

2025 List of Covered Drugs/Formulary

Aetna Better Health[®] Premier Plan MMAI

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

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



Aetna Better Health Premier Plan MMAI | 2025 *List of Covered Drugs* (Formulary)

Introduction

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

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

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

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If you have questions, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://www.aetnabetterhealth.com/illinois)**.

A. Disclaimers

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

- ❖ Aetna Better Health Premier Plan MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. Someone that speaks Spanish, Somali can help you. This is a free service.
- ❖ Tenemos servicios gratuitos de interpretación para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para obtener un intérprete, llámenos al **1-866-600-2139 (TTY: 711)**, durante las 24 horas, los 7 días de la semana. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.
- ❖ Waxaanu haynaa adeegyada turjumaada oo bilaash ah si looga jawaabo su'aalo kasta oo aad ka qabto wax ku saabsan caafimaadkayaga ama qorshaha dawada. Si loo helo turjubaan soo wac lambarka **1-866-600-2139 (TTY: 711)**, 24 saacadood maalintii, 7 maalmood todobaadkii. Qof ku hadla Soomaali ayaa ku caawin kara. Tani waa adeeg bilaash ah.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ❖ This document is available for free in Spanish.
- ❖ If you wish to make or change a standing request to receive materials in a language other than English, or in an alternate format, you can call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ❖ The formulary may change at any time. You will receive notice when necessary.



B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 1 are the drugs covered by Aetna Better Health Premier Plan MMAI. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

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

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

B2. Does the Drug List ever change?

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

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

- Decide to require or not require prior authorization (PA) or approval for a drug. (PA is permission from Aetna Better Health Premier Plan MMAI before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

This section is continued on the next page.



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

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

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

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

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

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

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug but your cost for the new drug will stay the same. When we add the new generic 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 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.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or 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.

This section is continued on the next page.

If you have questions, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Illinois**.



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

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

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of medication in an outpatient setting and 31-day supply of medication in a long-term care facility after you ask for a refill.

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

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

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

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

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

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

This section is continued on the next page.



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

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

The table of drugs in section C1 has a column labeled “Necessary actions, restrictions, or limits on use.”

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it in Section D.

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

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

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

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

If you have questions, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit AetnaBetterHealth.com/Illinois.



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

We can help. We may cover a temporary 30-day supply of medication in an outpatient setting and 31-day supply of medication in a long-term care facility of your drug during the first 90 days you are a member of Aetna Better Health Premier Plan MMAI. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30-day supply of medication in an outpatient setting and 31-day supply of medication in a long-term care facility.

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

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by Aetna Better Health Premier Plan MMAI, **or**
- you are taking a drug that is part of a step therapy restriction.

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

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

Current members with a change in level of care

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

This section is continued on the next page.



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

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

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

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

Yes. You can ask Aetna Better Health Premier Plan MMAI to make an exception to cover a drug that is not on the Drug List.

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

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

B11. How can I ask for an exception?

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

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

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

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



B13. What are generic drugs?

There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

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

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

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

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

B15. What are OTC drugs?

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

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

B16. Does Aetna Better Health Premier Plan MMAI cover non-drug OTC products?

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

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

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

B17. What is my copay?

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



X **If you have questions**, please call Aetna Better Health Premier Plan MMAI at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Illinois](https://www.aetna.com/illinois)**.

B18. What are drug tiers?

Tiers are groups of drugs on our Drug List.

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

All tiers have no copay.



C. Overview of the *List of Covered Drugs*

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

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

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

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

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

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

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



C1. Drugs Grouped by Medical Condition

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

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

* = Non-Part D drugs or OTC items that are covered by Medicaid

PA = Prior Authorization	QL = Quantity Limits	ST = Step Therapy
NM = Not available at Mail-order	B/D = Covered under Medicare B or D	
NDS = Non-Extended Days Supply		

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply.

