

2025

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

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

Formulary ID Number: 25101 Version 21

This formulary was updated on 12/01/2025. For more recent information or other questions, please contact us at **1-844-362-0934** or for TTY users: **711**, 8 a.m. to 8 p.m., E.T., 7 days a week, or visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)



Introduction

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

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If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)



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A. Disclaimers

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


- ❖ Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- ❖ Aetna Assure Premier Plus (HMO D-SNP) es un plan totalmente integrado de necesidades especiales de doble elegibilidad con un contrato de Medicare y un contrato con el programa de Medicaid de New Jersey. La inscripción en Aetna Assure Premier Plus depende de la renovación del contrato.
- ❖ When joining this plan: You must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies. You will be enrolled automatically into Medicaid (NJ FamilyCare) coverage under our plan, and disenrolled from any Medicaid (NJ FamilyCare) plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled. You must understand and follow our plan's rules on referrals.
- ❖ You can always check Aetna Assure Premier Plus (HMO D-SNP)'s up-to-date List of Covered Drugs online at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary) or call Member Services at the number listed at the bottom of this page.
- ❖ If you speak a language other than English, free language assistance services are available. Visit our website at [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.aetna.com/better-health/new-jersey-hmosnp) or call 1-844-362-0934 (TTY: **711**), 8 a.m. to 8 p.m., 7 days a week.
- ❖ Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)
- ❖ 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)
- ❖ Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)
- ❖ Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)
- ❖ Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)
- ❖ Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)
- ❖ 영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)
- ❖ Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)



❖ إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)

- ❖ अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)
- ❖ Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono elencato in questo documento. (Italian)
- ❖ Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente neste documento. (Portuguese)
- ❖ Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki make nan dokiman sa a. (Haitian Creole)
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- ❖ 英語をお話しにならない方は、無料の言語支援サービスを受けることができます。弊社のウェブサイト にアクセスするか、または本書に記載の電話番号にお問い合わせください。 (Japanese)
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- ❖ যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেনতাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে।আমাদের ওয়েবসাইট দেখুন এবং এই নথিতে তালিকাভুক্ত ফোন নম্বরে ফোন করুন। (Bengali)
- ❖ បើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃ ។ សូមចូលមើលគេហទំព័ររបស់យើងខ្ញុំ ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមានរាយនៅក្នុងឯកសារនេះ ។ (Khmer)
- ❖ Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona navedenog u ovom dokumentu. (Serbo-Croatian)
- ❖ Na ye jam thuɔŋdēt tēnē thoŋ ɛ Dɪŋlɪth, ke kuɔɔny luilooi ɛ thok ɛ path aa tō thɪn. Nem yōt tēn internet tēdē ke yī cɔl akuēn cōtmec cī gat thin nē athör du yic. (Dinka)
- ❖ Als u een andere taal spreekt dan Engels, is er gratis taalondersteuning beschikbaar. Bezoek onze website of bel naar het telefoonnummer in dit document. (Dutch)
- ❖ Εάν ομιλείτε άλλη γλώσσα εκτός της Αγγλικής, υπάρχουν δωρεάν υπηρεσίες στη γλώσσα σας. Επισκεφθείτε την ιστοσελίδα μας ή καλέστε τον αριθμό τηλεφώνου που αναγράφεται στο παρόν έγγραφο. (Greek)
- ❖ જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. અમારી વેબસાઇટની મુલાકાત લો અથવા દસ્તાવેજમાં સૂચીબદ્ધ કરવામાં આવેલ ફોન નંબર પર કૉલ કરો. (Gujarati)
- ❖ Yog hais tias koj hais ib hom lus uas tsis yog lus Askiv, muaj cov kev pab cuam txhais lus dawb pub rau koj. Mus saib peb lub website los yog hu rau tus xov tooj sau teev tseg nyob rau hauv daim ntawv no. (Hmong)

 **If you have questions**, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)

- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-844-362-0934 (TTY: **711**), 8:00 a.m. to 8:00 p.m., 7 days a week. The call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-844-362-0934** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free.
- ❖ If you wish to make a request to receive materials in a language other than English or in an alternate format, you can call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. We will continue to send you these materials in the language and/or format you choose until you tell us otherwise (this is known as a standing request).



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B. Frequently Asked Questions (FAQ)

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

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

The drugs on the Drug List that starts in section C1 are the drugs covered by Aetna® Assure Premier Plus (HMO D-SNP). These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Aetna Assure Premier Plus (HMO D-SNP) will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at an Aetna Assure Premier Plus (HMO D-SNP) network pharmacy.
- Aetna Better Health Premier Plan may have additional steps to access certain drugs. Refer to question B4 for more information.

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

B2. Does the Drug List ever change?

Yes, and Aetna Assure Premier Plus (HMO D-SNP) must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Aetna Assure Premier Plus (HMO D-SNP) before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

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

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/memberservices/new-jersey-hmosnp/drug-formulary)



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

- You can always check Aetna® Assure Premier Plus (HMO D-SNP)'s current Drug List online at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary). Updates to the Drug List are posted on the website monthly.
- You can also call Member Services at 1-844-362-0934 (TTY: 711) to check the current Drug List.

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice after we make the change.
- Please contact your doctor if a drug you are taking is removed from the drug list.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug is not new to the market **or**
 - we remove an original biological product when adding a biosimilar, or
 - we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

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

- if there is a similar drug on the Drug List you can take instead or
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12 for more information.

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

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

- **Prior approval (or prior authorization):** For some drugs, you, your doctor, or other prescriber must get authorization from Aetna® Assure Premier Plus (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Aetna Assure Premier Plus (HMO D-SNP) may not cover the drug if you do not get authorization.
- **Quantity limits:** Sometimes Aetna Assure Premier Plus (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Assure Premier Plus (HMO D-SNP) requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

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

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

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

The List of Drugs by drug type has a column labeled "Necessary actions, restrictions, or limits on use."

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

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

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)



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

There are two ways to find a drug:

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

To search **alphabetically**, use the Index of Covered Drugs section. You can find it on page 115. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs as well as over-the-counter (OTC) drugs are listed in the index.

To search **by drug type**, find the section labeled "List of Drugs by Drug Type" on page 15. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for an infection, you should look in the "Anti-infectives" category. That is where you will find drugs that treat infections.

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

If you don't find your drug on the Drug List, call Member Services at **1-844-362-0934 (TTY: 711)** and ask about it. If you learn that Aetna® Assure Premier Plus (HMO D-SNP) will not cover the drug, you can do one of these things:

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

B9. What if I am a new Aetna® Assure Premier Plus (HMO D-SNP) member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead, or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Aetna Assure Premier Plus (HMO D-SNP), **or**
- you are taking a drug that is part of a step therapy restriction.



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

If you are taking a drug that Aetna Assure Premier Plus (HMO D-SNP) does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Aetna® Assure Premier Plus (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP).

Current members with a change in level of care

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

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

Yes. You can ask Aetna Assure Premier Plus (HMO D-SNP) to make an exception to cover a drug that is not on the Drug List.

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

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

B11. How can I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

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

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

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)



B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription.

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

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

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

For more information on drug types, refer to Chapter 5 of the *Evidence of Coverage*.

B15. What are over-the-counter (OTC) drugs?

OTC stands for "over-the-counter." Aetna® Assure Premier Plus (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan's coverage at no cost to you. You need a prescription for OTC drugs to be covered. These OTC drugs are listed in this Drug List in section C1.

B16. Does Aetna Assure Premier Plus (HMO D-SNP) cover non-drug OTC products?

Yes. Aetna Assure Premier Plus (HMO D-SNP) covers some non-drug OTC products when they are prescribed for you by your provider. These non-drug OTC products are listed in this Drug List in section C1.

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

B17. Can I get my drugs through Mail-Order/Long-Term Supply?

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

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

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



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

B18. What is my copay?

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

Tiers are groups of drugs on our Drug List.

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

OTCs have a \$0 copay.

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

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)**



C. Overview of the *List of Covered Drugs*

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

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

QL: Quantity Limits: For certain drugs, our plan limits the amount of the drug that we will cover.
PA: Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
ST: Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
LD: Limited Distribution: The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.
MO: Mail-Order Delivery: Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.
B/D: Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
EA: Each
ML: Milliliter
ACS: Available at CVS Specialty Pharmacy. These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.
HRM: High Risk Medication. According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.
OTC: Over-the-Counter. Aetna® Assure Premier Plus (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan's coverage at no cost to you. You need a prescription for OTC drugs to be covered.



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

C1. List of Drugs by Drug Type

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
GOUT		
<i>allopurinol tablet 100mg, 300mg</i>	\$0 (Tier 1)	MO
<i>colchicine tablet 0.6mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>febuxostat</i>	\$0 (Tier 1)	ST MO
<i>probenecid</i>	\$0 (Tier 1)	MO
<i>probenecid/colchicine</i>	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>lidocaine hcl injection 0.5%, 1.5%, 4%</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride injection 1% pf, 2%</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride injection 1%</i>	\$0 (Tier 1)	MO
NSAIDS		
<i>celecoxib capsule 400mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>diflunisal</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>etodolac tablet 400mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>fenopropfen calcium tablet 600mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>fenopropfen calcium capsule 400mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ibu</i>	\$0 (Tier 1)	MO
<i>ibuprofen tablet</i>	\$0 (Tier 1)	MO
<i>ibuprofen suspension</i>	\$0 (Tier 1)	MO
<i>ketoprofen er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	\$0 (Tier 1)	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet</i>	\$0 (Tier 1)	MO
<i>nabumetone</i>	\$0 (Tier 1)	MO
<i>naproxen dr tablet delayed release 375mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet</i>	\$0 (Tier 1)	MO
<i>naproxen tablet</i>	\$0 (Tier 1)	MO
<i>naproxen tablet delayed release</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>naproxen suspension</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
<i>oxaprozin</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>sulindac</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	\$0 (Tier 1)	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent (generic Hysingla ER)</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
METHADONE HCL INJECTION	\$0 (Tier 1)	PA
<i>methadone hcl oral solution</i>	\$0 (Tier 1)	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride solution</i>	\$0 (Tier 1)	QL (450 ML per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	\$0 (Tier 1)	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin)100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate er tablet extended release (generic MS Contin) 15mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	\$0 (Tier 1)	B/D
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days); HRM
<i>tramadol hydrochloride er tablet extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine phosphate</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate injection</i>	\$0 (Tier 1)	MO
<i>butorphanol tartrate nasal solution</i>	\$0 (Tier 1)	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>endocet</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1600mcg, 400mcg, 800mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen solution</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liquid</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	\$0 (Tier 1)	B/D
<i>morphine sulfate tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MORPHINE SULFATE INJECTION 10MG/ML (IV VIAL AND IV PF CARPUJECT), 2MG/ML (IM OR IV PF CARPUJECT, IM OR IV PF VIAL, AND IM OR IV PREFILLED SYRINGE), 4MG/ML (IV VIAL AND IV PF CARPUJECT), 50MG/ML (IV OR IM PF VIAL), 5MG/ML (IV OR IM PF VIAL), 8MG/ML (IV VIAL AND IV PF CARPUJECT)	\$0 (Tier 1)	B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml im or iv pf vial, 2mg/ml, 4mg/ml im or iv pf vial and im or iv pf prefilled syringe, 50mg/ml iv vial, 8mg/ml im or iv pf vial</i>	\$0 (Tier 1)	B/D
<i>morphine sulfate injection 1mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 100mg/5ml</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride tablet 50mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride/acetaminophen</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO; HRM
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i>	\$0 (Tier 1)	MO
<i>amikacin sulfate</i>	\$0 (Tier 1)	MO
ARIKAYCE	\$0 (Tier 1)	PA; LD
<i>atovaquone</i>	\$0 (Tier 1)	MO
<i>aztreonam</i>	\$0 (Tier 1)	MO
CAYSTON	\$0 (Tier 1)	PA; ACS LD
<i>chloramphenicol sodium succinate</i>	\$0 (Tier 1)	
<i>clindamycin hcl</i>	\$0 (Tier 1)	MO
<i>clindamycin hydrochloride</i>	\$0 (Tier 1)	MO



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin palmitate hcl solution 75mg/5ml</i>	\$0 (Tier 1)	MO
<i>clindamycin phosphate/dextrose</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection 300mg/2ml, 900mg/60ml, 900mg/6ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection 600mg/4ml</i>	\$0 (Tier 1)	MO
CLINDAMYCIN/SODIUM CHLORIDE	\$0 (Tier 1)	
<i>colistimethate sodium</i>	\$0 (Tier 1)	PA MO
<i>dapsone tablet 100mg, 25mg</i>	\$0 (Tier 1)	MO
DAPTOMYCIN/SODIUM CHLORIDE	\$0 (Tier 1)	
DAPTOMYCIN INJECTION 350MG	\$0 (Tier 1)	
<i>daptomycin injection 500mg</i>	\$0 (Tier 1)	
EMVERM	\$0 (Tier 1)	QL (12 EA per 365 days) MO
<i>ertapenem sodium</i>	\$0 (Tier 1)	MO
<i>fosfomycin tromethamine</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 (Tier 1)	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate injection 40mg/ml</i>	\$0 (Tier 1)	MO
<i>imipenem/cilastatin</i>	\$0 (Tier 1)	MO
IMPAVIDO	\$0 (Tier 1)	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin</i>	\$0 (Tier 1)	
<i>ivermectin tablet 6mg</i>	\$0 (Tier 1)	QL (10 EA per 90 days) PA MO
<i>ivermectin tablet 3mg</i>	\$0 (Tier 1)	QL (12 EA per 90 days) PA MO
<i>linezolid tablet</i>	\$0 (Tier 1)	QL (56 EA per 28 days) MO
<i>linezolid suspension reconstituted</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
LINEZOLID IN SODIUM CHLORIDE INJECTION 600MG/300ML; 0.9%	\$0 (Tier 1)	PA
<i>linezolid injection 600mg/300ml</i>	\$0 (Tier 1)	PA
<i>meropenem injection 2gm</i>	\$0 (Tier 1)	
<i>meropenem injection 1gm, 500mg</i>	\$0 (Tier 1)	MO
<i>methenamine hippurate</i>	\$0 (Tier 1)	MO
<i>methenamine mandelate</i>	\$0 (Tier 1)	MO
<i>metronidazole capsule 375mg</i>	\$0 (Tier 1)	MO
<i>metronidazole injection 500mg/100ml</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metronidazole tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>neomycin sulfate</i>	\$0 (Tier 1)	MO
<i>nitazoxanide</i>	\$0 (Tier 1)	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	\$0 (Tier 1)	MO
<i>pentamidine isethionate inhalation solution reconstituted</i>	\$0 (Tier 1)	B/D MO
<i>pentamidine isethionate injection</i>	\$0 (Tier 1)	MO
<i>praziquantel</i>	\$0 (Tier 1)	MO
<i>pyrimethamine</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION	\$0 (Tier 1)	
SIVEXTRO TABLET	\$0 (Tier 1)	MO
<i>streptomycin sulfate</i>	\$0 (Tier 1)	MO
<i>sulfadiazine</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim ds</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim injection</i>	\$0 (Tier 1)	MO
<i>tinidazole</i>	\$0 (Tier 1)	MO
TOBI PODHALER	\$0 (Tier 1)	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	\$0 (Tier 1)	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	\$0 (Tier 1)	MO
<i>tobramycin sulfate injection 1.2gm</i>	\$0 (Tier 1)	
<i>tobramycin nebulization solution 300mg/5ml</i>	\$0 (Tier 1)	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	\$0 (Tier 1)	MO
VANCOMYCIN	\$0 (Tier 1)	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	\$0 (Tier 1)	
<i>vancomycin hcl injection 100gm, 10gm</i>	\$0 (Tier 1)	
<i>vancomycin hydrochloride capsule 125mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	\$0 (Tier 1)	
ANTIFUNGALS		
ABELCET	\$0 (Tier 1)	B/D
<i>amphotericin b</i>	\$0 (Tier 1)	B/D MO
<i>amphotericin b liposome</i>	\$0 (Tier 1)	B/D MO
<i>casprofungin acetate</i>	\$0 (Tier 1)	
<i>fluconazole</i>	\$0 (Tier 1)	MO
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	\$0 (Tier 1)	
<i>fluconazole/sodium chloride injection 100mg/50ml</i>	\$0 (Tier 1)	
<i>flucytosine</i>	\$0 (Tier 1)	PA MO
<i>griseofulvin microsize</i>	\$0 (Tier 1)	MO
<i>griseofulvin ultramicrosize</i>	\$0 (Tier 1)	MO
<i>itraconazole capsule</i>	\$0 (Tier 1)	PA MO
<i>ketoconazole tablet 200mg</i>	\$0 (Tier 1)	PA MO
<i>miconazole</i>	\$0 (Tier 1)	
<i>mycamine injection 50mg</i>	\$0 (Tier 1)	MO
<i>nystatin tablet 500000unit</i>	\$0 (Tier 1)	MO
<i>posaconazole suspension</i>	\$0 (Tier 1)	QL (630 ML per 30 days) PA MO
<i>posaconazole dr</i>	\$0 (Tier 1)	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	\$0 (Tier 1)	QL (90 EA per 365 days) MO
<i>voriconazole injection</i>	\$0 (Tier 1)	PA
<i>voriconazole suspension reconstituted</i>	\$0 (Tier 1)	PA MO
<i>voriconazole tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	\$0 (Tier 1)	MO
<i>atovaquone/proguanil hydrochloride</i>	\$0 (Tier 1)	MO
<i>chloroquine phosphate</i>	\$0 (Tier 1)	MO
COARTEM	\$0 (Tier 1)	MO
<i>mefloquine hydrochloride</i>	\$0 (Tier 1)	MO
<i>primaquine phosphate</i>	\$0 (Tier 1)	
<i>quinine sulfate</i>	\$0 (Tier 1)	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	\$0 (Tier 1)	MO

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APTIVUS	\$0 (Tier 1)	MO
<i>atazanavir</i>	\$0 (Tier 1)	MO
<i>atazanavir sulfate</i>	\$0 (Tier 1)	MO
<i>darunavir tablet 800mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDURANT	\$0 (Tier 1)	MO
EDURANT PED	\$0 (Tier 1)	MO
<i>efavirenz tablet 600mg</i>	\$0 (Tier 1)	MO
<i>emtricitabine</i>	\$0 (Tier 1)	MO
EMTRIVA ORAL SOLUTION	\$0 (Tier 1)	MO
<i>etravirine</i>	\$0 (Tier 1)	MO
<i>fosamprenavir calcium</i>	\$0 (Tier 1)	MO
FUZEON	\$0 (Tier 1)	MO; LD
INTELENCE TABLET 25MG	\$0 (Tier 1)	
ISENTRESS HD	\$0 (Tier 1)	MO
ISENTRESS PACKET, TABLET	\$0 (Tier 1)	MO
ISENTRESS TABLET CHEWABLE 25MG	\$0 (Tier 1)	MO
ISENTRESS TABLET CHEWABLE 100MG	\$0 (Tier 1)	MO
<i>lamivudine solution 10mg/ml</i>	\$0 (Tier 1)	MO
<i>lamivudine tablet 150mg, 300mg</i>	\$0 (Tier 1)	MO
<i>maraviroc</i>	\$0 (Tier 1)	MO
<i>nevirapine er</i>	\$0 (Tier 1)	MO
<i>nevirapine tablet</i>	\$0 (Tier 1)	MO
<i>nevirapine suspension</i>	\$0 (Tier 1)	MO
NORVIR PACKET	\$0 (Tier 1)	MO
PIFELTRO	\$0 (Tier 1)	MO
PREZISTA SUSPENSION	\$0 (Tier 1)	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	\$0 (Tier 1)	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	\$0 (Tier 1)	QL (240 EA per 30 days) MO
REYATAZ PACKET	\$0 (Tier 1)	MO
<i>ritonavir</i>	\$0 (Tier 1)	MO
RUKOBIA	\$0 (Tier 1)	MO
SELZENTRY	\$0 (Tier 1)	MO
SUNLENCA TABLET, TABLET THERAPY PACK	\$0 (Tier 1)	MO; LD
SUNLENCA INJECTION	\$0 (Tier 1)	QL (3 ML per 180 days) MO; LD
<i>tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO



