy	108
sildenafil citrate (pulmonary hypertension)	45
siltussin-dm	111
siltussin sa	111
silver sulfadiazine	115
SIMBRINZA SUS 1-0.2%	105
simliya	74
simpesse	74
simvastatin	40

Drug Name	Page #
sinus congestion maximum	111
sirolimus	98
SIRTURO	15
SIVEXTRO	10
SKYRIZI	95
SKYRIZI PEN	95
sm 3-day vaginal	91
sm acid reducer	84
sm adult aspirin	4
sm all day allergy	109
sm all day allergy child	109
sm all day allergy childr	109
sm all day allergy relief	109
sm allergy childrens	109
sm allergy relief	109
sm allergy relief childre	109
sm antacid	81
sm antacid advanced	81
sm antacid advanced maxi	81
sm antacid extra strength	81
sm antacid maximum streng	81
sm anti-diarrheal	82
sm aspirin adult low stre	4
sm aspirin enteric coated	4
sm aspirin low dose	4
sm calcium antacid extra	82
sm clearlax	88
sm clotrimazole vaginal	91
sm enema	88
sm fiber	88
sm fiber laxative	88
sm gentle laxative	88
sm ibuprofen	5
sm ibuprofen ib	5
sm loratadine	109
sm miconazole 3	91
sm miconazole 7	91
sm migraine relief	4
sm milk of magnesia	88
sm motion sickness	84
sm mucus relief	111
sm mucus relief/12 hour	111
sm mucus relief maximum s	111
sm naproxen sodium	5
sm nasal decongestant max	111
sm nicotine	63
sm nicotine polacrilex	63
sm nicotine transdermal s	63
smooth antacid extra stre	82
sm pain & fever childrens	4
sm pain & fever infants	4
sm pain relief extra stre	4
sm pain reliever	4
sm pain reliever children	4
sm pain reliever extra st	4
sm stomach relief	82
sm stomach relief liquid	82
sm stool softener	88
sm stool softener/stimula	88
sm tioconazole-1	91
sm tussin dm	111
sm tussin dm cough/chest	111
sm tussin mucus + chest c	111
sodium bicarbonate (antacid)	82
sodium chloride	101
sodium chloride (gu irrigant)	118
sodium fluoride chew\; tab\; 1.1 (0.5 f) mg/ml soln	102
SODIUM OXYBATE	62
sodium phenylbutyrate	78
sodium polystyrene sulfonate powder	69
SODIUM POW BICARBON	82
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	88
solifenacin succinate	90
SOLIQUA INJ 100/33	68
SOLTAMOX	23
soluble fiber	88
SOLU-CORTEF	77
SOMATULINE DEPOT	79
SOMAVERT	79
sorafenib tosylate	31
SORBITOL	88
sorine	40
sotalol hcl	40
sotalol hcl (afib/afl)	40
spironolactone	36
spironolactone & hydrochlorothiazide tab 25-25 mg	43
sprintec 28	74
SPRITAM	56
SPRYCEL	31

Drug Name **Page #**

sps 69
sronyx 74
ssd 115
STELARA 95
stimulant laxative 88
STIVARGA 31
STL SOFT/LAX CAP 8.6-50MG 88
stomach relief 82
stomach relief extra stre 82
stomach relief ultra 83
stool softener 88
stool softener + stimulan 88
streptomycin sulfate 10
STRIBILD TAB 14
subvenite 56
sucralfate 89
sudogest 111
sudogest maximum strength 111
sulfacetamide sodium (acne) 114
sulfacetamide sodium (ophth) 104
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 103
sulfadiazine 10
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 10
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 10
sulfamethoxazole-trimethoprim tab 400-80 mg 10
sulfamethoxazole-trimethoprim tab 800-160 mg 10
SULFAMYLON 115
sulfasalazine 85
sulindac 5
sumatriptan 59
sumatriptan succinate 59, 60
sunitinib malate 31
SUNLENCA 13
syeda 74
SYMDEKO TAB 50-75MG 112
SYMDEKO TAB 100-150 113
SYMPAZAN 56
SYMTUZA TAB 14
SYNAREL 75
SYNJARDY TAB 5-500MG 66
SYNJARDY TAB 5-1000MG 66