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol tab 100 mg</i>	\$0(1)	
<i>allopurinol tab 300 mg</i>	\$0(1)	
<i>colchicine cap 0.6 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>colchicine tab 0.6 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0(1)	
MITIGARE CAP 0.6MG	\$0(2)	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>acetaminophen liquid 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen soln 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen suppos 120 mg</i>	\$0(3)	NM; *
<i>acetaminophen susp 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen tab 325 mg</i>	\$0(3)	NM; *
<i>acetaminophen tab 500 mg</i>	\$0(3)	NM; *
<i>aspirin adult low dose</i>	\$0(3)	NM; *
<i>aspirin chew tab 81 mg</i>	\$0(3)	NM; *
<i>aspirin low dose</i>	\$0(3)	NM; *
<i>aspirin low strength</i>	\$0(3)	NM; *
<i>aspirin regimen</i>	\$0(3)	NM; *
<i>aspirin tab 325 mg</i>	\$0(3)	NM; *
<i>aspirin tab delayed release 325 mg</i>	\$0(3)	NM; *
<i>childrens acetaminophen</i>	\$0(3)	NM; *
<i>ed-apap</i>	\$0(3)	NM; *
<i>feverall childrens</i>	\$0(3)	NM; *
FEVERALL INF SUP 80MG	\$0(3)	NM; *
FEVERALL SUP 325MG	\$0(3)	NM; *
<i>ft aspirin</i>	\$0(3)	NM; *
<i>ft aspirin low dose</i>	\$0(3)	NM; *
<i>ft enteric coated aspirin</i>	\$0(3)	NM; *
<i>ft migraine relief</i>	\$0(3)	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply.

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ft pain relief</i>	\$0(3)	NM; *
<i>ft pain relief adult extr</i>	\$0(3)	NM; *
<i>gnp acetaminophen</i>	\$0(3)	NM; *
<i>gnp adult aspirin low str</i>	\$0(3)	NM; *
<i>gnp aspirin</i>	\$0(3)	NM; *
<i>gnp aspirin low dose</i>	\$0(3)	NM; *
<i>gnp headache relief extra</i>	\$0(3)	NM; *
<i>gnp infants pain/fever</i>	\$0(3)	NM; *
<i>gnp migraine relief</i>	\$0(3)	NM; *
<i>gnp pain & fever children</i>	\$0(3)	NM; *
<i>gnp pain & fever infants</i>	\$0(3)	NM; *
<i>gnp pain relief</i>	\$0(3)	NM; *
<i>gnp pain relief extra str</i>	\$0(3)	NM; *
<i>goodsense aspirin</i>	\$0(3)	NM; *
<i>goodsense aspirin adults</i>	\$0(3)	NM; *
<i>goodsense migraine formul</i>	\$0(3)	NM; *
<i>goodsense pain & fever ch</i>	\$0(3)	NM; *
<i>goodsense pain & fever in</i>	\$0(3)	NM; *
<i>goodsense pain relief</i>	\$0(3)	NM; *
<i>goodsense pain relief ext</i>	\$0(3)	NM; *
<i>headache relief</i>	\$0(3)	NM; *
<i>headache relief/extra str</i>	\$0(3)	NM; *
<i>lidocaine hcl local inj 0.5%</i>	\$0(1)	B/D
<i>lidocaine hcl local inj 1%</i>	\$0(1)	B/D
<i>lidocaine hcl local inj 2%</i>	\$0(1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	\$0(1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	\$0(1)	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	\$0(1)	B/D
<i>liquid acetaminophen</i>	\$0(3)	NM; *
<i>m-pap</i>	\$0(3)	NM; *

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
B/D - Covered under Medicare B or D **NDS** - Non-Extended Days Supply.