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TIVICAY PD	\$0 (Tier 1)	MO
TIVICAY TABLET 10MG	\$0 (Tier 1)	MO
TIVICAY TABLET 25MG, 50MG	\$0 (Tier 1)	MO
TROGARZO	\$0 (Tier 1)	MO; LD
TYBOST	\$0 (Tier 1)	MO
VIRACEPT	\$0 (Tier 1)	MO
VIREAD POWDER, TABLET 150MG, 200MG, 250MG	\$0 (Tier 1)	MO
<i>zidovudine capsule, syrup</i>	\$0 (Tier 1)	MO
<i>zidovudine tablet</i>	\$0 (Tier 1)	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	\$0 (Tier 1)	MO
BIKTARVY	\$0 (Tier 1)	MO
CIMDUO	\$0 (Tier 1)	MO
COMPLERA	\$0 (Tier 1)	MO
DELSTRIGO	\$0 (Tier 1)	MO
DESCOVY	\$0 (Tier 1)	MO
DOVATO	\$0 (Tier 1)	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EVOTAZ	\$0 (Tier 1)	MO
GENVOYA	\$0 (Tier 1)	MO
JULUCA	\$0 (Tier 1)	MO
KALETRA	\$0 (Tier 1)	MO
<i>lamivudine/zidovudine</i>	\$0 (Tier 1)	MO
<i>lopinavir/ritonavir solution</i>	\$0 (Tier 1)	
<i>lopinavir/ritonavir tablet</i>	\$0 (Tier 1)	MO
ODEFSEY	\$0 (Tier 1)	MO

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PREZCOBIX	\$0 (Tier 1)	MO
STRIBILD	\$0 (Tier 1)	MO
SYMTUZA	\$0 (Tier 1)	MO
TRIUMEQ	\$0 (Tier 1)	MO
TRIUMEQ PD	\$0 (Tier 1)	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	\$0 (Tier 1)	MO
<i>ethambutol hydrochloride</i>	\$0 (Tier 1)	MO
<i>isoniazid tablet</i>	\$0 (Tier 1)	MO
<i>isoniazid injection</i>	\$0 (Tier 1)	
<i>isoniazid syrup</i>	\$0 (Tier 1)	MO
PRETOMANID	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
PRIFTIN	\$0 (Tier 1)	MO
<i>pyrazinamide</i>	\$0 (Tier 1)	MO
<i>rifabutin</i>	\$0 (Tier 1)	MO
<i>rifampin capsule</i>	\$0 (Tier 1)	MO
<i>rifampin injection</i>	\$0 (Tier 1)	
SIRTURO	\$0 (Tier 1)	PA; ACS LD
ANTIVIRALS		
<i>acyclovir capsule, suspension, tablet</i>	\$0 (Tier 1)	MO
<i>acyclovir sodium injection</i>	\$0 (Tier 1)	B/D
<i>adefovir dipivoxil</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
BARACLUDGE ORAL SOLUTION	\$0 (Tier 1)	QL (630 ML per 30 days) MO
<i>entecavir</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EPCLUSA	\$0 (Tier 1)	PA; ACS
<i>famciclovir tablet 500mg</i>	\$0 (Tier 1)	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	\$0 (Tier 1)	B/D
HARVONI	\$0 (Tier 1)	PA; ACS
<i>lamivudine tablet 100mg</i>	\$0 (Tier 1)	MO
LIVTENCITY	\$0 (Tier 1)	QL (336 EA per 28 days) PA; LD
MAVYRET	\$0 (Tier 1)	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	\$0 (Tier 1)	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	\$0 (Tier 1)	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	\$0 (Tier 1)	QL (1080 ML per 365 days) MO



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PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	\$0 (Tier 1)	QL (22 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	\$0 (Tier 1)	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	\$0 (Tier 1)	QL (60 EA per 180 days) MO
PEGASYS	\$0 (Tier 1)	PA; ACS LD
PREVYMIS PACKET	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
PREVYMIS TABLET	\$0 (Tier 1)	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	\$0 (Tier 1)	QL (120 EA per 365 days) MO
<i>ribavirin capsule</i>	\$0 (Tier 1)	ACS
<i>ribavirin tablet</i>	\$0 (Tier 1)	ACS
<i>rimantadine hydrochloride</i>	\$0 (Tier 1)	MO
<i>valacyclovir hydrochloride</i>	\$0 (Tier 1)	MO
<i>valganciclovir hydrochloride oral solution</i>	\$0 (Tier 1)	MO
<i>valganciclovir tablet 450mg</i>	\$0 (Tier 1)	MO
VOSEVI	\$0 (Tier 1)	PA; ACS
CEPHALOSPORINS		
CEFACTOR ER	\$0 (Tier 1)	MO
<i>cefaclor suspension reconstituted</i>	\$0 (Tier 1)	
<i>cefaclor capsule</i>	\$0 (Tier 1)	MO
<i>cefadroxil</i>	\$0 (Tier 1)	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	\$0 (Tier 1)	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	\$0 (Tier 1)	
<i>cefazolin sodium intravenous injection 1gm</i>	\$0 (Tier 1)	
<i>cefazolin sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	\$0 (Tier 1)	MO
CEFAZOLIN/DEXTROSE	\$0 (Tier 1)	
CEFAZOLIN INJECTION 2GM/100ML; 4%	\$0 (Tier 1)	
CEFAZOLIN INTRAVENOUS SINGLE DOSE VIAL INJECTION 2GM, 3GM	\$0 (Tier 1)	
<i>cefazolin intramuscular or intravenous injection 3gm</i>	\$0 (Tier 1)	

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<i>cefazolin intramuscular or intravenous injection 2gm</i>	\$0 (Tier 1)	MO
<i>cefdinir</i>	\$0 (Tier 1)	MO
<i>cefepime injection 1gm, 2gm</i>	\$0 (Tier 1)	MO
<i>cefixime capsule</i>	\$0 (Tier 1)	MO
<i>cefixime suspension reconstituted</i>	\$0 (Tier 1)	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	\$0 (Tier 1)	
<i>cefoxitin sodium injection 1gm, 10gm, 2gm</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil</i>	\$0 (Tier 1)	MO
<i>cefprozil</i>	\$0 (Tier 1)	MO
<i>ceftazidime injection 2gm, 6gm</i>	\$0 (Tier 1)	
<i>ceftazidime injection 1gm</i>	\$0 (Tier 1)	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	\$0 (Tier 1)	
CEFTRIAXONE SODIUM INJECTION 100GM	\$0 (Tier 1)	
<i>ceftriaxone sodium intravenous injection 1gm</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 250mg (intramuscular or intravenous), 2gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	\$0 (Tier 1)	MO
<i>cefuroxime axetil tablet</i>	\$0 (Tier 1)	MO
<i>cefuroxime sodium injection 1.5gm</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>cephalexin capsule 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin suspension reconstituted, tablet</i>	\$0 (Tier 1)	MO
<i>tazicef</i>	\$0 (Tier 1)	
TEFLARO	\$0 (Tier 1)	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET	\$0 (Tier 1)	MO
<i>azithromycin tablet</i>	\$0 (Tier 1)	MO
<i>azithromycin suspension reconstituted</i>	\$0 (Tier 1)	MO
<i>azithromycin injection</i>	\$0 (Tier 1)	MO
<i>clarithromycin er</i>	\$0 (Tier 1)	MO
<i>clarithromycin tablet</i>	\$0 (Tier 1)	MO
<i>clarithromycin suspension reconstituted</i>	\$0 (Tier 1)	MO



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DIFICID	\$0 (Tier 1)	MO
<i>erythromycin base</i>	\$0 (Tier 1)	MO
<i>erythromycin dr</i>	\$0 (Tier 1)	MO
<i>erythromycin ethylsuccinate tablet</i>	\$0 (Tier 1)	
<i>erythromycin lactobionate</i>	\$0 (Tier 1)	
<i>fidaxomicin</i>	\$0 (Tier 1)	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	\$0 (Tier 1)	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	\$0 (Tier 1)	MO
<i>levofloxacin in d5w</i>	\$0 (Tier 1)	
<i>levofloxacin injection 25mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 25mg/ml</i>	\$0 (Tier 1)	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	\$0 (Tier 1)	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	\$0 (Tier 1)	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	\$0 (Tier 1)	
<i>moxifloxacin hydrochloride tablet 400mg</i>	\$0 (Tier 1)	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium er</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet chewable</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin capsule, tablet chewable, tablet</i>	\$0 (Tier 1)	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	\$0 (Tier 1)	MO
<i>ampicillin capsule</i>	\$0 (Tier 1)	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	\$0 (Tier 1)	MO
<i>ampicillin-sulbactam</i>	\$0 (Tier 1)	
<i>ampicillin/sulbactam</i>	\$0 (Tier 1)	
BICILLIN L-A	\$0 (Tier 1)	MO
<i>dicloxacillin sodium</i>	\$0 (Tier 1)	MO
EXTENCILLINE	\$0 (Tier 1)	
LENTOCILIN	\$0 (Tier 1)	
<i>naftillin sodium injection 1gm</i>	\$0 (Tier 1)	
<i>naftillin sodium injection 2gm</i>	\$0 (Tier 1)	MO
<i>naftillin sodium injection 10gm</i>	\$0 (Tier 1)	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	\$0 (Tier 1)	
<i>penicillin g potassium</i>	\$0 (Tier 1)	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	\$0 (Tier 1)	
<i>penicillin g sodium</i>	\$0 (Tier 1)	
<i>penicillin v potassium tablet</i>	\$0 (Tier 1)	MO
<i>penicillin v potassium solution reconstituted</i>	\$0 (Tier 1)	MO
<i>piperacillin sodium/tazobactam sodium</i>	\$0 (Tier 1)	
TETRACYCLINES		
<i>doxy 100 injection</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate injection</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate capsule 50mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tablet 150mg</i>	\$0 (Tier 1)	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	\$0 (Tier 1)	MO
<i>minocycline hcl capsule</i>	\$0 (Tier 1)	MO
<i>minocycline hcl tablet</i>	\$0 (Tier 1)	ST MO
<i>minocycline hydrochloride capsule</i>	\$0 (Tier 1)	MO
<i>minocycline hydrochloride tablet</i>	\$0 (Tier 1)	ST MO
<i>mondoxyne nl</i>	\$0 (Tier 1)	
NUZYRA	\$0 (Tier 1)	ACS LD



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<i>tetracycline hydrochloride capsule</i>	\$0 (Tier 1)	MO
<i>tigecycline</i>	\$0 (Tier 1)	
ANTINEOPLASTIC AGENTS		
<i>ALKYLATING AGENTS</i>		
CYCLOPHOSPHAMIDE TABLET	\$0 (Tier 1)	PA
<i>cyclophosphamide capsule</i>	\$0 (Tier 1)	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	\$0 (Tier 1)	ACS
GLEOSTINE CAPSULE 100MG	\$0 (Tier 1)	ACS
LEUKERAN	\$0 (Tier 1)	MO
<i>ANTIMETABOLITES</i>		
INQOVI	\$0 (Tier 1)	QL (5 EA per 28 days) PA; ACS LD
LONSURF	\$0 (Tier 1)	PA; ACS LD
<i>mercaptopurine tablet</i>	\$0 (Tier 1)	MO
<i>mercaptopurine suspension</i>	\$0 (Tier 1)	ACS
<i>methotrexate sodium injection pf 50mg/2ml</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection 1gm/40ml</i>	\$0 (Tier 1)	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection 1gm</i>	\$0 (Tier 1)	
ONUREG	\$0 (Tier 1)	QL (14 EA per 28 days) PA; ACS LD
PURIXAN	\$0 (Tier 1)	ACS LD
TABLOID	\$0 (Tier 1)	MO
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate</i>	\$0 (Tier 1)	PA; ACS
<i>abirtega</i>	\$0 (Tier 1)	PA; ACS
AKEEGA	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
<i>anastrozole</i>	\$0 (Tier 1)	MO
<i>bicalutamide</i>	\$0 (Tier 1)	MO
ELIGARD	\$0 (Tier 1)	PA; ACS
EMCYT	\$0 (Tier 1)	MO
ERLEADA	\$0 (Tier 1)	PA; ACS LD
EULEXIN	\$0 (Tier 1)	
<i>exemestane</i>	\$0 (Tier 1)	MO
FIRMAGON INJECTION 80MG	\$0 (Tier 1)	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	\$0 (Tier 1)	PA; ACS

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<i>letrozole</i>	\$0 (Tier 1)	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	\$0 (Tier 1)	PA; ACS
LYSODREN	\$0 (Tier 1)	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>nilutamide</i>	\$0 (Tier 1)	MO
NUBEQA	\$0 (Tier 1)	PA; ACS LD
ORGOVYX	\$0 (Tier 1)	PA; LD
ORSERDU TABLET 345MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
SOLTAMOX	\$0 (Tier 1)	MO
<i>tamoxifen citrate</i>	\$0 (Tier 1)	MO
<i>toremifene citrate</i>	\$0 (Tier 1)	PA MO
XTANDI	\$0 (Tier 1)	PA; ACS LD
YONSA	\$0 (Tier 1)	PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
POMALYST	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	\$0 (Tier 1)	QL (224 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 150MG, 200MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
ASPARLAS	\$0 (Tier 1)	PA; ACS LD
BESREMI	\$0 (Tier 1)	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	\$0 (Tier 1)	PA; ACS
<i>hydroxyurea</i>	\$0 (Tier 1)	MO
IWILFIN	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD



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MATULANE	\$0 (Tier 1)	LD
MODEYSO	\$0 (Tier 1)	QL (20 EA per 28 days) PA; LD
ONCASPAR	\$0 (Tier 1)	PA; LD
<i>tretinoin capsule 10mg</i>	\$0 (Tier 1)	MO
WELIREG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK	\$0 (Tier 1)	PA; LD
ALUNBRIG TABLET 30MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
AUGTYRO CAPSULE 160MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
AVMAPKI FAKZYNJA CO-PACK	\$0 (Tier 1)	QL (66 EA per 28 days) PA
AYVAKIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	\$0 (Tier 1)	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA CAPSULE	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
BRUKINSA TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA
CABOMETYX	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS LD

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COMETRIQ KIT 100MG DAILY	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
COTELLIC	\$0 (Tier 1)	QL (63 EA per 28 days) PA; ACS LD
DANZITEN	\$0 (Tier 1)	QL (112 EA per 28 days) PA; LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ERIVEDGE	\$0 (Tier 1)	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
EXKIVITY	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
FOTIVDA	\$0 (Tier 1)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
GAVRETO	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
<i>gefitinib</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
GILOTRIF	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
GOMEKLI TABLET SOLUBLE	\$0 (Tier 1)	QL (168 EA per 28 days) PA; LD
GOMEKLI CAPSULE 1MG	\$0 (Tier 1)	QL (126 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
HERNEXEOS	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
IBRANCE	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
IBTROZI	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD



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ICLUSIG TABLET 10MG, 30MG	\$0 (Tier 1)	PA; LD
ICLUSIG TABLET 15MG, 45MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IDHIFA	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	\$0 (Tier 1)	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 70MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
IMKELDI	\$0 (Tier 1)	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
INREBIC	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
JAKAFI	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
KISQALI	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 200 DOSE	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 400 DOSE	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 600 DOSE	\$0 (Tier 1)	PA; ACS
KOSELUGO	\$0 (Tier 1)	PA; LD
KRAZATI	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 12MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD

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LENVIMA 14 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 18 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 20 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 24 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 4 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 8 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LORBRENA TABLET 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	\$0 (Tier 1)	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED	\$0 (Tier 1)	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
NERLYNX	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
NILOTINIB CAPSULE 150MG, 200MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA
NILOTINIB CAPSULE 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA
NINLARO	\$0 (Tier 1)	PA; ACS LD
ODOMZO	\$0 (Tier 1)	PA; ACS LD
OGSIVEO TABLET 50MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD



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OGSIVEO TABLET 100MG, 150MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
OJEMDA TABLET	\$0 (Tier 1)	QL (24 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED	\$0 (Tier 1)	QL (96 ML per 28 days) PA; LD
OJJAARA	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	\$0 (Tier 1)	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS
QINLOCK	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 80MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
RETEVMO CAPSULE 40MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS
RETEVMO TABLET 120MG, 160MG, 80MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
REZLIDHIA	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
<i>romidepsin injection 10mg</i>	\$0 (Tier 1)	ACS
ROMVIMZA	\$0 (Tier 1)	QL (8 EA per 28 days) PA; LD
ROZLYTREK PACKET	\$0 (Tier 1)	QL (336 EA per 28 days) PA; ACS LD
ROZLYTREK CAPSULE 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
RUBRACA	\$0 (Tier 1)	PA; ACS LD
RYDAPT	\$0 (Tier 1)	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 100MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	\$0 (Tier 1)	QL (300 EA per 30 days) PA; ACS LD
SCEMBLIX TABLET 20MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
<i>sorafenib tosylate</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS

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SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
STIVARGA	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
TABRECTA	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE	\$0 (Tier 1)	QL (900 EA per 30 days) PA; ACS LD
TAGRISSE	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
TASIGNA CAPSULE 150MG, 200MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
TAZVERIK	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
TECVAYLI	\$0 (Tier 1)	PA; LD
TEPMETKO	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
TIBSOVO	\$0 (Tier 1)	PA; LD
<i>torpenz</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
TRUQAP	\$0 (Tier 1)	QL (64 EA per 28 days) PA; LD
TRUXIMA	\$0 (Tier 1)	PA; ACS
TUKYSA TABLET 150MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
TURALIO	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VANFLYTA	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK	\$0 (Tier 1)	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
VERZENIO	\$0 (Tier 1)	PA; ACS LD
VITRAKVI SOLUTION	\$0 (Tier 1)	QL (300 ML per 30 days) PA; ACS LD



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VITRAKVI CAPSULE 25MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
VIZIMPRO	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
VONJO	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
XOSPATA	\$0 (Tier 1)	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY	\$0 (Tier 1)	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY	\$0 (Tier 1)	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 10MG	\$0 (Tier 1)	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 40MG, 60MG	\$0 (Tier 1)	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 80MG, 100MG, TWICE WEEKLY 40MG	\$0 (Tier 1)	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV	\$0 (Tier 1)	PA; ACS LD
ZOLINZA	\$0 (Tier 1)	PA; ACS
ZYDELIG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
PROTECTIVE AGENTS		
<i>leucovorin calcium tablet</i>	\$0 (Tier 1)	MO