Drug Name **Page #**

SYNJARDY TAB 12.5-500 66
SYNJARDY TAB 12.5-1000MG 66
SYNJARDY XR TAB 5-1000MG 66
SYNJARDY XR TAB 10-1000 66
SYNJARDY XR TAB 12.5-1000 66
SYNJARDY XR TAB 25-1000 66
SYNTHROID 80

T

TABLOID 22
TABRECTA 32
tacrolimus 98
tacrolimus (topical) 118
TAFINLAR 32
TAGRISSO 32
TALTZ 95
TALZENNA 32
tamoxifen citrate 23
tamsulosin hcl 90
tarina 24 fe 74
tarina fe 1/20 eq 74
TASIGNA 32
tasimelteon 59
tazarotene 115
tazicef 17
TAZORAC 115
TAZVERIK 32
TDVAX INJ 2-2 LF 99
TECENTRIQ 32
TEFLARO 17
telmisartan 39
telmisartan-amlodipine tab 40-5 mg 38
telmisartan-amlodipine tab 40-10 mg 38
telmisartan-amlodipine tab 80-5 mg 38
telmisartan-amlodipine tab 80-10 mg 38
telmisartan-hydrochlorothiazide tab 40-12.5 mg 38
telmisartan-hydrochlorothiazide tab 80-12.5 mg 38
telmisartan-hydrochlorothiazide tab 80-25 mg 38
temazepam 59
TENIVAC INJ 5-2LF 99
tenofovir disoproxil fumarate 13
TEPMETKO 32
terazosin hcl 36

Drug Name	Page #
terbinafine hcl	11
terbutaline sulfate	109
terconazole vaginal	91
TERIPARATIDE	68
testosterone	64
testosterone cypionate	64
testosterone enanthate	64
tetrabenazine	60
tetracycline hcl	20
THALOMID	23
theophylline	113
thiamine hcl	103
thioridazine hcl	52
thiothixene	52
tiadylt er	43
tiagabine hcl	56
TIBSOVO	32
TICOVAC	99
tigecycline	20
tilia fe	74
timolol maleate	42
timolol maleate (ophth)	105
tinidazole	10
tioconazole 1	91
TIVICAY	13
TIVICAY PD	13
tizanidine hcl	62
TOBRADEX OIN 0.3-0.1%	103
TOBRADEX ST SUS 0.3-0.05	103
tobramycin	10
tobramycin-dexamethasone ophth susp 0.3-0.1%	103
tobramycin (ophth)	104
tobramycin sulfate	10
tolterodine tartrate	90
topiramate	56
toremifene citrate	23
torpenz	32
torsemide	43
TOUJEO MAX SOLOSTAR	68
TOUJEO SOLOSTAR	68
TPN ELECTROL INJ	101
TRADJENTA	66
tramadol-acetaminophen tab 37.5-325 mg	8
tramadol hcl	8
trandolapril	36
tranexamic acid	93
tranylcypromine sulfate	47
TRAVASOL INJ 10%	102
TRAZIMERA	32
trazodone hcl	47
TRECATOR	15
TRELEGY AER ELLIPTA 100-62.5-25 MCG	106
TRELEGY AER ELLIPTA 200-62.5-25 MCG	106
TREMFYA	96
treprostinil	45
TRESIBA	68
TRESIBA FLEXTOUCH	68
tretinoin	114
tretinoin (chemotherapy)	24
triamcinolone acetonide (mouth)	118
triamcinolone acetonide (topical)	117
triamterene & hydrochlorothiazide cap 37.5-25 mg	44
triamterene & hydrochlorothiazide tab 37.5-25 mg	44
triamterene & hydrochlorothiazide tab 75-50 mg	44
tri-buffered aspirin	4
tridacaine ii	117
trientine hcl	69
tri-estarylla	74
trifluoperazine hcl	52
trifluridine	104
trihexyphenidyl hcl	49
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	66
TRIJARDY XR TAB ER 24HR 10-5-1000MG	66
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	66
TRIJARDY XR TAB ER 24HR 25-5-1000MG	66
TRIKAFTA PAK 59.5MG	113
TRIKAFTA PAK 75MG	113
TRIKAFTA TAB 50-25-37.5MG & 75MG	113
TRIKAFTA TAB 100-50-75MG & 150MG	113
tri-legest fe	74
tri-linyah	74
tri-lo-estarylla	74
tri-lo-marzia	74
tri-lo-mili	74
tri-lo-sprintec	74