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mapap childrens</i>	\$0(3)	NM; *
<i>migraine relief</i>	\$0(3)	NM; *
<i>pain & fever childrens</i>	\$0(3)	NM; *
<i>pain & fever infants</i>	\$0(3)	NM; *
<i>pain reliever plus</i>	\$0(3)	NM; *
<i>sm aspirin adult low stre</i>	\$0(3)	NM; *
<i>sm aspirin low dose</i>	\$0(3)	NM; *
<i>sm migraine relief</i>	\$0(3)	NM; *
<i>sm pain & fever childrens</i>	\$0(3)	NM; *
<i>sm pain & fever infants</i>	\$0(3)	NM; *
<i>sm pain reliever</i>	\$0(3)	NM; *
<i>sm pain reliever children</i>	\$0(3)	NM; *
<i>sm pain reliever extra st</i>	\$0(3)	NM; *
<i>tri-buffered aspirin</i>	\$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>all day pain relief</i>	\$0(3)	NM; *
<i>all day relief</i>	\$0(3)	NM; *
<i>celecoxib cap 50 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib cap 100 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib cap 200 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0(1)	
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0(1)	
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0(1)	
<i>diclofenac sodium tab er 24hr 100 mg</i>	\$0(1)	
<i>diflunisal tab 500 mg</i>	\$0(1)	
<i>ec-naproxen</i>	\$0(1)	QL (90 tabs / 30 days)
<i>etodolac cap 200 mg</i>	\$0(1)	
<i>etodolac cap 300 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>etodolac tab 400 mg</i>	\$0(1)	
<i>etodolac tab 500 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 400 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 500 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 600 mg</i>	\$0(1)	
<i>flurbiprofen tab 100 mg</i>	\$0(1)	
<i>ft all day pain relief</i>	\$0(3)	NM; *
<i>ft ibuprofen</i>	\$0(3)	NM; *
<i>gnp ibuprofen</i>	\$0(3)	NM; *
<i>gnp naproxen</i>	\$0(3)	NM; *
<i>goodsense ibuprofen</i>	\$0(3)	NM; *
<i>goodsense naproxen sodium</i>	\$0(3)	NM; *
<i>ibu</i>	\$0(1)	
<i>ibuprofen susp 100 mg/5ml</i>	\$0(1)	
<i>ibuprofen tab 200 mg</i>	\$0(3)	NM; *
<i>ibuprofen tab 400 mg</i>	\$0(1)	
<i>ibuprofen tab 600 mg</i>	\$0(1)	
<i>ibuprofen tab 800 mg</i>	\$0(1)	
<i>meloxicam tab 7.5 mg</i>	\$0(1)	
<i>meloxicam tab 15 mg</i>	\$0(1)	
<i>nabumetone tab 500 mg</i>	\$0(1)	
<i>nabumetone tab 750 mg</i>	\$0(1)	
<i>naproxen sodium tab 220 mg</i>	\$0(3)	NM; *
<i>naproxen sodium tab 275 mg</i>	\$0(1)	
<i>naproxen sodium tab 550 mg</i>	\$0(1)	
<i>naproxen tab 250 mg</i>	\$0(1)	
<i>naproxen tab 375 mg</i>	\$0(1)	
<i>naproxen tab 500 mg</i>	\$0(1)	
<i>naproxen tab ec 375 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>piroxicam cap 10 mg</i>	\$0(1)	
<i>piroxicam cap 20 mg</i>	\$0(1)	
<i>sm ibuprofen</i>	\$0(3)	NM; *
<i>sm naproxen sodium</i>	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulindac tab 150 mg</i>	\$0(1)	
<i>sulindac tab 200 mg</i>	\$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine td patch weekly 5 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methadone hcl tab 10 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i>	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate tab er 15 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN TAB 10MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	\$0(2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0(2)	
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0(2)	
<i>endocet tab 2.5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)

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<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl tab 2 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate iv soln 2 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln 4 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln 8 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln 10 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0(2)	
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0(2)	
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)

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<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole tab 200 mg</i>	\$0(2)	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0(1)	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	\$0(1)	
ARIKAYCE SUS	\$0(2)	NDS, NM, PA
<i>atovaquone susp 750 mg/5ml</i>	\$0(1)	QL (300 mL / 30 days), PA
<i>aztreonam for inj 1 gm</i>	\$0(1)	
<i>aztreonam for inj 2 gm</i>	\$0(1)	
CAYSTON INH 75MG	\$0(2)	NDS, NM, PA
<i>clindamycin hcl cap 75 mg</i>	\$0(1)	
<i>clindamycin hcl cap 150 mg</i>	\$0(1)	
<i>clindamycin hcl cap 300 mg</i>	\$0(1)	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate inj 300 mg/2ml</i>	\$0(1)	
<i>clindamycin phosphate inj 600 mg/4ml</i>	\$0(1)	
<i>clindamycin phosphate inj 900 mg/6ml</i>	\$0(1)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	\$0(1)	