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<i>mesna</i>	\$0 (Tier 1)	MO
MESNEX TABLET	\$0 (Tier 1)	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>captopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>enalapril maleate/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>lisinopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	\$0 (Tier 1)	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	\$0 (Tier 1)	MO
<i>trandolapril/verapamil hcl er</i>	\$0 (Tier 1)	MO
ACE INHIBITORS		
<i>benazepril hydrochloride</i>	\$0 (Tier 1)	MO
<i>captopril</i>	\$0 (Tier 1)	MO
<i>enalapril maleate tablet</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium</i>	\$0 (Tier 1)	MO
<i>lisinopril</i>	\$0 (Tier 1)	MO
<i>moexipril hydrochloride</i>	\$0 (Tier 1)	MO
<i>perindopril erbumine</i>	\$0 (Tier 1)	MO
<i>quinapril hydrochloride</i>	\$0 (Tier 1)	MO
<i>ramipril</i>	\$0 (Tier 1)	MO
<i>trandolapril</i>	\$0 (Tier 1)	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	\$0 (Tier 1)	MO
KERENDIA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>spironolactone tablet</i>	\$0 (Tier 1)	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	\$0 (Tier 1)	MO
<i>prazosin hydrochloride</i>	\$0 (Tier 1)	MO
<i>terazosin hcl</i>	\$0 (Tier 1)	MO
<i>terazosin hydrochloride</i>	\$0 (Tier 1)	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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<i>amlodipine/olmesartan medoxomil</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBYCLOR	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ENTRESTO	\$0 (Tier 1)	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>sacubitril/valsartan</i>	\$0 (Tier 1)	MO
<i>telmisartan/amlodipine</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBI	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>telmisartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hydrochloride tablet</i>	\$0 (Tier 1)	MO

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<i>amiodarone hydrochloride injection</i>	\$0 (Tier 1)	
<i>disopyramide phosphate</i>	\$0 (Tier 1)	PA MO
<i>dofetilide</i>	\$0 (Tier 1)	ACS
<i>flecainide acetate</i>	\$0 (Tier 1)	MO
LIDOCAINE HCL IN D5W	\$0 (Tier 1)	
LIDOCAINE HCL INJECTION 100MG/5ML	\$0 (Tier 1)	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	\$0 (Tier 1)	
MULTAQ	\$0 (Tier 1)	MO
NORPACE CR	\$0 (Tier 1)	MO
<i>pacerone</i>	\$0 (Tier 1)	
<i>propafenone hcl</i>	\$0 (Tier 1)	MO
<i>propafenone hydrochloride</i>	\$0 (Tier 1)	MO
<i>propafenone hydrochloride er</i>	\$0 (Tier 1)	MO
<i>quinidine sulfate</i>	\$0 (Tier 1)	MO
<i>sorine</i>	\$0 (Tier 1)	
<i>sotalol hcl</i>	\$0 (Tier 1)	MO
<i>sotalol hydrochloride</i>	\$0 (Tier 1)	MO
<i>sotalol hydrochloride (af)</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized</i>	\$0 (Tier 1)	MO
<i>fenofibrate capsule</i>	\$0 (Tier 1)	MO
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate tablet 120mg</i>	\$0 (Tier 1)	MO
<i>fenofibric acid dr</i>	\$0 (Tier 1)	MO
<i>gemfibrozil</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lovastatin</i>	\$0 (Tier 1)	MO
<i>pravastatin sodium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>simvastatin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	\$0 (Tier 1)	MO



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<i>cholestyramine light</i>	\$0 (Tier 1)	MO
<i>colesevelam hydrochloride</i>	\$0 (Tier 1)	MO
<i>colestipol hydrochloride</i>	\$0 (Tier 1)	MO
<i>ezetimibe</i>	\$0 (Tier 1)	MO
<i>ezetimibe/simvastatin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
NEXLETOL	\$0 (Tier 1)	QL (30 EA per 30 days) MO
NEXLIZET	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>niacin</i>	\$0 (Tier 1)	MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	\$0 (Tier 1)	MO
<i>niacin er tablet extended release 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>niacor</i>	\$0 (Tier 1)	MO
<i>omega-3-acid ethyl esters</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>prevalite</i>	\$0 (Tier 1)	
REPATHA	\$0 (Tier 1)	PA
REPATHA PUSHTRONEX SYSTEM	\$0 (Tier 1)	PA
REPATHA SURECLICK	\$0 (Tier 1)	PA
VASCEPA	\$0 (Tier 1)	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>metoprolol/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	\$0 (Tier 1)	MO
<i>atenolol</i>	\$0 (Tier 1)	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate tablet 2.5mg</i>	\$0 (Tier 1)	MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>carvedilol tablet</i>	\$0 (Tier 1)	MO
<i>labetalol hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>labetalol hydrochloride injection</i>	\$0 (Tier 1)	MO
<i>metoprolol succinate er</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate tablet</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate injection</i>	\$0 (Tier 1)	
<i>nadolol</i>	\$0 (Tier 1)	MO

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<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>pindolol</i>	\$0 (Tier 1)	MO
<i>propranolol hcl oral solution, tablet</i>	\$0 (Tier 1)	MO
<i>propranolol hcl injection</i>	\$0 (Tier 1)	
<i>propranolol hydrochloride er</i>	\$0 (Tier 1)	MO
<i>propranolol hydrochloride oral solution, tablet</i>	\$0 (Tier 1)	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	\$0 (Tier 1)	MO
<i>cartia xt</i>	\$0 (Tier 1)	
<i>dilt-xr</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl er</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl tablet</i>	\$0 (Tier 1)	MO
DILTIAZEM HCL INJECTION 100MG	\$0 (Tier 1)	
<i>diltiazem hcl injection 50mg/10ml</i>	\$0 (Tier 1)	
<i>diltiazem hydrochloride er</i>	\$0 (Tier 1)	MO
<i>diltiazem hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>diltiazem hydrochloride injection</i>	\$0 (Tier 1)	
<i>felodipine er</i>	\$0 (Tier 1)	MO
<i>isradipine</i>	\$0 (Tier 1)	MO
<i>matzim la</i>	\$0 (Tier 1)	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	\$0 (Tier 1)	MO
<i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	\$0 (Tier 1)	MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg</i>	\$0 (Tier 1)	MO
<i>nisoldipine er</i>	\$0 (Tier 1)	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 1)	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl</i>	\$0 (Tier 1)	MO
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	\$0 (Tier 1)	MO



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<i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 1)	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	\$0 (Tier 1)	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride er tablet extended release 180mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	\$0 (Tier 1)	MO
VERAPAMIL HYDROCHLORIDE SR	\$0 (Tier 1)	MO
<i>verapamil hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride injection</i>	\$0 (Tier 1)	MO
DIURETICS		
<i>acetazolamide er capsule extended release</i>	\$0 (Tier 1)	MO
<i>acetazolamide tablet</i>	\$0 (Tier 1)	MO
<i>amiloride hcl</i>	\$0 (Tier 1)	MO
<i>amiloride/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>bumetanide tablet</i>	\$0 (Tier 1)	MO
<i>bumetanide injection</i>	\$0 (Tier 1)	MO
<i>chlorthalidone</i>	\$0 (Tier 1)	MO
<i>furosemide oral solution, tablet</i>	\$0 (Tier 1)	MO
<i>furosemide injection</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>indapamide</i>	\$0 (Tier 1)	MO
<i>methazolamide</i>	\$0 (Tier 1)	MO
<i>metolazone</i>	\$0 (Tier 1)	MO
<i>spironolactone/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>toremide</i>	\$0 (Tier 1)	MO
<i>triamterene/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>aliskiren</i>	\$0 (Tier 1)	MO
<i>amlodipine besylate/atorvastatin calcium</i>	\$0 (Tier 1)	MO
<i>clonidine hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr; 0.3mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO

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CORLANOR SOLUTION	\$0 (Tier 1)	
CORLANOR TABLET	\$0 (Tier 1)	MO
<i>digox tablet 250mcg, 125mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	\$0 (Tier 1)	MO
<i>digoxin injection</i>	\$0 (Tier 1)	MO
<i>digoxin tablet 125mcg, 250mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
<i>guanfacine hydrochloride</i>	\$0 (Tier 1)	PA MO
<i>hydralazine hcl</i>	\$0 (Tier 1)	MO
<i>hydralazine hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	\$0 (Tier 1)	MO
<i>ivabradine hydrochloride</i>	\$0 (Tier 1)	MO
<i>metyrosine</i>	\$0 (Tier 1)	PA
<i>midodrine hydrochloride</i>	\$0 (Tier 1)	MO
<i>minoxidil</i>	\$0 (Tier 1)	MO
<i>ranolazine er</i>	\$0 (Tier 1)	MO
VERQUVO	\$0 (Tier 1)	PA MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate tablet 40mg</i>	\$0 (Tier 1)	MO
<i>isosorbide mononitrate</i>	\$0 (Tier 1)	MO
<i>isosorbide mononitrate er</i>	\$0 (Tier 1)	MO
NITRO-BID	\$0 (Tier 1)	MO
<i>nitroglycerin transdermal</i>	\$0 (Tier 1)	MO
NITROGLYCERIN INJECTION 5MG/ML	\$0 (Tier 1)	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	\$0 (Tier 1)	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	\$0 (Tier 1)	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
<i>ambrisentan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>bosentan tablet soluble</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bosentan tablet 125mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium</i>	\$0 (Tier 1)	B/D; ACS
OPSUMIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil citrate tablet (generic Revatio)</i>	\$0 (Tier 1)	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection</i>	\$0 (Tier 1)	QL (1125 ML per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	\$0 (Tier 1)	PA; ACS
UPTRAVI TITRATION PACK	\$0 (Tier 1)	PA; ACS LD
UPTRAVI INJECTION	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 800MCG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 600MCG	\$0 (Tier 1)	QL (150 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 400MCG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 200MCG	\$0 (Tier 1)	QL (480 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 1200MCG, 1400MCG, 1600MCG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 1000MCG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

ALPRAZOLAM INTENSOL	\$0 (Tier 1)	QL (300 ML per 30 days) MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO; HRM
<i>bupirone hcl</i>	\$0 (Tier 1)	MO
<i>bupirone hydrochloride</i>	\$0 (Tier 1)	MO
<i>chlordiazepoxide hcl</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate</i>	\$0 (Tier 1)	MO; HRM
<i>fluvoxamine maleate er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>lorazepam intensol</i>	\$0 (Tier 1)	QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>	\$0 (Tier 1)	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lorazepam tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO; HRM
<i>oxazepam</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	\$0 (Tier 1)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	\$0 (Tier 1)	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er</i>	\$0 (Tier 1)	PA MO
<i>memantine hydrochloride solution</i>	\$0 (Tier 1)	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	\$0 (Tier 1)	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	\$0 (Tier 1)	MO
<i>rivastigmine tartrate capsule</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>amitriptyline hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>amoxapine</i>	\$0 (Tier 1)	MO; HRM
AUVELITY	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide solution</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>desipramine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl caps 75mg, concentrate 10mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride (generic Cymbalta) dr capsule 20mg, 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride (generic Irenka) dr capsule delayed release particles 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
EMSAM	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
ESCITALOPRAM OXALATE CAPSULE	\$0 (Tier 1)	QL (30 EA per 30 days) PA
<i>escitalopram oxalate solution</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	\$0 (Tier 1)	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution, tablet (generic Prozac)</i>	\$0 (Tier 1)	MO; HRM
<i>imipramine hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>imipramine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
MARPLAN	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nortriptyline hcl</i>	\$0 (Tier 1)	MO; HRM
<i>nortriptyline hydrochloride</i>	\$0 (Tier 1)	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	\$0 (Tier 1)	PA MO; HRM
<i>phenelzine sulfate</i>	\$0 (Tier 1)	MO
<i>protriptyline hcl</i>	\$0 (Tier 1)	PA MO; HRM
RALDESY	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
<i>sertraline hcl tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>sertraline hcl concentrate</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 300mg</i>	\$0 (Tier 1)	MO
<i>trimipramine maleate capsule 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride</i>	\$0 (Tier 1)	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>vilazodone hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZURZUVAE CAPSULE 30MG	\$0 (Tier 1)	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	\$0 (Tier 1)	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl solution, tablet</i>	\$0 (Tier 1)	MO
<i>amantadine hcl capsule</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	\$0 (Tier 1)	MO
<i>benztropine mesylate tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>bromocriptine mesylate</i>	\$0 (Tier 1)	MO
<i>carbidopa</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa er</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa odt</i>	\$0 (Tier 1)	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	\$0 (Tier 1)	MO
<i>entacapone</i>	\$0 (Tier 1)	MO
INBRIJA	\$0 (Tier 1)	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride</i>	\$0 (Tier 1)	MO
<i>rasagiline mesylate</i>	\$0 (Tier 1)	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ropinirole hcl</i>	\$0 (Tier 1)	MO
<i>ropinirole hydrochloride</i>	\$0 (Tier 1)	MO
<i>selegiline hcl</i>	\$0 (Tier 1)	MO
<i>trihexyphenidyl hcl oral solution</i>	\$0 (Tier 1)	PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>	\$0 (Tier 1)	PA MO; HRM
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	\$0 (Tier 1)	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA	\$0 (Tier 1)	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO; HRM

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ARISTADA INITIO	\$0 (Tier 1)	HRM
ARISTADA INJECTION 441MG/1.6ML	\$0 (Tier 1)	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	\$0 (Tier 1)	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	\$0 (Tier 1)	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
CAPLYTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	\$0 (Tier 1)	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hydrochloride</i>	\$0 (Tier 1)	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	\$0 (Tier 1)	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	\$0 (Tier 1)	HRM
<i>clozapine tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days); HRM
COBENFY	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
COBENFY STARTER PACK	\$0 (Tier 1)	QL (112 EA per 365 days) PA MO
ERZOFRI INJECTION 39MG/0.25ML	\$0 (Tier 1)	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	\$0 (Tier 1)	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	\$0 (Tier 1)	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	\$0 (Tier 1)	QL (4.5 ML per 365 days)
FANAPT	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK A	\$0 (Tier 1)	PA; HRM
FANAPT TITRATION PACK B	\$0 (Tier 1)	PA
FANAPT TITRATION PACK C	\$0 (Tier 1)	PA
<i>fluphenazine decanoate</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hcl</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hydrochloride elixir, tablet</i>	\$0 (Tier 1)	MO; HRM



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<i>fluphenazine hydrochloride injection</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol decanoate</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol lactate</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol tablet</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol concentrate</i>	\$0 (Tier 1)	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	\$0 (Tier 1)	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	\$0 (Tier 1)	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	\$0 (Tier 1)	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	\$0 (Tier 1)	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	\$0 (Tier 1)	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	\$0 (Tier 1)	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	\$0 (Tier 1)	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	\$0 (Tier 1)	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	\$0 (Tier 1)	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	\$0 (Tier 1)	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	HRM
<i>molindone hydrochloride tablet 25mg</i>	\$0 (Tier 1)	HRM
NUPLAZID	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	\$0 (Tier 1)	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA
OPIPZA FILM 10MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	\$0 (Tier 1)	MO; HRM
<i>pimozide</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 0.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	\$0 (Tier 1)	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
SECUADO	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>thiothixene</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	\$0 (Tier 1)	MO; HRM
VERSACLOZ	\$0 (Tier 1)	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	\$0 (Tier 1)	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	\$0 (Tier 1)	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	\$0 (Tier 1)	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	\$0 (Tier 1)	QL (1 EA per 28 days) PA; ACS HRM



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYPREXA RELPREVV INJECTION 300MG	\$0 (Tier 1)	QL (2 EA per 28 days) PA; ACS HRM
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BRIVIACT TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	\$0 (Tier 1)	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	\$0 (Tier 1)	QL (600 ML per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine tablet</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine suspension</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	\$0 (Tier 1)	MO
<i>carbamazepine tablet chewable 100mg</i>	\$0 (Tier 1)	MO; HRM
<i>clobazam suspension</i>	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	\$0 (Tier 1)	QL (5 EA per 30 days) MO; HRM

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<i>diazepam concentrate</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam tablet</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	\$0 (Tier 1)	MO
DILANTIN INFATABS	\$0 (Tier 1)	MO
DILANTIN-125	\$0 (Tier 1)	MO
<i>divalproex sodium dr</i>	\$0 (Tier 1)	MO
<i>divalproex sodium er</i>	\$0 (Tier 1)	MO
EPIDIOLEX	\$0 (Tier 1)	QL (600 ML per 30 days) PA; ACS LD
<i>epitol</i>	\$0 (Tier 1)	HRM
EPRONTIA	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO
<i>eslicarbazepine acetate tablet 200mg, 400mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ethosuximide capsule</i>	\$0 (Tier 1)	MO
<i>ethosuximide solution</i>	\$0 (Tier 1)	MO
<i>felbamate</i>	\$0 (Tier 1)	MO
FINTEPLA	\$0 (Tier 1)	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	\$0 (Tier 1)	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	\$0 (Tier 1)	MO
FYCOMPA SUSPENSION	\$0 (Tier 1)	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution</i>	\$0 (Tier 1)	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>lacosamide oral solution</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) MO
<i>lacosamide injection</i>	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lacosamide tablet 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>lamotrigine</i>	\$0 (Tier 1)	MO
<i>lamotrigine er</i>	\$0 (Tier 1)	MO
<i>lamotrigine odt</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/blue</i>	\$0 (Tier 1)	
<i>lamotrigine starter kit/green</i>	\$0 (Tier 1)	
<i>lamotrigine starter kit/orange</i>	\$0 (Tier 1)	
<i>levetiracetam er</i>	\$0 (Tier 1)	MO
<i>levetiracetam/sodium chloride</i>	\$0 (Tier 1)	
<i>levetiracetam oral solution, tablet</i>	\$0 (Tier 1)	MO
<i>levetiracetam injection</i>	\$0 (Tier 1)	
LIBERVANT	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>methsuximide</i>	\$0 (Tier 1)	MO
NAYZILAM	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>	\$0 (Tier 1)	MO; HRM
<i>oxcarbazepine suspension</i>	\$0 (Tier 1)	MO; HRM
<i>perampanel tablet 2mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>phenobarbital sodium injection</i>	\$0 (Tier 1)	PA; HRM
<i>phenobarbital tablet</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	\$0 (Tier 1)	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek</i>	\$0 (Tier 1)	MO
<i>phenytoin oral suspension, tablet chewable</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium extended release capsule</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium injection</i>	\$0 (Tier 1)	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>primidone</i>	\$0 (Tier 1)	MO
<i>roweepra</i>	\$0 (Tier 1)	
<i>rufinamide suspension</i>	\$0 (Tier 1)	QL (2760 ML per 30 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rufinamide tablet 200mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) MO
<i>subvenite</i>	\$0 (Tier 1)	
<i>subvenite starter kit/blue</i>	\$0 (Tier 1)	
<i>subvenite starter kit/green</i>	\$0 (Tier 1)	
<i>subvenite starter kit/orange</i>	\$0 (Tier 1)	
SYMPAZAN FILM 5MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	\$0 (Tier 1)	MO
<i>topiramate er</i>	\$0 (Tier 1)	MO
<i>topiramate capsule sprinkle</i>	\$0 (Tier 1)	MO
<i>topiramate solution</i>	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO
<i>topiramate tablet 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	\$0 (Tier 1)	
<i>valproic acid capsule, oral solution</i>	\$0 (Tier 1)	MO
VALTOCO 10 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
<i>vigadrone</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
VIGAFYDE	\$0 (Tier 1)	QL (750 ML per 30 days) PA; LD
<i>vigpoder</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
XCOPRI TITRATION PACK 12.5MG; 25MG	\$0 (Tier 1)	QL (28 EA per 28 days)
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	\$0 (Tier 1)	QL (28 EA per 28 days)
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	\$0 (Tier 1)	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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XCOPRI TABLET 150MG, 200MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ZONISADE	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	\$0 (Tier 1)	MO
<i>zonisamide capsule 50mg</i>	\$0 (Tier 1)	MO; HRM
ZTALMY	\$0 (Tier 1)	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (cd)</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE (GENERIC RELEXXII) 45MG, 63MG, 72MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (osm) tablet extended release (generic Concerta and Relexxii)</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
18mg, 27mg, 36mg, 54mg		
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour (generic Metadate ER and Ritalin SR)</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	\$0 (Tier 1)	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate injection</i>	\$0 (Tier 1)	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	\$0 (Tier 1)	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	\$0 (Tier 1)	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NURTEC	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO
QULIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
UBRELVY	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	\$0 (Tier 1)	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>lithium</i>	\$0 (Tier 1)	MO
<i>lithium carbonate</i>	\$0 (Tier 1)	MO
<i>lithium carbonate er</i>	\$0 (Tier 1)	MO
NUEDEXTA	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet</i>	\$0 (Tier 1)	MO
<i>pyridostigmine bromide er</i>	\$0 (Tier 1)	MO
<i>riluzole</i>	\$0 (Tier 1)	MO
<i>tetrabenazine tablet 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
<i>tetrabenazine tablet 12.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS

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MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
BETASERON	\$0 (Tier 1)	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er</i>	\$0 (Tier 1)	PA; ACS
<i> fingolimod hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i> glatiramer acetate injection 40mg/ml</i>	\$0 (Tier 1)	QL (12 ML per 28 days) PA; ACS
<i> glatiramer acetate injection 20mg/ml</i>	\$0 (Tier 1)	QL (30 ML per 30 days) PA; ACS
<i> glatopa injection 40mg/ml</i>	\$0 (Tier 1)	QL (12 ML per 28 days) PA; ACS
<i> glatopa injection 20mg/ml</i>	\$0 (Tier 1)	QL (30 ML per 30 days) PA; ACS
KESIMPTA	\$0 (Tier 1)	QL (6.4 ML per 365 days) PA; ACS LD
<i> teriflunomide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i> baclofen tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i> baclofen tablet 15mg</i>	\$0 (Tier 1)	MO
<i> chlorzoxazone tablet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO
<i> cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
<i> dantrolene sodium capsule 25mg, 50mg, 100mg</i>	\$0 (Tier 1)	MO
<i> tizanidine hcl</i>	\$0 (Tier 1)	MO
<i> tizanidine hydrochloride</i>	\$0 (Tier 1)	MO
NARCOLEPSY/CATAPLEXY		
<i> armodafinil tablet 150mg, 200mg, 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i> armodafinil tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i> modafinil tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i> modafinil tablet 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	\$0 (Tier 1)	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i> acamprosate calcium dr</i>	\$0 (Tier 1)	MO
<i> buprenorphine hcl tablet sublingual 2mg, 8mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i> buprenorphine hcl/naloxone hcl sublingual tablet</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i> buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i> buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO



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<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>disulfiram</i>	\$0 (Tier 1)	MO
<i>naloxone hcl</i>	\$0 (Tier 1)	MO
<i>naloxone hydrochloride nasal spray</i>	\$0 (Tier 1)	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	\$0 (Tier 1)	
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	\$0 (Tier 1)	MO
<i>naltrexone hydrochloride</i>	\$0 (Tier 1)	MO
NICOTROL INHALER	\$0 (Tier 1)	MO
NICOTROL NS	\$0 (Tier 1)	QL (360 ML per 365 days) MO
<i>varenicline starting month box</i>	\$0 (Tier 1)	PA
<i>varenicline tartrate tablet 1mg, 0.5mg</i>	\$0 (Tier 1)	PA MO
VIVITROL	\$0 (Tier 1)	ACS
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i>	\$0 (Tier 1)	MO
<i>methyltestosterone</i>	\$0 (Tier 1)	PA MO
<i>testosterone cypionate</i>	\$0 (Tier 1)	MO
<i>testosterone enanthate</i>	\$0 (Tier 1)	PA MO
<i>testosterone pump gel 1%</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
ADMELOG	\$0 (Tier 1)	MO
ADMELOG SOLOSTAR	\$0 (Tier 1)	MO
BD ALCOHOL SWABS	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	\$0 (Tier 1)	PA MO
BASAGLAR KWIKPEN	\$0 (Tier 1)	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	\$0 (Tier 1)	PA MO

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BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	\$0 (Tier 1)	PA MO
BD PEN	\$0 (Tier 1)	MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	\$0 (Tier 1)	PA MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	\$0 (Tier 1)	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY	\$0 (Tier 1)	PA MO
FIASP	\$0 (Tier 1)	MO
FIASP FLEXTOUCH	\$0 (Tier 1)	MO
FIASP PENFILL	\$0 (Tier 1)	MO
FIASP PUMPCART	\$0 (Tier 1)	B/D MO
HUMULIN R U-500 (CONCENTRATED)	\$0 (Tier 1)	B/D MO
HUMULIN R U-500 KWIKPEN	\$0 (Tier 1)	MO
LANTUS	\$0 (Tier 1)	MO
LANTUS SOLOSTAR	\$0 (Tier 1)	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG PENFILL	\$0 (Tier 1)	MO
SOLIQUA 100/33	\$0 (Tier 1)	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	\$0 (Tier 1)	MO
TOUJEO SOLOSTAR	\$0 (Tier 1)	MO



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TRESIBA	\$0 (Tier 1)	MO
TRESIBA FLEXTOUCH	\$0 (Tier 1)	MO
XULTOPHY 100/3.6	\$0 (Tier 1)	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
FARXIGA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
GLYXAMBI	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUVIA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JARDIANCE	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JENTADUETO	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
LIRAGLUTIDE	\$0 (Tier 1)	QL (9 ML per 30 days) PA MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>miglitol</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	\$0 (Tier 1)	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	\$0 (Tier 1)	QL (4 ML per 365 days) PA
<i>nateglinide</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
OZEMPIC	\$0 (Tier 1)	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
RYBELSUS TABLET 3MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	\$0 (Tier 1)	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	\$0 (Tier 1)	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	\$0 (Tier 1)	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TRADJENTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TRULICITY	\$0 (Tier 1)	QL (2 ML per 28 days) PA MO
VICTOZA	\$0 (Tier 1)	QL (9 ML per 30 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution</i>	\$0 (Tier 1)	MO
<i>alendronate sodium tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
BILDYOS	\$0 (Tier 1)	QL (1 ML per 180 days); ACS
BILPREVDA	\$0 (Tier 1)	PA
BOMYNTRA	\$0 (Tier 1)	PA
BONSITY	\$0 (Tier 1)	PA; ACS
<i>calcitonin-salmon nasal spray</i>	\$0 (Tier 1)	MO
<i>ibandronate sodium tablet</i>	\$0 (Tier 1)	QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>	\$0 (Tier 1)	QL (3 ML per 90 days) MO
OSENVELT	\$0 (Tier 1)	PA; ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	\$0 (Tier 1)	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	\$0 (Tier 1)	
PROLIA	\$0 (Tier 1)	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>teriparatide injection (brand by Alvogen) 560mcg/2.4ml</i>	\$0 (Tier 1)	PA; ACS
WYOST	\$0 (Tier 1)	PA; ACS LD
XGEVA	\$0 (Tier 1)	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	\$0 (Tier 1)	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	\$0 (Tier 1)	ACS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHELATING AGENTS		
CHEMET	\$0 (Tier 1)	MO
<i>deferasirox packet</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet 90mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	\$0 (Tier 1)	PA; ACS
<i>kionex</i>	\$0 (Tier 1)	
LOKELMA PACKET 10GM	\$0 (Tier 1)	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	\$0 (Tier 1)	QL (96 EA per 30 days) MO
<i>penicillamine tablet</i>	\$0 (Tier 1)	ACS
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	MO
<i>sps</i>	\$0 (Tier 1)	MO
<i>trientine hydrochloride capsule 500mg</i>	\$0 (Tier 1)	PA
<i>trientine hydrochloride capsule 250mg</i>	\$0 (Tier 1)	PA; ACS
CONTRACEPTIVES		
<i>afirmelle</i>	\$0 (Tier 1)	
<i>altavera</i>	\$0 (Tier 1)	
<i>alyacen 1/35</i>	\$0 (Tier 1)	MO
<i>alyacen 7/7/7</i>	\$0 (Tier 1)	
<i>amethia</i>	\$0 (Tier 1)	
<i>amethyst</i>	\$0 (Tier 1)	
<i>apri</i>	\$0 (Tier 1)	
<i>aranelle</i>	\$0 (Tier 1)	MO
<i>ashlyna</i>	\$0 (Tier 1)	
<i>aubra eq</i>	\$0 (Tier 1)	
<i>aurovela 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela 1/20</i>	\$0 (Tier 1)	
<i>aurovela 24 fe</i>	\$0 (Tier 1)	
<i>aurovela fe 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela fe 1/20</i>	\$0 (Tier 1)	MO
<i>aviane</i>	\$0 (Tier 1)	MO
<i>ayuna</i>	\$0 (Tier 1)	
<i>azurette</i>	\$0 (Tier 1)	
<i>balziva</i>	\$0 (Tier 1)	
<i>blisovi 24 fe</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>blisovi fe 1.5/30</i>	\$0 (Tier 1)	MO
<i>blisovi fe 1/20</i>	\$0 (Tier 1)	
<i>briellyn</i>	\$0 (Tier 1)	
<i>camila</i>	\$0 (Tier 1)	
CAMRESE	\$0 (Tier 1)	
CAMRESE LO	\$0 (Tier 1)	
<i>charlotte 24 fe</i>	\$0 (Tier 1)	
<i>chateal eq</i>	\$0 (Tier 1)	
<i>cryselle-28</i>	\$0 (Tier 1)	MO
<i>cyred eq</i>	\$0 (Tier 1)	
<i>dasetta 1/35</i>	\$0 (Tier 1)	
<i>dasetta 7/7/7</i>	\$0 (Tier 1)	
<i>daysee</i>	\$0 (Tier 1)	
<i>deblitane</i>	\$0 (Tier 1)	
<i>delyla</i>	\$0 (Tier 1)	
DEPO-SUBQ PROVERA 104	\$0 (Tier 1)	MO
<i>dolishale</i>	\$0 (Tier 1)	MO
<i>drospirenone/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 1)	MO
<i>elinest</i>	\$0 (Tier 1)	
<i>eluryng</i>	\$0 (Tier 1)	
<i>emzahh</i>	\$0 (Tier 1)	MO
<i>enilloring</i>	\$0 (Tier 1)	MO
<i>enpresse-28</i>	\$0 (Tier 1)	
<i>enskyce</i>	\$0 (Tier 1)	MO
<i>errin</i>	\$0 (Tier 1)	
<i>estarylla</i>	\$0 (Tier 1)	
<i>ethynodiol diacetate/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>etonogestrel/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>falmina</i>	\$0 (Tier 1)	
<i>feirza 1.5/30</i>	\$0 (Tier 1)	
<i>feirza 1/20</i>	\$0 (Tier 1)	
<i>finzala</i>	\$0 (Tier 1)	
<i>galbriela</i>	\$0 (Tier 1)	
<i>hailey 1.5/30</i>	\$0 (Tier 1)	MO

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<i>hailey 24 fe</i>	\$0 (Tier 1)	
<i>hailey fe 1.5/30</i>	\$0 (Tier 1)	
<i>hailey fe 1/20</i>	\$0 (Tier 1)	
<i>haloette</i>	\$0 (Tier 1)	
<i>heather</i>	\$0 (Tier 1)	MO
<i>iclevia</i>	\$0 (Tier 1)	
<i>incassia</i>	\$0 (Tier 1)	
<i>introvale</i>	\$0 (Tier 1)	
<i>isibloom</i>	\$0 (Tier 1)	
<i>jaimiess</i>	\$0 (Tier 1)	
<i>jasmiel</i>	\$0 (Tier 1)	
<i>jencycla</i>	\$0 (Tier 1)	
JOLESSA	\$0 (Tier 1)	
<i>juleber</i>	\$0 (Tier 1)	
<i>junel 1.5/30</i>	\$0 (Tier 1)	
<i>junel 1/20</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30</i>	\$0 (Tier 1)	MO
<i>junel fe 1/20</i>	\$0 (Tier 1)	
<i>junel fe 24</i>	\$0 (Tier 1)	
<i>kaitlib fe</i>	\$0 (Tier 1)	MO
<i>kalliga</i>	\$0 (Tier 1)	
<i>kariva</i>	\$0 (Tier 1)	
<i>kelnor 1/35</i>	\$0 (Tier 1)	MO
<i>kelnor 1/50</i>	\$0 (Tier 1)	
<i>kurvelo</i>	\$0 (Tier 1)	MO
<i>larin 1.5/30</i>	\$0 (Tier 1)	
<i>larin 1/20</i>	\$0 (Tier 1)	
<i>larin 24 fe</i>	\$0 (Tier 1)	
<i>larin fe 1.5/30</i>	\$0 (Tier 1)	
<i>larin fe 1/20</i>	\$0 (Tier 1)	
<i>lessina</i>	\$0 (Tier 1)	MO
<i>levonest</i>	\$0 (Tier 1)	
<i>levonorgestrel and ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>levonorgestrel/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>levora 0.15/30-28</i>	\$0 (Tier 1)	
LILETTA	\$0 (Tier 1)	ACS LD



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lo-zumandimine</i>	\$0 (Tier 1)	MO
<i>loestrin 1.5/30-21</i>	\$0 (Tier 1)	
<i>loestrin 1/20-21</i>	\$0 (Tier 1)	
<i>loestrin fe 1.5/30</i>	\$0 (Tier 1)	
<i>loestrin fe 1/20</i>	\$0 (Tier 1)	
<i>lojaimiess</i>	\$0 (Tier 1)	MO
<i>loryna</i>	\$0 (Tier 1)	
<i>low-ogestrel</i>	\$0 (Tier 1)	
<i>luizza 1.5/30</i>	\$0 (Tier 1)	
<i>luizza 1/20</i>	\$0 (Tier 1)	
<i>lutra</i>	\$0 (Tier 1)	
<i>lyleq</i>	\$0 (Tier 1)	
<i>lyza</i>	\$0 (Tier 1)	
<i>marlissa</i>	\$0 (Tier 1)	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	\$0 (Tier 1)	MO
<i>meleya</i>	\$0 (Tier 1)	
<i>mibelas 24 fe</i>	\$0 (Tier 1)	
MICROGESTIN 1.5/30	\$0 (Tier 1)	
MICROGESTIN 1/20	\$0 (Tier 1)	
MICROGESTIN FE 1.5/30	\$0 (Tier 1)	
MICROGESTIN FE 1/20	\$0 (Tier 1)	
<i>mili</i>	\$0 (Tier 1)	
<i>mono-linyah</i>	\$0 (Tier 1)	
<i>necon 0.5/35-28</i>	\$0 (Tier 1)	
NEXPLANON	\$0 (Tier 1)	ACS LD
<i>nikki</i>	\$0 (Tier 1)	
NORA-BE	\$0 (Tier 1)	
<i>norelgestromin/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet, tablet chewable</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	\$0 (Tier 1)	MO
<i>norethindrone tablet 0.35mg</i>	\$0 (Tier 1)	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	\$0 (Tier 1)	MO
<i>norgestimate/ethinyl estradiol</i>	\$0 (Tier 1)	MO

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<i>norlyda</i>	\$0 (Tier 1)	
<i>norlyroc</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28)</i>	\$0 (Tier 1)	MO
<i>nortrel 1/35 28-day regimen</i>	\$0 (Tier 1)	
<i>nortrel 1/35 21-day regimen</i>	\$0 (Tier 1)	MO
<i>nortrel 7/7/7</i>	\$0 (Tier 1)	
<i>nylia 1/35</i>	\$0 (Tier 1)	
<i>nylia 7/7/7</i>	\$0 (Tier 1)	MO
OCELLA	\$0 (Tier 1)	
<i>orquidea</i>	\$0 (Tier 1)	
<i>orsythia</i>	\$0 (Tier 1)	
<i>philith</i>	\$0 (Tier 1)	
<i>pimtrea</i>	\$0 (Tier 1)	
<i>portia-28</i>	\$0 (Tier 1)	
<i>reclipsen</i>	\$0 (Tier 1)	
RIVELSA	\$0 (Tier 1)	
<i>rosyrah</i>	\$0 (Tier 1)	MO
<i>setlakin</i>	\$0 (Tier 1)	
<i>sharobel</i>	\$0 (Tier 1)	
<i>simliya</i>	\$0 (Tier 1)	
<i>simpesse</i>	\$0 (Tier 1)	MO
<i>sprintec 28</i>	\$0 (Tier 1)	MO
<i>sronyx</i>	\$0 (Tier 1)	
<i>syeda</i>	\$0 (Tier 1)	
<i>tarina 24 fe</i>	\$0 (Tier 1)	
<i>tarina fe 1/20 eq</i>	\$0 (Tier 1)	
TILIA FE	\$0 (Tier 1)	
<i>tri femynor</i>	\$0 (Tier 1)	
<i>tri-estarylla</i>	\$0 (Tier 1)	MO
<i>tri-legest fe</i>	\$0 (Tier 1)	MO
<i>tri-linyah</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla</i>	\$0 (Tier 1)	
<i>tri-lo-marzia</i>	\$0 (Tier 1)	
<i>tri-lo-mili</i>	\$0 (Tier 1)	MO
<i>tri-lo-sprintec</i>	\$0 (Tier 1)	
<i>tri-mili</i>	\$0 (Tier 1)	



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<i>tri-nymyo</i>	\$0 (Tier 1)	
<i>tri-sprintec</i>	\$0 (Tier 1)	
<i>tri-vylibra</i>	\$0 (Tier 1)	
<i>tri-vylibra lo</i>	\$0 (Tier 1)	
<i>turqoz</i>	\$0 (Tier 1)	
<i>tydemy</i>	\$0 (Tier 1)	
<i>valtya 1/50</i>	\$0 (Tier 1)	MO
<i>velivet</i>	\$0 (Tier 1)	MO
<i>vestura</i>	\$0 (Tier 1)	
<i>vienva</i>	\$0 (Tier 1)	
<i>viorele</i>	\$0 (Tier 1)	MO
<i>volnea</i>	\$0 (Tier 1)	MO
<i>vyfemla</i>	\$0 (Tier 1)	MO
<i>vylibra</i>	\$0 (Tier 1)	
<i>wera</i>	\$0 (Tier 1)	
<i>wymzya fe</i>	\$0 (Tier 1)	
<i>xarah fe</i>	\$0 (Tier 1)	
<i>xelria fe</i>	\$0 (Tier 1)	MO
<i>xulane</i>	\$0 (Tier 1)	
<i>zafemy</i>	\$0 (Tier 1)	
<i>zovia 1/35</i>	\$0 (Tier 1)	
<i>zumandimine</i>	\$0 (Tier 1)	
ESTROGENS		
<i>abigale</i>	\$0 (Tier 1)	
<i>abigale lo</i>	\$0 (Tier 1)	
<i>amabelz</i>	\$0 (Tier 1)	MO
<i>dotti</i>	\$0 (Tier 1)	QL (8 EA per 28 days)
DUAVEE	\$0 (Tier 1)	MO
<i>estradiol valerate</i>	\$0 (Tier 1)	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	\$0 (Tier 1)	MO
<i>estradiol oral tablet</i>	\$0 (Tier 1)	MO
<i>estradiol vaginal tablet</i>	\$0 (Tier 1)	MO
<i>estradiol patch weekly</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
<i>estradiol vaginal cream</i>	\$0 (Tier 1)	MO