Drug Name **Page #**

trimethoprim 10
tri-mili 75
trimipramine maleate 48
TRINTELLIX 48
tri-nymyo 75
tri-sprintec 75
TRIUMEQ PD TAB 14
TRIUMEQ TAB 14
trivora-28 75
tri-vylibra 75
tri-vylibra lo 75
TRIZIVIR TAB 14
TROGARZO 13
TROPHAMINE INJ 10% 102
trospium chloride 90
TRULICITY 66
TRUMENBA INJ 99
TRUQAP 32
TRUXIMA 32
TUKYSA 32
TURALIO 32
turqoz 75
tusnel diabetic 111
tusnel-ex 111
tussin dm 111
tussin mucus + chest cong 111
tussin mucus & chest cong 111
TWINRIX INJ 99
TYBOST 13
tydemy 75
TYPHIM VI 99
TYRVAYA 106

U

UBRELVY 60
unithroid 80
ursodiol 89

V

valacyclovir hcl 16
VALCHLOR 118
valganciclovir hcl 16
valproate sodium 56
valproic acid 56
valsartan 39

Drug Name **Page #**

valsartan-hydrochlorothiazide tab 80-12.5 mg 38
valsartan-hydrochlorothiazide tab 160-12.5 mg 38
valsartan-hydrochlorothiazide tab 160-25 mg 39
valsartan-hydrochlorothiazide tab 320-12.5 mg 39
valsartan-hydrochlorothiazide tab 320-25 mg 39
VALTOCO 5 MG DOSE 56
VALTOCO 10 MG DOSE 56
VALTOCO 15 MG DOSE 56
VALTOCO 20 MG DOSE 56
vancomycin hcl 10
VANCOMYCIN HYDROCHLORIDE 10
VANCOMYCIN INJ 1 GM 10
VANCOMYCIN INJ 500MG 10
VANCOMYCIN INJ 750MG 10
VANFLYTA 33
VAQTA 99
varenicline tartrate 63
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 63
VARIVAX 99
VASCEPA 41
velivet 75
VELPHORO 79
VELTASSA 69
VEMLIDY 16
VENCLEXTA 33
VENCLEXTA TAB START PK 33
venlafaxine hcl 48
VENTAVIS 45
VENTOLIN HFA 109
VENTOLIN HFA (INSTITUTIONAL PACK) 109
verapamil hcl 43
VERQUVO 44
VERSACLOZ 52
VERZENIO 33
vestura 75
V-GO 20 KIT 68
V-GO 30 KIT 68
V-GO 40 KIT 68
vienva 75
vigabatrin 56

Drug Name **Page #**

vigadrone 57
vigpoder 57
vilazodone hcl 48
vincristine sulfate 24
vinorelbine tartrate 24
viorele 75
VIRACEPT 13
VIREAD 13
VITRAKVI 33
VIVITROL 64
VIZIMPRO 33
VONJO 33
voriconazole 11
VOSEVI TAB 16
VRAYLAR 52
vyfemla 75
vylibra 75
VYZULTA 105

W

warfarin sodium 92
water for irrigation, sterile irrigation soln 118
WELIREG 24
wera 75
wixela inhub 114
wymzya fe 75