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<i>cvs pinworm treatment</i>	\$0(3)	NM; *
<i>dapsone tab 25 mg</i>	\$0(1)	
<i>dapsone tab 100 mg</i>	\$0(1)	
<i>daptomycin for iv soln 350 mg</i>	\$0(2)	NDS
<i>daptomycin for iv soln 500 mg</i>	\$0(2)	NDS
DAPTOMYCIN INJ 350MG	\$0(2)	NDS
EMVERM CHW 100MG	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	\$0(1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate inj 10 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate inj 40 mg/ml</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
IMPAVIDO CAP 50MG	\$0(2)	NDS, PA
<i>ivermectin tab 3 mg</i>	\$0(1)	QL (12 tabs / 90 days), PA
<i>ivermectin tab 6 mg</i>	\$0(1)	QL (10 tabs / 90 days), PA
<i>linezolid for susp 100 mg/5ml</i>	\$0(2)	NDS, QL (1800 mL / 30 days)
LINEZOLID INJ 2MG/ML	\$0(2)	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0(1)	
<i>linezolid tab 600 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>meropenem iv for soln 1 gm</i>	\$0(1)	
<i>meropenem iv for soln 2 gm</i>	\$0(1)	
<i>meropenem iv for soln 500 mg</i>	\$0(1)	
<i>methenamine hippurate tab 1 gm</i>	\$0(1)	
<i>metronidazole iv soln 500 mg/100ml</i>	\$0(1)	
<i>metronidazole tab 250 mg</i>	\$0(1)	

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<i>metronidazole tab 500 mg</i>	\$0(1)	
<i>neomycin sulfate tab 500 mg</i>	\$0(1)	
<i>nitazoxanide tab 500 mg</i>	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0(2)	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0(2)	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0(2)	
<i>pentamidine isethionate inh</i>	\$0(1)	B/D
<i>pentamidine isethionate inj</i>	\$0(1)	
<i>pin-away</i>	\$0(3)	NM; *
<i>pinworm medicine</i>	\$0(3)	NM; *
<i>polymyxin b sulfate for inj 500000 unit</i>	\$0(1)	
<i>praziquantel tab 600 mg</i>	\$0(1)	
<i>pyrimethamine tab 25 mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), PA
<i>reeses pinworm medicine</i>	\$0(3)	NM; *
<i>streptomycin sulfate for inj 1 gm</i>	\$0(2)	NDS
<i>sulfadiazine tab 500 mg</i>	\$0(2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0(1)	
<i>tinidazole tab 250 mg</i>	\$0(1)	
<i>tinidazole tab 500 mg</i>	\$0(1)	
TOBI PODHALR CAP 28MG	\$0(2)	NDS, NM, PA
<i>tobramycin nebu soln 300 mg/5ml</i>	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	\$0(1)	

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<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	\$0(1)	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	\$0(1)	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	\$0(1)	
<i>trimethoprim tab 100 mg</i>	\$0(1)	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>amphotericin b for iv soln 50 mg</i>	\$0(1)	B/D
<i>amphotericin b liposome iv for susp 50 mg</i>	\$0(2)	NDS, B/D
<i>caspofungin acetate for iv soln 50 mg</i>	\$0(1)	
<i>caspofungin acetate for iv soln 70 mg</i>	\$0(1)	
<i>fluconazole for susp 10 mg/ml</i>	\$0(1)	

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<i>fluconazole for susp 40 mg/ml</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0(1)	
<i>fluconazole tab 50 mg</i>	\$0(1)	
<i>fluconazole tab 100 mg</i>	\$0(1)	
<i>fluconazole tab 150 mg</i>	\$0(1)	
<i>fluconazole tab 200 mg</i>	\$0(1)	
<i>flucytosine cap 250 mg</i>	\$0(2)	NDS, PA
<i>flucytosine cap 500 mg</i>	\$0(2)	NDS, PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0(1)	
<i>griseofulvin microsize tab 500 mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0(1)	
<i>itraconazole cap 100 mg</i>	\$0(1)	PA
<i>ketoconazole tab 200 mg</i>	\$0(1)	PA
<i>miconazole sodium for iv soln 50 mg</i>	\$0(1)	
<i>miconazole sodium for iv soln 100 mg</i>	\$0(1)	
<i>nystatin tab 500000 unit</i>	\$0(1)	
<i>posaconazole susp 40 mg/ml</i>	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>posaconazole tab delayed release 100 mg</i>	\$0(2)	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl tab 250 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole for inj 200 mg</i>	\$0(1)	PA
<i>voriconazole for susp 40 mg/ml</i>	\$0(2)	NDS, QL (600 mL / 28 days), PA
<i>voriconazole tab 50 mg</i>	\$0(1)	QL (480 tabs / 30 days)
<i>voriconazole tab 200 mg</i>	\$0(1)	QL (120 tabs / 30 days)
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0(1)	
<i>chloroquine phosphate tab 250 mg</i>	\$0(1)	
<i>chloroquine phosphate tab 500 mg</i>	\$0(1)	
COARTEM TAB 20-120MG	\$0(2)	
<i>mefloquine hcl tab 250 mg</i>	\$0(1)	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	\$0(1)	
PRIMAQUINE TAB 26.3MG	\$0(2)	
<i>quinine sulfate cap 324 mg</i>	\$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	\$0(1)	NM
<i>abacavir sulfate tab 300 mg (base equiv)</i>	\$0(1)	NM
APTIVUS CAP 250MG	\$0(2)	NDS, NM
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	\$0(1)	NM
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	\$0(1)	NM
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	\$0(1)	NM
<i>darunavir tab 600 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM
<i>darunavir tab 800 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM
EDURANT PED TAB 2.5MG	\$0(2)	NDS, NM
EDURANT TAB 25MG	\$0(2)	NDS, NM
<i>efavirenz tab 600 mg</i>	\$0(1)	NM
<i>emtricitabine caps 200 mg</i>	\$0(1)	NM
EMTRIVA SOL 10MG/ML	\$0(2)	NM
<i>etravirine tab 100 mg</i>	\$0(2)	NDS, NM
<i>etravirine tab 200 mg</i>	\$0(2)	NDS, NM
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	\$0(2)	NDS, NM
FUZEON INJ 90MG	\$0(2)	NDS, NM
INTELENCE TAB 25MG	\$0(2)	NM