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ESTRING	\$0 (Tier 1)	QL (1 EA per 90 days) MO
<i>fyavolv</i>	\$0 (Tier 1)	MO
<i>jinteli</i>	\$0 (Tier 1)	
<i>lyllana</i>	\$0 (Tier 1)	QL (8 EA per 28 days)
<i>mimvey</i>	\$0 (Tier 1)	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 1)	MO
PREMARIN	\$0 (Tier 1)	MO
PREMPRO	\$0 (Tier 1)	MO
<i>yuvafem</i>	\$0 (Tier 1)	
GLUCOCORTICOIDS		
<i>dexamethasone</i>	\$0 (Tier 1)	MO
DEXAMETHASONE INTENSOL	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	\$0 (Tier 1)	MO
<i>fludrocortisone acetate</i>	\$0 (Tier 1)	MO
<i>hydrocortisone sodium succinate</i>	\$0 (Tier 1)	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>methylprednisolone tablet</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone acetate injection</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone dose pack</i>	\$0 (Tier 1)	MO
<i>methylprednisolone sodium succinate inj 100mg, 125mg</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone sodium succinate injection 40mg</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone solution</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	\$0 (Tier 1)	B/D MO
PREDNISONE INTENSOL	\$0 (Tier 1)	B/D MO
<i>prednisone tablet</i>	\$0 (Tier 1)	B/D MO
<i>prednisone tablet therapy pack</i>	\$0 (Tier 1)	MO
<i>prednisone solution</i>	\$0 (Tier 1)	B/D MO
SOLU-CORTEF	\$0 (Tier 1)	MO
<i>triamcinolone acetonide injection 10mg/ml</i>	\$0 (Tier 1)	



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<i>triamcinolone acetonide injection 40mg/ml</i>	\$0 (Tier 1)	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i>	\$0 (Tier 1)	MO
ZEGALOGUE	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	\$0 (Tier 1)	
<i>betaine anhydrous</i>	\$0 (Tier 1)	
<i>cabergoline</i>	\$0 (Tier 1)	MO
<i>carglumic acid</i>	\$0 (Tier 1)	PA; LD
CERDELGA	\$0 (Tier 1)	PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days); ACS
CYSTAGON	\$0 (Tier 1)	PA; ACS LD
<i>desmopressin acetate tablet</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate nasal solution</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate pf injection 4mcg/ml</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate injection 4mcg/ml</i>	\$0 (Tier 1)	MO
<i>fomepizole</i>	\$0 (Tier 1)	
GENOTROPIN	\$0 (Tier 1)	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	\$0 (Tier 1)	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 (Tier 1)	PA; ACS
INCRELEX	\$0 (Tier 1)	PA; ACS LD
<i>javvygtor</i>	\$0 (Tier 1)	PA; LD
LEVOCARNITINE TABLET	\$0 (Tier 1)	MO
<i>levocarnitine injection</i>	\$0 (Tier 1)	
<i>levocarnitine oral solution</i>	\$0 (Tier 1)	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	\$0 (Tier 1)	PA; ACS
<i>methergine</i>	\$0 (Tier 1)	

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<i>methylergonovine maleate tablet</i>	\$0 (Tier 1)	MO
<i>mifepristone</i>	\$0 (Tier 1)	PA
<i>nitisinone</i>	\$0 (Tier 1)	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	\$0 (Tier 1)	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	\$0 (Tier 1)	PA; ACS
<i>raloxifene hydrochloride</i>	\$0 (Tier 1)	MO
<i>sapropterin dihydrochloride</i>	\$0 (Tier 1)	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 (Tier 1)	PA; LD
<i>sodium phenylbutyrate</i>	\$0 (Tier 1)	PA; ACS
SOMATULINE DEPOT	\$0 (Tier 1)	PA; ACS LD
SOMAVERT	\$0 (Tier 1)	PA; ACS LD
SYNAREL	\$0 (Tier 1)	MO
<i>tolvaptan tablet therapy pack 30mg; 15mg, 45mg; 15mg, 60mg; 30mg, 90mg; 30mg</i>	\$0 (Tier 1)	PA; ACS
<i>tolvaptan tablet therapy pack 15mg; 15mg</i>	\$0 (Tier 1)	PA; ACS LD
VEOZAH	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>zelvysia</i>	\$0 (Tier 1)	PA
PROGESTINS		
<i>gallifrey</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 40mg/ml</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 625mg/5ml</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate tablet 5mg</i>	\$0 (Tier 1)	MO
<i>progesterone capsule</i>	\$0 (Tier 1)	MO
<i>progesterone injection</i>	\$0 (Tier 1)	MO
THYROID AGENTS		
<i>levo-t</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tablet</i>	\$0 (Tier 1)	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	\$0 (Tier 1)	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 200MCG/5ML	\$0 (Tier 1)	
<i>levoxyl</i>	\$0 (Tier 1)	MO
<i>liomny</i>	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>liothyronine sodium tablet</i>	\$0 (Tier 1)	MO
<i>liothyronine sodium injection</i>	\$0 (Tier 1)	
<i>methimazole</i>	\$0 (Tier 1)	MO
<i>propylthiouracil</i>	\$0 (Tier 1)	MO
SYNTHROID	\$0 (Tier 1)	MO
<i>unithroid tablet 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	
<i>unithroid tablet 100mcg</i>	\$0 (Tier 1)	MO
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	\$0 (Tier 1)	MO
<i>calcitriol injection 1mcg/ml</i>	\$0 (Tier 1)	
<i>calcitriol oral solution 1mcg/ml</i>	\$0 (Tier 1)	MO
<i>doxercalciferol injection</i>	\$0 (Tier 1)	
<i>paricalcitol</i>	\$0 (Tier 1)	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	\$0 (Tier 1)	B/D MO
<i>aprepitant capsule 125mg</i>	\$0 (Tier 1)	B/D MO
<i>compro</i>	\$0 (Tier 1)	MO; HRM
DIMENHYDRINATE	\$0 (Tier 1)	
<i>dronabinol</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED	\$0 (Tier 1)	B/D MO
<i>granisetron hydrochloride tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl</i>	\$0 (Tier 1)	MO; HRM
<i>meclizine hydrochloride</i>	\$0 (Tier 1)	MO
<i>metoclopramide hcl</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride injection</i>	\$0 (Tier 1)	MO
<i>metoclopramide odt</i>	\$0 (Tier 1)	MO
<i>ondansetron hcl tablet</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet</i>	\$0 (Tier 1)	B/D MO
<i>ondansetron hydrochloride injection</i>	\$0 (Tier 1)	MO
<i>ondansetron odt tablet disintegrating 16mg</i>	\$0 (Tier 1)	
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	\$0 (Tier 1)	B/D MO

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<i>prochlorperazine edisylate injection</i>	\$0 (Tier 1)	MO; HRM
<i>prochlorperazine maleate</i>	\$0 (Tier 1)	MO; HRM
<i>prochlorperazine rectal suppository</i>	\$0 (Tier 1)	MO; HRM
<i>promethazine hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride plain</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethegan suppository 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	\$0 (Tier 1)	PA; HRM
<i>scopolamine</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride</i>	\$0 (Tier 1)	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral solution</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride injection</i>	\$0 (Tier 1)	PA MO; HRM
<i>glycopyrrolate tablet 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>glycopyrrolate oral solution</i>	\$0 (Tier 1)	MO
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i>	\$0 (Tier 1)	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	\$0 (Tier 1)	MO
<i>methscopolamine bromide</i>	\$0 (Tier 1)	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	\$0 (Tier 1)	MO
<i>famotidine premixed</i>	\$0 (Tier 1)	
<i>famotidine tablet</i>	\$0 (Tier 1)	MO
<i>famotidine injection</i>	\$0 (Tier 1)	
<i>famotidine suspension reconstituted</i>	\$0 (Tier 1)	MO
<i>nizatidine</i>	\$0 (Tier 1)	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	\$0 (Tier 1)	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	\$0 (Tier 1)	MO
<i>budesonide capsule delayed release particles 3mg</i>	\$0 (Tier 1)	MO
<i>hydrocortisone enema 100mg/60ml</i>	\$0 (Tier 1)	MO
<i>mesalamine dr</i>	\$0 (Tier 1)	MO
<i>mesalamine suppository</i>	\$0 (Tier 1)	MO



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<i>mesalamine enema, kit</i>	\$0 (Tier 1)	MO
<i>sulfasalazine</i>	\$0 (Tier 1)	MO
LAXATIVES		
CLENPIQ	\$0 (Tier 1)	MO
<i>constulose</i>	\$0 (Tier 1)	
<i>enulose</i>	\$0 (Tier 1)	MO
<i>gavilyte-c</i>	\$0 (Tier 1)	MO
<i>gavilyte-g</i>	\$0 (Tier 1)	MO
<i>gavilyte-n/ flavor pack</i>	\$0 (Tier 1)	
<i>generlac</i>	\$0 (Tier 1)	
GOLYTELY	\$0 (Tier 1)	MO
<i>kristalose</i>	\$0 (Tier 1)	PA
<i>lactulose solution</i>	\$0 (Tier 1)	MO
<i>lactulose packet</i>	\$0 (Tier 1)	PA MO
<i>peg-3350/electrolytes</i>	\$0 (Tier 1)	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	\$0 (Tier 1)	MO
PLENVU	\$0 (Tier 1)	MO
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE	\$0 (Tier 1)	MO
SUPREP BOWEL PREP KIT	\$0 (Tier 1)	MO
SUTAB	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
CREON	\$0 (Tier 1)	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	\$0 (Tier 1)	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	\$0 (Tier 1)	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	\$0 (Tier 1)	MO; HRM
GATTEX	\$0 (Tier 1)	PA; ACS LD
LINZESS	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>loperamide hydrochloride</i>	\$0 (Tier 1)	MO
<i>misoprostol</i>	\$0 (Tier 1)	MO
MOVANTIK TABLET 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION	\$0 (Tier 1)	MO
<i>sucralfate tablet</i>	\$0 (Tier 1)	MO

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<i>ursodiol capsule 300mg</i>	\$0 (Tier 1)	MO
<i>ursodiol tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
VOWST	\$0 (Tier 1)	PA; LD
XERMELO	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	\$0 (Tier 1)	PA MO
ZENPEP	\$0 (Tier 1)	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	\$0 (Tier 1)	
<i>lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	\$0 (Tier 1)	QL (42 EA per 30 days) MO
<i>omeprazole</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium injection</i>	\$0 (Tier 1)	
<i>pantoprazole sodium tablet delayed release 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dutasteride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>silodosin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>tadalafil tablet (generic Cialis) 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% irrigation solution</i>	\$0 (Tier 1)	MO
<i>bethanechol chloride</i>	\$0 (Tier 1)	MO
<i>potassium citrate er tablet extended release 540mg</i>	\$0 (Tier 1)	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	\$0 (Tier 1)	MO
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
GEMTESA	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	\$0 (Tier 1)	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>solifenacin succinate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	\$0 (Tier 1)	MO
<i>metronidazole vaginal</i>	\$0 (Tier 1)	MO
<i>miconazole 3 vaginal suppository</i>	\$0 (Tier 1)	MO
<i>terconazole vaginal cream</i>	\$0 (Tier 1)	MO
<i>terconazole suppository</i>	\$0 (Tier 1)	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate capsule 110mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	\$0 (Tier 1)	QL (74 EA per 30 days) MO
ELIQUIS CAPSULE SPRINKLE, TABLET SOLUBLE	\$0 (Tier 1)	QL (120 EA per 30 days)
ELIQUIS TABLET 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	\$0 (Tier 1)	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	\$0 (Tier 1)	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	\$0 (Tier 1)	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	\$0 (Tier 1)	MO
FRAGMIN INJECTION 10000UNIT/4ML	\$0 (Tier 1)	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	\$0 (Tier 1)	MO

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FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	\$0 (Tier 1)	MO
HEPARIN SODIUM/D5W	\$0 (Tier 1)	
HEPARIN SODIUM/DEXTROSE	\$0 (Tier 1)	
HEPARIN SODIUM/NACL 0.45%	\$0 (Tier 1)	
HEPARIN SODIUM/SODIUM CHLORIDE	\$0 (Tier 1)	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	\$0 (Tier 1)	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	\$0 (Tier 1)	MO
<i>jantoven</i>	\$0 (Tier 1)	
<i>warfarin sodium</i>	\$0 (Tier 1)	MO
XARELTO STARTER PACK	\$0 (Tier 1)	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	\$0 (Tier 1)	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (Tier 1)	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	\$0 (Tier 1)	PA; ACS
ZARXIO	\$0 (Tier 1)	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>anagrelide hydrochloride</i>	\$0 (Tier 1)	MO
BERINERT	\$0 (Tier 1)	QL (24 EA per 30 days) PA; ACS
		LD
<i>cilostazol</i>	\$0 (Tier 1)	MO
ENDARI	\$0 (Tier 1)	PA; ACS LD
HAEGARDA INJECTION 3000UNIT	\$0 (Tier 1)	QL (20 EA per 30 days) PA; ACS
		LD
HAEGARDA INJECTION 2000UNIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
		LD
<i>icatibant acetate</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA; ACS



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<i>l-glutamine</i>	\$0 (Tier 1)	PA; ACS
<i>pentoxifylline er</i>	\$0 (Tier 1)	MO
<i>sajazir</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 100MG	\$0 (Tier 1)	PA MO
SIKLOS TABLET 1000MG	\$0 (Tier 1)	PA MO
TAVNEOS	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride</i>	\$0 (Tier 1)	
<i>tranexamic acid tablet</i>	\$0 (Tier 1)	MO
<i>tranexamic acid injection</i>	\$0 (Tier 1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BRILINTA	\$0 (Tier 1)	MO
<i>clopidogrel tablet 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	\$0 (Tier 1)	QL (2 EA per 365 days) MO
<i>dipyridamole</i>	\$0 (Tier 1)	PA MO
<i>prasugrel hydrochloride</i>	\$0 (Tier 1)	MO
<i>ticagrelor</i>	\$0 (Tier 1)	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF (2 SYRINGE)	\$0 (Tier 1)	QL (28 EA per 365 days) PA
ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UVEITIS (4 PEN)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
COSENTYX SENSOREADY PEN	\$0 (Tier 1)	QL (32 ML per 365 days) PA; ACS LD
COSENTYX UNOREADY	\$0 (Tier 1)	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	\$0 (Tier 1)	PA; ACS LD
COSENTYX INJECTION 150MG/ML	\$0 (Tier 1)	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 75MG/0.5ML	\$0 (Tier 1)	QL (8 ML per 365 days) PA; ACS LD
DUPIXENT INJECTION 200MG/1.14ML	\$0 (Tier 1)	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS

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ENBREL MINI	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (8 EA per 365 days) PA; ACS
HUMIRA PEN-PS/UV STARTER	\$0 (Tier 1)	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	\$0 (Tier 1)	QL (56 EA per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (52 EA per 365 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	\$0 (Tier 1)	QL (56 EA per 365 days) PA; ACS
IDACIO (2 PEN)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	\$0 (Tier 1)	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	\$0 (Tier 1)	PA; ACS
PYZCHIVA INJECTION 45MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS
RINVOQ LQ	\$0 (Tier 1)	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	\$0 (Tier 1)	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	\$0 (Tier 1)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	\$0 (Tier 1)	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	\$0 (Tier 1)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	\$0 (Tier 1)	QL (60 ML per 365 days) PA; ACS



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SOTYKTU	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS	\$0 (Tier 1)	QL (4 ML per 28 days) PA; ACS
TREMFYA INJECTION 100MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	\$0 (Tier 1)	QL (20 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	\$0 (Tier 1)	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	\$0 (Tier 1)	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	\$0 (Tier 1)	QL (40 ML per 28 days) PA; ACS
VELSIPITY	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
XELJANZ XR	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	\$0 (Tier 1)	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
YESINTEK INJECTION 45MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate tablet 200mg</i>	\$0 (Tier 1)	MO
JYLAMVO	\$0 (Tier 1)	
<i>leflunomide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	\$0 (Tier 1)	MO
XATMEP	\$0 (Tier 1)	MO
<i>IMMUNOGLOBULINS</i>		
GAMASTAN	\$0 (Tier 1)	B/D; ACS LD
GAMMAKED	\$0 (Tier 1)	PA; ACS LD
GAMUNEX-C	\$0 (Tier 1)	PA; ACS LD
OCTAGAM	\$0 (Tier 1)	PA; ACS LD
PRIVIGEN	\$0 (Tier 1)	PA; ACS LD
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE	\$0 (Tier 1)	PA; ACS LD
ARCALYST	\$0 (Tier 1)	PA; ACS LD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	\$0 (Tier 1)	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	\$0 (Tier 1)	B/D MO
AZATHIOPRINE INJECTION	\$0 (Tier 1)	B/D
<i>azathioprine tablet 50mg</i>	\$0 (Tier 1)	B/D MO
BENLYSTA INJECTION 200MG/ML	\$0 (Tier 1)	PA; ACS LD
<i>cyclosporine capsule, injection</i>	\$0 (Tier 1)	B/D MO
<i>cyclosporine modified</i>	\$0 (Tier 1)	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	\$0 (Tier 1)	B/D MO
<i>engraf capsule</i>	\$0 (Tier 1)	B/D
<i>engraf solution</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil injection</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil suspension reconstituted</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolic acid dr</i>	\$0 (Tier 1)	B/D MO
NULOJIX	\$0 (Tier 1)	B/D
PROGRAF PACKET	\$0 (Tier 1)	B/D MO
REZUROCK	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
SANDIMMUNE ORAL SOLUTION	\$0 (Tier 1)	B/D MO
<i>sirolimus tablet</i>	\$0 (Tier 1)	B/D MO
<i>sirolimus solution</i>	\$0 (Tier 1)	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	\$0 (Tier 1)	B/D MO
VACCINES		
ABRYSVO	\$0 (Tier 1)	QL (1 EA per 999 days)
ACTHIB	\$0 (Tier 1)	
ADACEL	\$0 (Tier 1)	
AREXVY	\$0 (Tier 1)	QL (1 EA per 999 days)
BCG VACCINE	\$0 (Tier 1)	
BEXSERO	\$0 (Tier 1)	
BOOSTRIX	\$0 (Tier 1)	
DAPTACEL	\$0 (Tier 1)	
DENGVAXIA	\$0 (Tier 1)	
ENGERIX-B	\$0 (Tier 1)	B/D
GARDASIL 9	\$0 (Tier 1)	



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HAVRIX	\$0 (Tier 1)	
HEPLISAV-B	\$0 (Tier 1)	B/D
HIBERIX	\$0 (Tier 1)	
IMOVAX RABIES (H.D.C.V.)	\$0 (Tier 1)	B/D
INFANRIX	\$0 (Tier 1)	
IPOL INACTIVATED IPV	\$0 (Tier 1)	
IXIARO	\$0 (Tier 1)	
JYNNEOS	\$0 (Tier 1)	B/D
KINRIX	\$0 (Tier 1)	
M-M-R II	\$0 (Tier 1)	
MENQUADFI	\$0 (Tier 1)	
MENVEO	\$0 (Tier 1)	
MRESVIA	\$0 (Tier 1)	QL (0.5 ML per 999 days)
PEDIARIX	\$0 (Tier 1)	
PEDVAX HIB	\$0 (Tier 1)	
PENBRAYA	\$0 (Tier 1)	
PENMENVY	\$0 (Tier 1)	
PENTACEL	\$0 (Tier 1)	
PRIORIX	\$0 (Tier 1)	
PROQUAD	\$0 (Tier 1)	
QUADRACEL	\$0 (Tier 1)	
RABAVERT	\$0 (Tier 1)	B/D
RECOMBIVAX HB	\$0 (Tier 1)	B/D
ROTARIX	\$0 (Tier 1)	
ROTATEQ	\$0 (Tier 1)	
SHINGRIX	\$0 (Tier 1)	QL (2 EA per 999 days)
TENIVAC	\$0 (Tier 1)	
TICOVAC	\$0 (Tier 1)	
TRUMENBA	\$0 (Tier 1)	
TWINRIX	\$0 (Tier 1)	
TYPHIM VI	\$0 (Tier 1)	
VAQTA	\$0 (Tier 1)	
VARIVAX	\$0 (Tier 1)	
VAXCHORA	\$0 (Tier 1)	
VIMKUNYA	\$0 (Tier 1)	
VIVOTIF	\$0 (Tier 1)	MO