X

XALKORI 33
XARELTO 92
XARELTO STAR TAB 15/20MG 92
XATMEP 96
XCOPRI 57
XCOPRI PAK 12.5-25 57
XCOPRI PAK 50-100MG 57
XCOPRI PAK 100-150 57
XCOPRI PAK 150-200MG (MAINTENANCE) 57
XCOPRI PAK 150-200MG (TITRATION) 57
XDEMVY 104
XELJANZ 96
XELJANZ XR 96
XERMELO 89
XGEVA 68
XHANCE 113
XIFAXAN 89

Drug Name **Page #**

XIGDUO XR TAB 2.5-1000 66
XIGDUO XR TAB 5-500MG 66
XIGDUO XR TAB 5-1000MG 66
XIGDUO XR TAB 10-500MG 66
XIGDUO XR TAB 10-1000 66
XIIDRA 106
XOFLUZA 16
XOLAIR 113
XOSPATA 33
XPOVIO 40 MG ONCE WEEKLY 33
XPOVIO 40 MG TWICE WEEKLY 33
XPOVIO 60 MG ONCE WEEKLY 34
XPOVIO 60 MG TWICE WEEKLY 34
XPOVIO 80 MG ONCE WEEKLY 34
XPOVIO 80 MG TWICE WEEKLY 34
XPOVIO 100 MG ONCE WEEKLY 34
XTANDI 23
xulane 75
XULTOPHY INJ 100/3.6 68

Y

yargesa 79
YF-VAX INJ 99
yuvafem 76

Z

zafemy 75
zafirlukast 111
zaleplon 59
ZARXIO 92
ZEJULA 34
ZELBORAF 34
ZEMAIRA 113
zenatane 115
ZENPEP CAP 3000UNIT 89
ZENPEP CAP 5000UNIT 89
ZENPEP CAP 10000UNT 89
ZENPEP CAP 15000UNT 89
ZENPEP CAP 20000UNT 89
ZENPEP CAP 25000UNT 89
ZENPEP CAP 40000UNT 89
ZENPEP CAP 60000UNT 89
ZERVIATE 105
zidovudine 13
ZIEXTENZO 92
ziprasidone hcl 52

Drug Name **Page #**
ziprasidone mesylate 52
ZIRABEV 34
ZIRGAN 104
zoledronic acid 68
ZOLINZA 34
zolpidem tartrate 59
ZONISADE 57
zonisamide 57
zovia 1/35 75
ZTALMY 57
zumandimine 75
ZURZUVAE 48
ZYDELIG 34
ZYKADIA 34
ZYLET SUS 0.5-0.3% 103
ZYPREXA RELPREVV 52

Form Approved
OMB# 0938-1421

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 **1-866-600-2139 (TTY: 711)**. 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 **1-866-600-2139 (TTY: 711)**. 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**1-866-600-2139 (TTY: 711)**。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**1-866-600-2139 (TTY: 711)**。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 **1-866-600-2139 (TTY: 711)**. 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 **1-866-600-2139 (TTY: 711)**. 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 quí vị cần thông dịch viên xin gọi **1-866-600-2139 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-866-600-2139 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-866-600-2139 (TTY: 711)**번으로 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 **1-866-600-2139 (TTY: 711)**. 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 **1-866-600-2139 (TTY: 711)**. 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 **1-866-600-2139 (TTY: 711)** 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 **1-866-600-2139 (TTY: 711)**. Un nostro incaricato che parla italiano vi 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 **1-866-600-2139 (TTY: 711)**. 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 **1-866-600-2139 (TTY: 711)**. 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 **1-866-600-2139 (TTY: 711)**. 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ございます。通訳をご用命になるには、**1-866-600-2139 (TTY: 711)**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 ʻōlelo kā mākou i mea e pane ʻia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma **1-866-600-2139 (TTY: 711)**. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

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Aetna Better Health Premier Plan MMA is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

For more recent information or other questions, contact us at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or visit **AetnaBetterHealth.com/Illinois**.

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