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YF-VAX	\$0 (Tier 1)	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	\$0 (Tier 1)	
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	\$0 (Tier 1)	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/LACTATED RINGERS	\$0 (Tier 1)	
DEXTROSE 5%/NACL 0.33%	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	\$0 (Tier 1)	
<i>dextrose 5%/sodium chloride 0.3%</i>	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	\$0 (Tier 1)	MO
DEXTROSE 5%/NACL 0.225%	\$0 (Tier 1)	
ISOLYTE-P/DEXTROSE 5%	\$0 (Tier 1)	
ISOLYTE-S	\$0 (Tier 1)	B/D
ISOLYTE-S PH 7.4	\$0 (Tier 1)	B/D
KCL 0.075%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.2%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.9%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.9%	\$0 (Tier 1)	
<i>lactated ringers</i>	\$0 (Tier 1)	
MAGNESIUM SULFATE INJECTION	\$0 (Tier 1)	
20GM/500ML, 40GM/1000ML, 4GM/50ML		
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml,</i>	\$0 (Tier 1)	
<i>50%</i>		
<i>multiple electrolytes injection type I</i>	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM	\$0 (Tier 1)	
CHLORIDE		
POTASSIUM CHLORIDE/SODIUM CHLORIDE	\$0 (Tier 1)	
INJECTION 40MEQ/L; 0.9%		
<i>potassium chloride/sodium chloride injection</i>	\$0 (Tier 1)	
<i>20meq/l; 0.45%, 20meq/l; 0.9%</i>		



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POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	\$0 (Tier 1)	
<i>potassium chloride injection 2meq/ml</i>	\$0 (Tier 1)	MO
RINGERS INJECTION	\$0 (Tier 1)	
SODIUM BICARBONATE INJECTION 7.5%	\$0 (Tier 1)	
<i>sodium bicarbonate injection 4.2%</i>	\$0 (Tier 1)	
<i>sodium bicarbonate injection 8.4%</i>	\$0 (Tier 1)	MO
<i>sodium chloride injection 0.45%</i>	\$0 (Tier 1)	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	\$0 (Tier 1)	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	\$0 (Tier 1)	MO
TPN ELECTROLYTES	\$0 (Tier 1)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>effer-k tablet effervescent 25meq</i>	\$0 (Tier 1)	MO
<i>fluoride chewable tablet</i>	\$0 (Tier 1)	MO
<i>klor-con 10</i>	\$0 (Tier 1)	
<i>klor-con 8</i>	\$0 (Tier 1)	
<i>klor-con m10</i>	\$0 (Tier 1)	MO
<i>klor-con m15</i>	\$0 (Tier 1)	
<i>klor-con m20</i>	\$0 (Tier 1)	MO
<i>klor-con powder packet 20meq</i>	\$0 (Tier 1)	
<i>klor-con effervescent tablet</i>	\$0 (Tier 1)	
M-NATAL PLUS	\$0 (Tier 1)	MO
<i>multi-vitamin/fluoride drops</i>	\$0 (Tier 1)	MO
<i>multi-vitamin/fluoride/iron</i>	\$0 (Tier 1)	MO
<i>multivitamin/fluoride</i>	\$0 (Tier 1)	MO
NEONATAL PLUS	\$0 (Tier 1)	MO
NIVA-PLUS	\$0 (Tier 1)	MO
PNV PRENATAL PLUS MULTIVITAMIN	\$0 (Tier 1)	MO
<i>potassium chloride er</i>	\$0 (Tier 1)	MO
<i>potassium chloride packet 20meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral solution 10%, 20%</i>	\$0 (Tier 1)	MO
PRENATAL	\$0 (Tier 1)	MO
PRENATAL PLUS	\$0 (Tier 1)	MO
<i>sodium fluoride solution 0.5mg/ml</i>	\$0 (Tier 1)	MO

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<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
<i>tri-vite/fluoride</i>	\$0 (Tier 1)	MO
<i>vitamins a/c/d/fluoride</i>	\$0 (Tier 1)	MO
WESTAB PLUS	\$0 (Tier 1)	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	\$0 (Tier 1)	B/D
CLINIMIX 4.25%/DEXTROSE 5%	\$0 (Tier 1)	B/D
CLINIMIX 5%/DEXTROSE 15%	\$0 (Tier 1)	B/D
CLINIMIX 5%/DEXTROSE 20%	\$0 (Tier 1)	B/D
CLINIMIX 6/5	\$0 (Tier 1)	B/D
CLINIMIX 8/10	\$0 (Tier 1)	B/D
CLINIMIX 8/14	\$0 (Tier 1)	B/D
<i>clinisol sf 15%</i>	\$0 (Tier 1)	B/D MO
CLINOLIPID	\$0 (Tier 1)	B/D
<i>dextrose 10%</i>	\$0 (Tier 1)	
<i>dextrose 5%</i>	\$0 (Tier 1)	MO
DEXTROSE 50%	\$0 (Tier 1)	B/D
DEXTROSE 70%	\$0 (Tier 1)	B/D
GLUCOSE (DEXTROSE) 50%	\$0 (Tier 1)	B/D
GLUCOSE (DEXTROSE) 70%	\$0 (Tier 1)	B/D
NUTRILIPID	\$0 (Tier 1)	B/D
<i>plenamine</i>	\$0 (Tier 1)	B/D
PREMASOL	\$0 (Tier 1)	B/D
PROSOL	\$0 (Tier 1)	B/D
TRAVASOL	\$0 (Tier 1)	B/D
TROPHAMINE	\$0 (Tier 1)	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc</i>	\$0 (Tier 1)	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/dexamethasone</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	\$0 (Tier 1)	MO



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TOBRADEX OINTMENT	\$0 (Tier 1)	MO
TOBRADEX ST SUSPENSION	\$0 (Tier 1)	MO
<i>tobramycin/dexamethasone</i>	\$0 (Tier 1)	MO
ZYLET	\$0 (Tier 1)	MO
ANTI-INFECTIVES		
<i>bacitracin ophthalmic ointment 500units/gm</i>	\$0 (Tier 1)	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	\$0 (Tier 1)	MO
BESIVANCE	\$0 (Tier 1)	MO
CILOXAN OINTMENT	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>gatifloxacin</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
NATACYN	\$0 (Tier 1)	MO
<i>neo-polycin</i>	\$0 (Tier 1)	
<i>neomycin/bacitracin/polymyxin</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/gramicidin</i>	\$0 (Tier 1)	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>polycin</i>	\$0 (Tier 1)	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium ointment 10%</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium solution 10%</i>	\$0 (Tier 1)	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>trifluridine</i>	\$0 (Tier 1)	MO
XDEMVY	\$0 (Tier 1)	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN	\$0 (Tier 1)	MO
ANTI-INFLAMMATORIES		
ALREX	\$0 (Tier 1)	MO
<i>bromfenac</i>	\$0 (Tier 1)	MO

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BROMSITE	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>difluprednate</i>	\$0 (Tier 1)	MO
FLAREX	\$0 (Tier 1)	MO
FLUOROMETHOLONE	\$0 (Tier 1)	MO
<i>furbiprofen sodium ophthalmic solution 0.03%</i>	\$0 (Tier 1)	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	\$0 (Tier 1)	MO
LOTEMAX OINTMENT	\$0 (Tier 1)	MO
LOTEMAX SM	\$0 (Tier 1)	MO
<i>loteprednol etabonate gel 0.5%, suspension 0.5%</i>	\$0 (Tier 1)	MO
<i>prednisolone acetate</i>	\$0 (Tier 1)	MO
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	\$0 (Tier 1)	MO
PROLENSA	\$0 (Tier 1)	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05%</i>	\$0 (Tier 1)	MO
<i>cromolyn sodium solution 4%</i>	\$0 (Tier 1)	MO
<i>epinastine hcl</i>	\$0 (Tier 1)	MO
ZERVIAE	\$0 (Tier 1)	
ANTI GLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	\$0 (Tier 1)	MO
BETOPTIC-S	\$0 (Tier 1)	MO
<i>brimonidine tartrate/timolol maleate</i>	\$0 (Tier 1)	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	\$0 (Tier 1)	MO
<i>brimonidine tartrate solution 0.2%</i>	\$0 (Tier 1)	MO
<i>brinzolamide</i>	\$0 (Tier 1)	MO
<i>carteolol hcl</i>	\$0 (Tier 1)	MO
COMBIGAN	\$0 (Tier 1)	MO
<i>dorzolamide hcl/timolol maleate</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride/timolol maleate preservative free solution 2%; 0.5%</i>	\$0 (Tier 1)	MO
<i>latanoprost</i>	\$0 (Tier 1)	MO
<i>levobunolol hcl</i>	\$0 (Tier 1)	MO



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LUMIGAN	\$0 (Tier 1)	MO
PHOSPHOLINE IODIDE	\$0 (Tier 1)	LD
<i>pilocarpine hcl ophthalmic solution</i>	\$0 (Tier 1)	MO
<i>pilocarpine hydrochloride tablet solution 1%, 2%, 4%</i>	\$0 (Tier 1)	MO
RHOPRESSA	\$0 (Tier 1)	MO
ROCKLATAN	\$0 (Tier 1)	MO
SIMBRINZA	\$0 (Tier 1)	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	\$0 (Tier 1)	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	\$0 (Tier 1)	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	\$0 (Tier 1)	MO
<i>travoprost</i>	\$0 (Tier 1)	MO
VYZULTA	\$0 (Tier 1)	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	\$0 (Tier 1)	MO
CYSTARAN	\$0 (Tier 1)	PA; LD
EYSUVIS	\$0 (Tier 1)	MO
MIEBO	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>proparacaine hcl</i>	\$0 (Tier 1)	MO
RESTASIS	\$0 (Tier 1)	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	\$0 (Tier 1)	QL (5.5 ML per 30 days) MO
XIIDRA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid</i>	\$0 (Tier 1)	MO
CIPRO HC	\$0 (Tier 1)	MO
CIPROFLOXACIN	\$0 (Tier 1)	MO
<i>ciprofloxacin/dexamethasone flac</i>	\$0 (Tier 1)	MO
<i>fluocinolone acetamide oil 0.01%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone/acetic acid</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hc</i>	\$0 (Tier 1)	MO

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<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>ofloxacin otic solution 0.3%</i>	\$0 (Tier 1)	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	\$0 (Tier 1)	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	\$0 (Tier 1)	B/D MO
TRELEGY ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	\$0 (Tier 1)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	\$0 (Tier 1)	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	\$0 (Tier 1)	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	\$0 (Tier 1)	QL (45 ML per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal solution 0.15%</i>	\$0 (Tier 1)	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	\$0 (Tier 1)	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate oral solution, tablet 4mg</i>	\$0 (Tier 1)	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet</i>	\$0 (Tier 1)	PA MO
<i>cyproheptadine hcl syrup</i>	\$0 (Tier 1)	PA MO; HRM
<i>cyproheptadine hydrochloride tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>desloratadine</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>diphenhydramine hydrochloride</i>	\$0 (Tier 1)	MO; HRM
<i>hydroxyzine hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine pamoate</i>	\$0 (Tier 1)	PA MO; HRM
<i>levocetirizine dihydrochloride tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride solution</i>	\$0 (Tier 1)	MO
<i>olopatadine hcl</i>	\$0 (Tier 1)	QL (30.5 GM per 30 days) MO



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BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	\$0 (Tier 1)	B/D MO
<i>albuterol sulfate syrup, tablet</i>	\$0 (Tier 1)	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	\$0 (Tier 1)	B/D MO
LEVALBUTEROL TARTRATE HFA	\$0 (Tier 1)	QL (30 GM per 30 days) MO
SEREVENT DISKUS	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>terbutaline sulfate</i>	\$0 (Tier 1)	MO
VENTOLIN HFA	\$0 (Tier 1)	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium tablet chewable, tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>montelukast sodium packet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	\$0 (Tier 1)	B/D MO
<i>aminophylline</i>	\$0 (Tier 1)	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	\$0 (Tier 1)	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	\$0 (Tier 1)	QL (2 EA per 30 days) MO
FASENRA PEN	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
KALYDECO TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
OFEV	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD

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ORKAMBI TABLET	\$0 (Tier 1)	QL (112 EA per 28 days) PA; LD
ORKAMBI PACKET	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
<i>pirfenidone capsule</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	\$0 (Tier 1)	PA; LD
PULMOZYME	\$0 (Tier 1)	PA; ACS LD
<i>roflumilast</i>	\$0 (Tier 1)	MO
<i>theophylline solution</i>	\$0 (Tier 1)	MO
<i>theophylline er tablet extended release 24 hour</i>	\$0 (Tier 1)	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	\$0 (Tier 1)	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	\$0 (Tier 1)	MO
TRIKAFTA GRANULES THERAPY PACK	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
TRIKAFTA TABLET THERAPY PACK	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
XOLAIR	\$0 (Tier 1)	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide</i>	\$0 (Tier 1)	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	\$0 (Tier 1)	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	\$0 (Tier 1)	QL (34 GM per 30 days) MO
XHANCE	\$0 (Tier 1)	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO	\$0 (Tier 1)	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 (Tier 1)	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA	\$0 (Tier 1)	QL (32.1 GM per 30 days) MO
BREO ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate</i>	\$0 (Tier 1)	QL (10.2 GM per 30 days) MO
DULERA	\$0 (Tier 1)	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 500mcg/act; 50mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO



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<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol hfa (generic Advair HFA)</i>	\$0 (Tier 1)	QL (12 GM per 30 days) MO
<i>wixela inhub</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>	\$0 (Tier 1)	PA
<i>amnesteem</i>	\$0 (Tier 1)	PA
<i>claravis</i>	\$0 (Tier 1)	PA
<i>clindacin</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>clindamycin phosphate foam 1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel tube 1%</i>	\$0 (Tier 1)	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	\$0 (Tier 1)	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>dapsone gel 5%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	\$0 (Tier 1)	MO
<i>erythromycin/benzoyl peroxide</i>	\$0 (Tier 1)	MO
<i>erythromycin gel 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	\$0 (Tier 1)	PA
<i>sulfacetamide sodium lotion 10%</i>	\$0 (Tier 1)	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	\$0 (Tier 1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mupirocin ointment</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mupirocin cream</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>silver sulfadiazine</i>	\$0 (Tier 1)	MO
SSD	\$0 (Tier 1)	
SULFAMYLON CREAM 85MG/GM	\$0 (Tier 1)	MO

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DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>ciclopirox suspension</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	\$0 (Tier 1)	QL (85 GM per 30 days) MO
ERTACZO	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>ketodan</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>klayesta</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>naftifine hydrochloride cream 1%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>nyamyc</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>nystop</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>selenium sulfide lotion</i>	\$0 (Tier 1)	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	\$0 (Tier 1)	PA MO
<i>calcipotriene solution</i>	\$0 (Tier 1)	QL (60 ML per 30 days) PA MO
<i>calcipotriene cream, ointment</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
<i>calcitrene</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	\$0 (Tier 1)	QL (800 GM per 28 days) PA MO
<i>methoxsalen</i>	\$0 (Tier 1)	MO
<i>tazarotene cream 0.1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
<i>tazarotene cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
<i>tazarotene gel</i>	\$0 (Tier 1)	QL (100 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	\$0 (Tier 1)	
<i>alclometasone dipropionate ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days)



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<i>alclometasone dipropionate cream</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate augmented cream</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate augmented gel, ointment</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate augmented lotion</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate cream, ointment</i>	\$0 (Tier 1)	MO
<i>betamethasone valerate cream, lotion, ointment</i>	\$0 (Tier 1)	MO
<i>clobetasol propionate e</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution</i>	\$0 (Tier 1)	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	\$0 (Tier 1)	QL (118 ML per 30 days)
<i>desonide cream, ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%, ointment 0.25%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide cream</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 1)	MO
<i>fluticasone propionate ointment 0.005%</i>	\$0 (Tier 1)	MO
<i>halobetasol propionate cream</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 1)	MO
<i>mometasone furoate ointment 0.1%</i>	\$0 (Tier 1)	MO

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<i>mometasone furoate solution 0.1%</i>	\$0 (Tier 1)	MO
<i>proctosol hc</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (Tier 1)	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>lidocaine ointment</i>	\$0 (Tier 1)	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>lidocan</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>tridacaine</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>tridacaine ii</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream, lotion</i>	\$0 (Tier 1)	MO
<i>azelaic acid</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	\$0 (Tier 1)	QL (300 ML per 28 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	\$0 (Tier 1)	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	\$0 (Tier 1)	QL (40 GM per 30 days) MO
<i>fluorouracil solution</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 1)	MO
IMIQUIMOD PUMP	\$0 (Tier 1)	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	\$0 (Tier 1)	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	\$0 (Tier 1)	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 1%</i>	\$0 (Tier 1)	MO
<i>metronidazole lotion 0.75%</i>	\$0 (Tier 1)	MO
<i>nitroglycerin ointment 0.4%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
NORITATE	\$0 (Tier 1)	QL (60 GM per 30 days) MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PANRETIN	\$0 (Tier 1)	QL (60 GM per 30 days) PA
<i>pimecrolimus</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>podofilox solution</i>	\$0 (Tier 1)	MO
<i>procto-med hc</i>	\$0 (Tier 1)	
<i>proctocort</i>	\$0 (Tier 1)	
<i>proctozone-hc</i>	\$0 (Tier 1)	
RECTIV	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
VALCHLOR	\$0 (Tier 1)	QL (60 GM per 30 days) PA; LD
ZYCLARA PUMP CREAM 2.5%	\$0 (Tier 1)	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	\$0 (Tier 1)	MO
<i>permethrin cream 5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL	\$0 (Tier 1)	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% irrigation soln</i>	\$0 (Tier 1)	MO
<i>sterile water for irrigation</i>	\$0 (Tier 1)	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	\$0 (Tier 1)	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	\$0 (Tier 1)	MO
<i>clinpro 5000</i>	\$0 (Tier 1)	MO
<i>clotrimazole troche 10mg</i>	\$0 (Tier 1)	MO
<i>denta 5000 plus sensitive</i>	\$0 (Tier 1)	MO
<i>dentagel</i>	\$0 (Tier 1)	MO
<i>fluoridex daily defense</i>	\$0 (Tier 1)	
<i>fluoridex sensitivity relief/sls free</i>	\$0 (Tier 1)	
<i>fluorimax 5000</i>	\$0 (Tier 1)	
<i>fluorimax 5000 sensitive</i>	\$0 (Tier 1)	
<i>fraiche 5000 dental</i>	\$0 (Tier 1)	
<i>just right 5000</i>	\$0 (Tier 1)	
<i>kourzeq</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride viscous solution 2%</i>	\$0 (Tier 1)	MO
<i>lidocaine viscous solution 2%</i>	\$0 (Tier 1)	MO
<i>nystatin suspension 100000unit/ml</i>	\$0 (Tier 1)	MO
<i>oralone dental paste</i>	\$0 (Tier 1)	
<i>periogard</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pilocarpine hydrochloride tablet tablet 5mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>prevident 5000 enamel protect</i>	\$0 (Tier 1)	MO
<i>sf gel 1.1%</i>	\$0 (Tier 1)	MO
<i>sodium fluoride 5000 ppm paste</i>	\$0 (Tier 1)	MO
<i>sodium fluoride 5000 ppm sensitive</i>	\$0 (Tier 1)	MO
<i>sodium fluoride/potassium nitrate/sensitive</i>	\$0 (Tier 1)	MO
<i>sodium fluoride gel 1.1%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide dental paste</i>	\$0 (Tier 1)	MO
NON MEDICARE PART D		
Over the Counter		
<i>600+d3</i>	\$0 (Tier 1)	OTC
<i>acetaminophen</i>	\$0 (Tier 1)	OTC
<i>acetaminophen er 8 hour arthritis pain relief</i>	\$0 (Tier 1)	OTC
<i>acetaminophen extra strength</i>	\$0 (Tier 1)	OTC
<i>acetaminophen junior strength</i>	\$0 (Tier 1)	OTC
<i>acetaminophen rapid tabs childrens</i>	\$0 (Tier 1)	OTC
<i>acetaminophen/aspirin/caffeine</i>	\$0 (Tier 1)	OTC
ACID GONE	\$0 (Tier 1)	OTC
ACIDOPHILUS LACTOBACILLI	\$0 (Tier 1)	OTC
ACIDOPHILUS PROBIOTIC BLEND	\$0 (Tier 1)	OTC
<i>acidophilus/pectin</i>	\$0 (Tier 1)	OTC
ACTIVNUTRIENTS	\$0 (Tier 1)	OTC
<i>adapalene</i>	\$0 (Tier 1)	OTC
ALAHIST D	\$0 (Tier 1)	OTC
ALBUSTIX	\$0 (Tier 1)	OTC
ALCOHOL PREPS	\$0 (Tier 1)	OTC
<i>aluminum/magnesium/simethicone</i>	\$0 (Tier 1)	OTC
<i>ammonium lactate</i>	\$0 (Tier 1)	OTC
<i>antacid & anti-gas maximum strength</i>	\$0 (Tier 1)	OTC
<i>antacid extra strength</i>	\$0 (Tier 1)	OTC
<i>antibiotic + pain relief maximum strength</i>	\$0 (Tier 1)	OTC
<i>anti-dandruff shampoo</i>	\$0 (Tier 1)	OTC
<i>artificial tears</i>	\$0 (Tier 1)	OTC
<i>aspirin regular strength</i>	\$0 (Tier 1)	OTC
ASPIRIN SUPPOSITORY	\$0 (Tier 1)	OTC



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<i>aspirin tablet chewable, tablet, tablet delayed release</i>	\$0 (Tier 1)	OTC
ATABEX OB	\$0 (Tier 1)	OTC
<i>aveeno baby soothing multi-purpose</i>	\$0 (Tier 1)	OTC
AYR NASAL DROPS	\$0 (Tier 1)	OTC
<i>b-1</i>	\$0 (Tier 1)	OTC
<i>b-12</i>	\$0 (Tier 1)	OTC
<i>bacitracin</i>	\$0 (Tier 1)	OTC
<i>bacitracin zinc</i>	\$0 (Tier 1)	OTC
<i>bacitracin/neomycin/polymyxin</i>	\$0 (Tier 1)	OTC
<i>bacitracin/polymyxin</i>	\$0 (Tier 1)	OTC
<i>balmex multi-purpose</i>	\$0 (Tier 1)	OTC
<i>bayer advanced aspirin extra strength</i>	\$0 (Tier 1)	OTC
BD GLUCOSE	\$0 (Tier 1)	OTC
<i>benzoyl peroxide gel 10%, 5%</i>	\$0 (Tier 1)	OTC
BENZOYL PEROXIDE GEL 2.5%	\$0 (Tier 1)	OTC
<i>benzoyl peroxide liquid, lotion</i>	\$0 (Tier 1)	OTC
<i>benzoyl peroxide wash</i>	\$0 (Tier 1)	OTC
BENZYL ALCOHOL	\$0 (Tier 1)	OTC
BENZYL BENZOATE	\$0 (Tier 1)	OTC
BION TEARS	\$0 (Tier 1)	OTC
<i>bisacodyl</i>	\$0 (Tier 1)	OTC
<i>bismuth subsalicylate</i>	\$0 (Tier 1)	OTC
<i>budesonide nasal spray</i>	\$0 (Tier 1)	OTC
<i>butenafine hydrochloride</i>	\$0 (Tier 1)	OTC
CALAMINE	\$0 (Tier 1)	OTC
CALCIUM + D3	\$0 (Tier 1)	OTC
<i>calcium 500 + d</i>	\$0 (Tier 1)	OTC
<i>calcium 500+d</i>	\$0 (Tier 1)	OTC
CALCIUM 500+D3 HIGH POTENCY	\$0 (Tier 1)	OTC
<i>calcium 600 + minerals</i>	\$0 (Tier 1)	OTC
<i>calcium 600/vitamin d</i>	\$0 (Tier 1)	OTC
<i>calcium 600/vitamin d3</i>	\$0 (Tier 1)	OTC
<i>calcium 600+d</i>	\$0 (Tier 1)	OTC
<i>calcium 600+d plus minerals</i>	\$0 (Tier 1)	OTC
<i>calcium 600+d3</i>	\$0 (Tier 1)	OTC

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<i>calcium antacid extra strength</i>	\$0 (Tier 1)	OTC
<i>calcium antacid ultra</i>	\$0 (Tier 1)	OTC
CALCIUM CARBONATE SUSPENSION	\$0 (Tier 1)	OTC
<i>calcium carbonate tablet chewable</i>	\$0 (Tier 1)	OTC
<i>calcium citrate</i>	\$0 (Tier 1)	OTC
<i>calcium oyster shell</i>	\$0 (Tier 1)	OTC
<i>calcium polycarbophil</i>	\$0 (Tier 1)	OTC
<i>calcium tablet 1500mg, 600mg</i>	\$0 (Tier 1)	OTC
CALCIUM TABLET 500MG	\$0 (Tier 1)	OTC
<i>calcium/vitamin d</i>	\$0 (Tier 1)	OTC
<i>calcium+d3</i>	\$0 (Tier 1)	OTC
<i>capsaicin</i>	\$0 (Tier 1)	OTC
<i>carbamide ear drops</i>	\$0 (Tier 1)	OTC
<i>carboxymethylcellulose sodium</i>	\$0 (Tier 1)	OTC
<i>carboxymethylcellulose sodium</i>	\$0 (Tier 1)	OTC
<i>carboxymethylcellulose sodium ophthalmic gel</i>	\$0 (Tier 1)	OTC
<i>carboxymethylcellulose sodium ophthalmic solution eye drops</i>	\$0 (Tier 1)	OTC
CASTOR OIL	\$0 (Tier 1)	OTC
<i>castor oil stimulant laxative</i>	\$0 (Tier 1)	OTC
<i>cerave baby healing ointment</i>	\$0 (Tier 1)	OTC
<i>cetirizine hcl</i>	\$0 (Tier 1)	OTC
<i>cetirizine hydrochloride solution</i>	\$0 (Tier 1)	OTC
<i>cetirizine hydrochloride tablet</i>	\$0 (Tier 1)	OTC
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride</i>	\$0 (Tier 1)	OTC
CHEMSTRIP 2 LN STRIPS	\$0 (Tier 1)	OTC
CHEMSTRIP 9 STRIPS	\$0 (Tier 1)	OTC
CHEMSTRIP UGK	\$0 (Tier 1)	OTC
CHERRY SYRUP	\$0 (Tier 1)	OTC
<i>chewable vitamin c</i>	\$0 (Tier 1)	OTC
<i>children's chewable acetaminophen</i>	\$0 (Tier 1)	OTC
<i>childrens pepto</i>	\$0 (Tier 1)	OTC
CHLOPHEDIANOL/DEXCHLOPHENIRAMINE./ PSEUDOEPHEDRINE	\$0 (Tier 1)	OTC
<i>chloraseptic</i>	\$0 (Tier 1)	OTC



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<i>chlorpheniramine maleate</i>	\$0 (Tier 1)	OTC
<i>chocolated laxative</i>	\$0 (Tier 1)	OTC
<i>cimetidine</i>	\$0 (Tier 1)	OTC
<i>clear eyes natural tears lubricant</i>	\$0 (Tier 1)	OTC
<i>clotrimazole 3</i>	\$0 (Tier 1)	OTC
<i>clotrimazole external cream</i>	\$0 (Tier 1)	OTC
<i>clotrimazole vaginal cream, solution</i>	\$0 (Tier 1)	OTC
<i>cold & cough childrens</i>	\$0 (Tier 1)	OTC
<i>cold/flu daytime relief</i>	\$0 (Tier 1)	OTC
COLEMAN 100 MAX INSECT REPELLENT/ CONTINUOUS SPRAY	\$0 (Tier 1)	OTC
COLEMAN INSECT REPELLENT/HIGH & DRY	\$0 (Tier 1)	OTC
COLEMAN INSECT REPELLENT/SPORTSMEN	\$0 (Tier 1)	OTC
CONDOMS	\$0 (Tier 1)	OTC
<i>corn and callus remover</i>	\$0 (Tier 1)	OTC
<i>cortizone-10 feminine itch relief maximum strength</i>	\$0 (Tier 1)	OTC
COTTONSEED OIL	\$0 (Tier 1)	OTC
<i>cromolyn sodium</i>	\$0 (Tier 1)	OTC
CULTURELLE ADULT ULTIMATEBALANCE	\$0 (Tier 1)	OTC
CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH	\$0 (Tier 1)	OTC
CULTURELLE DIGESTIVE HEALTH	\$0 (Tier 1)	OTC
CULTURELLE HEALTH & WELLNESS	\$0 (Tier 1)	OTC
CULTURELLE ULTIMATE STRENGTH PROBIOTIC	\$0 (Tier 1)	OTC
CUTTER	\$0 (Tier 1)	OTC
CUTTER ALL FAMILY	\$0 (Tier 1)	OTC
CUTTER BACKWOODS DRY	\$0 (Tier 1)	OTC
CUTTER SKINSATIONS	\$0 (Tier 1)	OTC
CUTTER SPORT	\$0 (Tier 1)	OTC
<i>cvs b-1</i>	\$0 (Tier 1)	OTC
<i>cvs b-12</i>	\$0 (Tier 1)	OTC
<i>cvs calcium & vitamin d3</i>	\$0 (Tier 1)	OTC
<i>cvs calcium 600+d</i>	\$0 (Tier 1)	OTC
<i>cvs d3</i>	\$0 (Tier 1)	OTC
CVS INSECT REPELLENT	\$0 (Tier 1)	OTC

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<i>cvs natural tears pf</i>	\$0 (Tier 1)	OTC
<i>cvs scalp relief</i>	\$0 (Tier 1)	OTC
<i>cvs sleep-aid nighttime</i>	\$0 (Tier 1)	OTC
CVS TOTAL HOME INSECT REPELLENT	\$0 (Tier 1)	OTC
<i>cvs vitamin e</i>	\$0 (Tier 1)	OTC
<i>cyanocobalamin</i>	\$0 (Tier 1)	OTC
<i>d3</i>	\$0 (Tier 1)	OTC
<i>day-time pe cold/flu relief</i>	\$0 (Tier 1)	OTC
<i>desitin multi-purpose healing</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan hbr</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan hydrobromide/guaifenesin</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan polistirex er</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan/guaifenesin</i>	\$0 (Tier 1)	OTC
DHS TAR	\$0 (Tier 1)	OTC
<i>dialyvite 800</i>	\$0 (Tier 1)	OTC
DIASTIX	\$0 (Tier 1)	OTC
<i>diclofenac sodium</i>	\$0 (Tier 1)	OTC
<i>dimenhydrinate</i>	\$0 (Tier 1)	OTC
<i>diphenhydramine hcl</i>	\$0 (Tier 1)	OTC
<i>diphenhydramine hcl/zinc acetate</i>	\$0 (Tier 1)	OTC
<i>diphenhydramine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>docosanol</i>	\$0 (Tier 1)	OTC
<i>docusate calcium</i>	\$0 (Tier 1)	OTC
<i>docusate sodium capsule, liquid, tablet</i>	\$0 (Tier 1)	OTC
DOCUSATE SODIUM SYRUP	\$0 (Tier 1)	OTC
<i>dry eye relief drops</i>	\$0 (Tier 1)	OTC
DUREX REALFEEL NON-LATEX	\$0 (Tier 1)	OTC
D-VI-SOL	\$0 (Tier 1)	OTC
<i>e-400</i>	\$0 (Tier 1)	OTC
<i>ed chlorped jr</i>	\$0 (Tier 1)	OTC
<i>effervescent pain relief</i>	\$0 (Tier 1)	OTC
EMPTY CAPSULE SIZE 1 BLUE/POWDER BLUE	\$0 (Tier 1)	OTC
ENCARE	\$0 (Tier 1)	OTC
<i>enema disposable</i>	\$0 (Tier 1)	OTC
<i>eql calcium 600mg/vitamind3</i>	\$0 (Tier 1)	OTC



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<i>eql vitamin b-12</i>	\$0 (Tier 1)	OTC
<i>eql vitamin d3</i>	\$0 (Tier 1)	OTC
<i>ergocalciferol</i>	\$0 (Tier 1)	OTC
<i>esomeprazole magnesium</i>	\$0 (Tier 1)	OTC
<i>esomeprazole magnesium dr24hr</i>	\$0 (Tier 1)	OTC
ETHYL OLEATE	\$0 (Tier 1)	OTC
EX-LAX	\$0 (Tier 1)	OTC
<i>eye allergy relief</i>	\$0 (Tier 1)	OTC
<i>famotidine tablet 10mg</i>	\$0 (Tier 1)	OTC
<i>famotidine tablet 20mg</i>	\$0 (Tier 1)	OTC
FC2 FEMALE CONDOM	\$0 (Tier 1)	OTC
FERRETT'S CHEWABLE IRON	\$0 (Tier 1)	OTC
<i>ferrous fumarate 324</i>	\$0 (Tier 1)	OTC
<i>ferrous gluconate tablet 240mg, 324mg</i>	\$0 (Tier 1)	OTC
FERROUS GLUCONATE TABLET 324MG	\$0 (Tier 1)	OTC
<i>ferrous sulfate solution, tablet</i>	\$0 (Tier 1)	OTC
FERROUS SULFATE TABLET DELAYED RELEASE 324MG	\$0 (Tier 1)	OTC
<i>ferrous sulfate tablet delayed release 325mg</i>	\$0 (Tier 1)	OTC
<i>fexofenadine hcl childrens allergy</i>	\$0 (Tier 1)	OTC
<i>fexofenadine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er</i>	\$0 (Tier 1)	OTC
<i>fiber</i>	\$0 (Tier 1)	OTC
<i>finest nutrition vitamin b-12</i>	\$0 (Tier 1)	OTC
<i>flanders buttocks</i>	\$0 (Tier 1)	OTC
FLAVORX	\$0 (Tier 1)	OTC
<i>fluticasone propionate</i>	\$0 (Tier 1)	OTC
<i>folic acid tablet 1mg</i>	\$0 (Tier 1)	OTC
<i>folic acid tablet 400mcg</i>	\$0 (Tier 1)	OTC
<i>folic acid/vitamin b-6/vitamin b-12</i>	\$0 (Tier 1)	OTC
<i>folplex 2.2</i>	\$0 (Tier 1)	OTC
FORA GTEL BLOOD KETONE TEST STRIPS	\$0 (Tier 1)	OTC
<i>ft calcium+d3</i>	\$0 (Tier 1)	OTC
<i>ft vitamin b-1</i>	\$0 (Tier 1)	OTC
<i>ft vitamin b-12</i>	\$0 (Tier 1)	OTC

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<i>ft vitamin e</i>	\$0 (Tier 1)	OTC
<i>full spectrum b/vitamin c</i>	\$0 (Tier 1)	OTC
GAVISCON	\$0 (Tier 1)	OTC
GENTEAL SEVERE TEARS	\$0 (Tier 1)	OTC
<i>gentel tears liquid drops moderate</i>	\$0 (Tier 1)	OTC
<i>gentel tears mild</i>	\$0 (Tier 1)	OTC
GENTEAL TEARS MODERATE PF	\$0 (Tier 1)	OTC
GENTEAL TEARS SEVERE DAY/NIGHT	\$0 (Tier 1)	OTC
<i>glucose gel</i>	\$0 (Tier 1)	OTC
GLUCOSE TABLET CHEWABLE	\$0 (Tier 1)	OTC
<i>glycerin adult</i>	\$0 (Tier 1)	OTC
GLYCERIN DOES NOT APPLY LIQUID	\$0 (Tier 1)	OTC
<i>glycerin external liquid</i>	\$0 (Tier 1)	OTC
<i>glycerin infant</i>	\$0 (Tier 1)	OTC
<i>glycerin infants & children</i>	\$0 (Tier 1)	OTC
<i>gnp calcium 600 +d3</i>	\$0 (Tier 1)	OTC
GNP PROBIOTIC EXTRA STRENGTH	\$0 (Tier 1)	OTC
<i>gnp vitamin a/d</i>	\$0 (Tier 1)	OTC
<i>gnp vitamin b1</i>	\$0 (Tier 1)	OTC
<i>gnp vitamin b-1</i>	\$0 (Tier 1)	OTC
<i>gnp vitamin b-12</i>	\$0 (Tier 1)	OTC
<i>gnp vitamin e</i>	\$0 (Tier 1)	OTC
GOOD START SUPREME STERILE WATER	\$0 (Tier 1)	OTC
<i>guaifenesin</i>	\$0 (Tier 1)	OTC
<i>guaifenesin er</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/codeine</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/dextromethorphan</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/dextromethorphan hydrobromide</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/pseudoephedrine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>hemorrhoidal</i>	\$0 (Tier 1)	OTC
HISTEX	\$0 (Tier 1)	OTC
<i>hm e vitamin</i>	\$0 (Tier 1)	OTC
<i>hm vitamin b12</i>	\$0 (Tier 1)	OTC
<i>hydrocortisone cream 0.5%</i>	\$0 (Tier 1)	OTC
HYDROCORTISONE CREAM 1%	\$0 (Tier 1)	OTC
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	OTC



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HYDROCORTISONE CREAM 1%	\$0 (Tier 1)	OTC
<i>hydrocortisone lotion</i>	\$0 (Tier 1)	OTC
<i>hydrocortisone ointment 0.5%, 1%</i>	\$0 (Tier 1)	OTC
<i>hydrocortisone ointment 1%</i>	\$0 (Tier 1)	OTC
<i>hydrocortisone/aloe</i>	\$0 (Tier 1)	OTC
<i>hydrolatum</i>	\$0 (Tier 1)	OTC
<i>ibuprofen</i>	\$0 (Tier 1)	OTC
<i>ibuprofen infants</i>	\$0 (Tier 1)	OTC
<i>ibuprofen junior strength</i>	\$0 (Tier 1)	OTC
INSTA-GLUCOSE	\$0 (Tier 1)	OTC
<i>iron 100 plus</i>	\$0 (Tier 1)	OTC
IRON CHEWS PEDIATRIC	\$0 (Tier 1)	OTC
IRON TABLET	\$0 (Tier 1)	OTC
<i>iron tablet extended release</i>	\$0 (Tier 1)	OTC
<i>isopropyl alcohol wipes</i>	\$0 (Tier 1)	OTC
<i>ivermectin</i>	\$0 (Tier 1)	OTC
IVIZIA SEVERE/NIGHT DRY EYES	\$0 (Tier 1)	OTC
<i>just tears eye drops</i>	\$0 (Tier 1)	OTC
<i>kaopectate</i>	\$0 (Tier 1)	OTC
<i>kaopectate extra strength</i>	\$0 (Tier 1)	OTC
KETONE TEST STRIPS	\$0 (Tier 1)	OTC
KETOSTIX	\$0 (Tier 1)	OTC
<i>ketotifen fumarate</i>	\$0 (Tier 1)	OTC
KONSYL DAILY FIBER	\$0 (Tier 1)	OTC
<i>kp calcium 600+d</i>	\$0 (Tier 1)	OTC
<i>kp omega-3 fish oil</i>	\$0 (Tier 1)	OTC
<i>lactobacillus</i>	\$0 (Tier 1)	OTC
LACTOSE MONOHYDRATE	\$0 (Tier 1)	OTC
<i>lansoprazole</i>	\$0 (Tier 1)	OTC
<i>laxative maximum strength</i>	\$0 (Tier 1)	OTC
<i>levocetirizine dihydrochloride</i>	\$0 (Tier 1)	OTC
<i>levonorgestrel</i>	\$0 (Tier 1)	OTC
<i>lice killing shampoo</i>	\$0 (Tier 1)	OTC
<i>lice treatment</i>	\$0 (Tier 1)	OTC
<i>lidocaine</i>	\$0 (Tier 1)	OTC
<i>lidocaine hydrochloride</i>	\$0 (Tier 1)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LOHIST-DM	\$0 (Tier 1)	OTC
<i>loperamide hydrochloride capsule</i>	\$0 (Tier 1)	OTC
<i>loperamide hydrochloride solution, tablet</i>	\$0 (Tier 1)	OTC
LOPERAMIDE HYDROCHLORIDE SUSPENSION	\$0 (Tier 1)	OTC
<i>loratadine</i>	\$0 (Tier 1)	OTC
<i>loratadine childrens</i>	\$0 (Tier 1)	OTC
<i>loratadine-d 12hr</i>	\$0 (Tier 1)	OTC
<i>loratadine-d 24hr</i>	\$0 (Tier 1)	OTC
<i>lubricant eye</i>	\$0 (Tier 1)	OTC
<i>lubricant eye drops</i>	\$0 (Tier 1)	OTC
<i>lubricant eye drops/dual-action</i>	\$0 (Tier 1)	OTC
<i>lubricating eye drops</i>	\$0 (Tier 1)	OTC
<i>maalox childrens</i>	\$0 (Tier 1)	OTC
<i>magnesium</i>	\$0 (Tier 1)	OTC
<i>magnesium citrate</i>	\$0 (Tier 1)	OTC
<i>magnesium oxide</i>	\$0 (Tier 1)	OTC
M-CLEAR WC	\$0 (Tier 1)	OTC
<i>meclizine hydrochloride tablet 12.5mg</i>	\$0 (Tier 1)	OTC
<i>meclizine hydrochloride tablet 25mg</i>	\$0 (Tier 1)	OTC
<i>meclizine hydrochloride tablet chewable</i>	\$0 (Tier 1)	OTC
<i>medi-paste</i>	\$0 (Tier 1)	OTC
<i>melatonin</i>	\$0 (Tier 1)	OTC
<i>miconazole</i>	\$0 (Tier 1)	OTC
<i>miconazole 1</i>	\$0 (Tier 1)	OTC
<i>miconazole 3</i>	\$0 (Tier 1)	OTC
<i>miconazole 3 combination pack</i>	\$0 (Tier 1)	OTC
<i>miconazole 3 combo pack</i>	\$0 (Tier 1)	OTC
MICONAZOLE 7	\$0 (Tier 1)	OTC
<i>miconazole nitrate</i>	\$0 (Tier 1)	OTC
<i>milk of magnesia</i>	\$0 (Tier 1)	OTC
<i>mineral oil</i>	\$0 (Tier 1)	OTC
MINERAL OIL HEAVY	\$0 (Tier 1)	OTC
MINERAL OIL LIGHT	\$0 (Tier 1)	OTC
MOISTURIZING CREAM	\$0 (Tier 1)	OTC
<i>moisturizing lotion</i>	\$0 (Tier 1)	OTC



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mucinex fast-max congestion & headache maximum strength</i>	\$0 (Tier 1)	OTC
<i>mucinex sinus-max severe congestion & pain maximum strength</i>	\$0 (Tier 1)	OTC
<i>mucus dm</i>	\$0 (Tier 1)	OTC
<i>multi complete</i>	\$0 (Tier 1)	OTC
<i>multi vitamin/minerals full spectrum</i>	\$0 (Tier 1)	OTC
<i>multiple vitamins/iron</i>	\$0 (Tier 1)	OTC
<i>multi-vitamin</i>	\$0 (Tier 1)	OTC
<i>multivitamin childrens</i>	\$0 (Tier 1)	OTC
MULTIVITAMIN PLUS IRON CHILDRENS	\$0 (Tier 1)	OTC
MULTIVITAMIN W/IRON/INFANT/TODDLER	\$0 (Tier 1)	OTC
MULTIVITAMIN WITH FLUORIDE	\$0 (Tier 1)	OTC
MULTIVITAMIN/FLUORIDE	\$0 (Tier 1)	OTC
<i>multi-vitamin/fluoride/iron</i>	\$0 (Tier 1)	OTC
<i>multivitamins</i>	\$0 (Tier 1)	OTC
<i>multi-vitamins/iron</i>	\$0 (Tier 1)	OTC
<i>naloxone hydrochloride</i>	\$0 (Tier 1)	OTC
<i>naproxen sodium</i>	\$0 (Tier 1)	OTC
<i>nasal mist</i>	\$0 (Tier 1)	OTC
NATRAPEL	\$0 (Tier 1)	OTC
<i>natural fiber</i>	\$0 (Tier 1)	OTC
<i>nephro vitamins</i>	\$0 (Tier 1)	OTC
<i>nephro-vite</i>	\$0 (Tier 1)	OTC
<i>niacin</i>	\$0 (Tier 1)	OTC
<i>niacin timed release</i>	\$0 (Tier 1)	OTC
<i>niacin tr capsule extended release 250mg</i>	\$0 (Tier 1)	OTC
NIACIN TR CAPSULE EXTENDED RELEASE 500MG	\$0 (Tier 1)	OTC
<i>niacin tr tablet extended release</i>	\$0 (Tier 1)	OTC
<i>nicotine</i>	\$0 (Tier 1)	OTC
<i>nicotine polacrilex</i>	\$0 (Tier 1)	OTC
NICOTINE TRANSDERMAL SYSTEM KIT	\$0 (Tier 1)	OTC
<i>nicotine transdermal system patch 24 hour</i>	\$0 (Tier 1)	OTC
OFF ACTIVE	\$0 (Tier 1)	OTC
OFF DEEP WOODS DRY	\$0 (Tier 1)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OFF DEEP WOODS SPORTSMEN	\$0 (Tier 1)	OTC
OFF FAMILYCARE CLEAN FEEL	\$0 (Tier 1)	OTC
OFF SMOOTH & DRY	\$0 (Tier 1)	OTC
OLIVE OIL	\$0 (Tier 1)	OTC
<i>olopatadine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>omega 3</i>	\$0 (Tier 1)	OTC
<i>omega-3 capsule 120mg; 180mg; 1000mg; 1unit</i>	\$0 (Tier 1)	OTC
OMEGA-3 CAPSULE 308MG; 448MG; 1400MG; 910MG	\$0 (Tier 1)	OTC
<i>omega-3 fish oil</i>	\$0 (Tier 1)	OTC
<i>omeprazole</i>	\$0 (Tier 1)	OTC
<i>omeprazole dr</i>	\$0 (Tier 1)	OTC
<i>omeprazole magnesium</i>	\$0 (Tier 1)	OTC
ONETOUCH ULTRA CONTROL	\$0 (Tier 1)	OTC
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION	\$0 (Tier 1)	OTC
OPILL	\$0 (Tier 1)	OTC
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE	\$0 (Tier 1)	OTC
ORAL SUSPEND	\$0 (Tier 1)	OTC
<i>oxymetazoline hydrochloride</i>	\$0 (Tier 1)	OTC
OYSTER SHELL CALCIUM/D	\$0 (Tier 1)	OTC
<i>paladin</i>	\$0 (Tier 1)	OTC
PATADAY EXTRA STRENGTH	\$0 (Tier 1)	OTC
PCCA SORBITOL LOLLIPOP BASE	\$0 (Tier 1)	OTC
PEDIA-LAX	\$0 (Tier 1)	OTC
PETROLATUM	\$0 (Tier 1)	OTC
<i>phenazopyridine hydrochloride tablet 100mg, 200mg</i>	\$0 (Tier 1)	OTC
<i>phenazopyridine hydrochloride tablet 95mg</i>	\$0 (Tier 1)	OTC
<i>phosphorous</i>	\$0 (Tier 1)	OTC
<i>phospho-trin k500</i>	\$0 (Tier 1)	OTC
<i>phytonadione</i>	\$0 (Tier 1)	OTC
<i>pink bismuth</i>	\$0 (Tier 1)	OTC
<i>pink bismuth maximum strength</i>	\$0 (Tier 1)	OTC
<i>pinworm medicine</i>	\$0 (Tier 1)	OTC



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pinxav</i>	\$0 (Tier 1)	OTC
<i>polyethylene glycol 3350</i>	\$0 (Tier 1)	OTC
<i>polysaccharide-iron complex</i>	\$0 (Tier 1)	OTC
<i>polyvinyl alcohol</i>	\$0 (Tier 1)	OTC
POLY-VI-SOL	\$0 (Tier 1)	OTC
<i>pramoxine hcl</i>	\$0 (Tier 1)	OTC
PRENATABS FA	\$0 (Tier 1)	OTC
PRENATABS RX	\$0 (Tier 1)	OTC
PRENATAL 19	\$0 (Tier 1)	OTC
PRENATAL TABLET 100MG; 0; 200MG; 10MCG; 4MCG; 27MG; 800MCG; 18MG; 2.6MG; 0; 1.7MG; 1.5MG; 5MG; 1200MCG; 25MG, 120MG; 4000UNIT; 200MG; 400UNIT; 8MCG; 0; 0; 0; 28MG; 800MCG; 20MG; 2.6MG; 1.7MG; 0; 1.8MG; 30UNIT; 25MG	\$0 (Tier 1)	OTC
PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	\$0 (Tier 1)	OTC
PRENATAL-U	\$0 (Tier 1)	OTC
PRIMADOPHILUS BIFIDUS	\$0 (Tier 1)	OTC
PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH	\$0 (Tier 1)	OTC
<i>pronutrients calcium+d3</i>	\$0 (Tier 1)	OTC
<i>pseudoephedrine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>pseudoephedrine hydrochloride er maximum strength</i>	\$0 (Tier 1)	OTC
<i>psyllium fiber</i>	\$0 (Tier 1)	OTC
<i>qc pink bismuth</i>	\$0 (Tier 1)	OTC
<i>qc psyllium fiber</i>	\$0 (Tier 1)	OTC
<i>qc vitamin b1</i>	\$0 (Tier 1)	OTC
<i>qc vitamin b12</i>	\$0 (Tier 1)	OTC
<i>qc vitamin e</i>	\$0 (Tier 1)	OTC
<i>ra vitamin b-1</i>	\$0 (Tier 1)	OTC
RANGER READY REPELLENT	\$0 (Tier 1)	OTC
RASPBERRY SYRUP	\$0 (Tier 1)	OTC
<i>redness reliever eye drops</i>	\$0 (Tier 1)	OTC
REFRESH	\$0 (Tier 1)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REFRESH DIGITAL	\$0 (Tier 1)	OTC
REFRESH OPTIVE	\$0 (Tier 1)	OTC
REFRESH OPTIVE ADVANCED	\$0 (Tier 1)	OTC
REFRESH OPTIVE PRESERVATIVE FREE	\$0 (Tier 1)	OTC
REFRESH RELIEVA	\$0 (Tier 1)	OTC
REFRESH RELIEVA PF	\$0 (Tier 1)	OTC
REFRESH TEARS PF	\$0 (Tier 1)	OTC
<i>renal vitamin</i>	\$0 (Tier 1)	OTC
<i>rena-vite</i>	\$0 (Tier 1)	OTC
REPEL FAMILY	\$0 (Tier 1)	OTC
REPEL SPORTSMEN DRY	\$0 (Tier 1)	OTC
REPEL SPORTSMEN MAX	\$0 (Tier 1)	OTC
<i>saline nasal gel</i>	\$0 (Tier 1)	OTC
<i>saline nasal spray infants/childrens</i>	\$0 (Tier 1)	OTC
SAWYER INSECT REPELLENT	\$0 (Tier 1)	OTC
SAWYER PREMIUM INSECT REPELLENT	\$0 (Tier 1)	OTC
<i>scalpicin</i>	\$0 (Tier 1)	OTC
<i>senna smooth</i>	\$0 (Tier 1)	OTC
SENNA SYRUP 176MG/5ML	\$0 (Tier 1)	OTC
<i>senna syrup 8.8mg/5ml</i>	\$0 (Tier 1)	OTC
<i>senna tablet</i>	\$0 (Tier 1)	OTC
<i>sennosides/docusate sodium</i>	\$0 (Tier 1)	OTC
SESAME OIL	\$0 (Tier 1)	OTC
<i>simethicone</i>	\$0 (Tier 1)	OTC
SIMPLE SYRUP	\$0 (Tier 1)	OTC
<i>sleep aid</i>	\$0 (Tier 1)	OTC
<i>sleep-aid</i>	\$0 (Tier 1)	OTC
SM FOAMING ANTACID	\$0 (Tier 1)	OTC
SM SLOW RELEASE IRON	\$0 (Tier 1)	OTC
SODIUM BICARBONATE POWDER	\$0 (Tier 1)	OTC
<i>sodium bicarbonate tablet</i>	\$0 (Tier 1)	OTC
<i>sodium chloride</i>	\$0 (Tier 1)	OTC
SODIUM FLUORIDE	\$0 (Tier 1)	OTC
<i>soothe hydration</i>	\$0 (Tier 1)	OTC
<i>soothe xp</i>	\$0 (Tier 1)	OTC
<i>soothe xp/xtra protection</i>	\$0 (Tier 1)	OTC



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SORBITOL	\$0 (Tier 1)	OTC
<i>sterile water for irrigation</i>	\$0 (Tier 1)	OTC
STEVIA	\$0 (Tier 1)	OTC
STEVIA EXTRACT POWDER 0	\$0 (Tier 1)	OTC
STEVIA EXTRACT POWDER 90%	\$0 (Tier 1)	OTC
STEVIOL GLYCOSIDES	\$0 (Tier 1)	OTC
STEVIOSIDE	\$0 (Tier 1)	OTC
<i>stye</i>	\$0 (Tier 1)	OTC
SUSPENSION VEHICLE	\$0 (Tier 1)	OTC
SYRSPEND SF	\$0 (Tier 1)	OTC
SYRUP VEHICLE	\$0 (Tier 1)	OTC
SYRUP VEHICLE SF	\$0 (Tier 1)	OTC
SYSTANE COMPLETE	\$0 (Tier 1)	OTC
<i>systane contacts soothing drops</i>	\$0 (Tier 1)	OTC
SYSTANE GEL	\$0 (Tier 1)	OTC
<i>terbinafine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>thera-gesic plus</i>	\$0 (Tier 1)	OTC
<i>thiamine hydrochloride</i>	\$0 (Tier 1)	OTC
TODAY SPONGE	\$0 (Tier 1)	OTC
<i>tolnaftate</i>	\$0 (Tier 1)	OTC
<i>triamcinolone acetonide</i>	\$0 (Tier 1)	OTC
TRIAMINIC FEVER REDUCER PAIN RELIEVER INFANTS	\$0 (Tier 1)	OTC
<i>tri-buffered aspirin</i>	\$0 (Tier 1)	OTC
TRINATE	\$0 (Tier 1)	OTC
<i>triple antibiotic plus pain reliever maximum strength</i>	\$0 (Tier 1)	OTC
<i>triprolidine hci</i>	\$0 (Tier 1)	OTC
<i>triprolidine hydrochloride</i>	\$0 (Tier 1)	OTC
TRI-VI-SOL A/C/D	\$0 (Tier 1)	OTC
TRI-VITE/FLUORIDE	\$0 (Tier 1)	OTC
<i>true vitamin b1</i>	\$0 (Tier 1)	OTC
<i>true vitamin b12</i>	\$0 (Tier 1)	OTC
<i>true vitamin d3</i>	\$0 (Tier 1)	OTC
<i>true vitamin e</i>	\$0 (Tier 1)	OTC
TRUSTEX LUBRICATED/SPERMICIDE	\$0 (Tier 1)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUSTEX NON-LUBRICATED	\$0 (Tier 1)	OTC
TUSNEL C	\$0 (Tier 1)	OTC
<i>tussin cough</i>	\$0 (Tier 1)	OTC
<i>tussin cough long-acting</i>	\$0 (Tier 1)	OTC
<i>tussin dm max</i>	\$0 (Tier 1)	OTC
<i>ultra-mega</i>	\$0 (Tier 1)	OTC
ULTRATHON INSECT REPELLENT 8	\$0 (Tier 1)	OTC
<i>urea</i>	\$0 (Tier 1)	OTC
<i>urinary pain relief</i>	\$0 (Tier 1)	OTC
<i>uristat ultra/cranberry</i>	\$0 (Tier 1)	OTC
<i>vagisil</i>	\$0 (Tier 1)	OTC
VCF VAGINAL CONTRACEPTIVE FILM	\$0 (Tier 1)	OTC
VCF VAGINAL CONTRACEPTIVEGEL	\$0 (Tier 1)	OTC
<i>vicks dayquil cold & flu</i>	\$0 (Tier 1)	OTC
VITAMIN A/C/D INFANT/TODDLER	\$0 (Tier 1)	OTC
<i>vitamin b-1</i>	\$0 (Tier 1)	OTC
<i>vitamin b-12</i>	\$0 (Tier 1)	OTC
<i>vitamin b-6</i>	\$0 (Tier 1)	OTC
<i>vitamin c</i>	\$0 (Tier 1)	OTC
<i>vitamin d capsule 400unit</i>	\$0 (Tier 1)	OTC
<i>vitamin d capsule 50000unit</i>	\$0 (Tier 1)	OTC
<i>vitamin d-3</i>	\$0 (Tier 1)	OTC
<i>vitamin d3 400</i>	\$0 (Tier 1)	OTC
<i>vitamin d3 capsule, tablet chewable, liquid, tablet</i>	\$0 (Tier 1)	OTC
<i>vitamin d3 gummies</i>	\$0 (Tier 1)	OTC
VITAMIN D3 TABLET DISINTEGRATING	\$0 (Tier 1)	OTC
<i>vitamin e</i>	\$0 (Tier 1)	OTC
<i>vitamin e high potency</i>	\$0 (Tier 1)	OTC
VITAMINS A/C/D/FLUORIDE	\$0 (Tier 1)	OTC
<i>wart remover maximum strength</i>	\$0 (Tier 1)	OTC
XANTHAN GUM	\$0 (Tier 1)	OTC
<i>zinc oxide</i>	\$0 (Tier 1)	OTC



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D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

Drug Name	Page #	Drug Name	Page #
Symbols			
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A		AIRSUPRA.....	94
<i>abacavir</i>	21, 23	AKEEGA	29
<i>abacavir sulfate/lamivudine</i>	23	<i>ala-cort</i>	96
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