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ISENTRESS CHW 25MG	\$0(2)	NM
ISENTRESS CHW 100MG	\$0(2)	NDS, NM
ISENTRESS HD TAB 600MG	\$0(2)	NDS, NM
ISENTRESS POW 100MG	\$0(2)	NDS, NM
ISENTRESS TAB 400MG	\$0(2)	NDS, NM
<i>lamivudine oral soln 10 mg/ml</i>	\$0(1)	NM
<i>lamivudine tab 150 mg</i>	\$0(1)	NM
<i>lamivudine tab 300 mg</i>	\$0(1)	NM
<i>maraviroc tab 150 mg</i>	\$0(2)	NDS, NM
<i>maraviroc tab 300 mg</i>	\$0(2)	NDS, NM
<i>nevirapine susp 50 mg/5ml</i>	\$0(1)	NM
<i>nevirapine tab 200 mg</i>	\$0(1)	NM
<i>nevirapine tab er 24hr 400 mg</i>	\$0(1)	NM
NORVIR POW 100MG	\$0(2)	NM
PIFELTRO TAB 100MG	\$0(2)	NDS, NM
PREZISTA SUS 100MG/ML	\$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TAB 75MG	\$0(2)	QL (480 tabs / 30 days), NM
PREZISTA TAB 150MG	\$0(2)	NDS, QL (240 tabs / 30 days), NM
REYATAZ POW 50MG	\$0(2)	NDS, NM
<i>ritonavir tab 100 mg</i>	\$0(1)	NM
RUKOBIA TAB 600MG ER	\$0(2)	NDS, NM
SELZENTRY SOL 20MG/ML	\$0(2)	NDS, NM
SUNLENCA TAB 300MG	\$0(2)	NDS, NM
<i>tenofovir disoproxil fumarate tab 300 mg</i>	\$0(1)	NM
TIVICAY PD TAB 5MG	\$0(2)	NDS, NM
TIVICAY TAB 10MG	\$0(2)	NM
TIVICAY TAB 25MG	\$0(2)	NDS, NM
TIVICAY TAB 50MG	\$0(2)	NDS, NM
TROGARZO INJ 150MG/ML	\$0(2)	NDS, NM
TYBOST TAB 150MG	\$0(2)	NM
VIRACEPT TAB 250MG	\$0(2)	NDS, NM

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VIRACEPT TAB 625MG	\$0(2)	NDS, NM
VIREAD POW 40MG/GM	\$0(2)	NDS, NM
VIREAD TAB 150MG	\$0(2)	NDS, NM
VIREAD TAB 200MG	\$0(2)	NDS, NM
VIREAD TAB 250MG	\$0(2)	NDS, NM
<i>zidovudine cap 100 mg</i>	\$0(1)	NM
<i>zidovudine syrup 10 mg/ml</i>	\$0(1)	NM
<i>zidovudine tab 300 mg</i>	\$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	\$0(1)	NM
BIKTARVY TAB 30-120-15 MG	\$0(2)	NDS, NM
BIKTARVY TAB 50-200-25 MG	\$0(2)	NDS, NM
CIMDUO TAB 300-300	\$0(2)	NDS, NM
COMPLERA TAB	\$0(2)	NDS, NM
DELSTRIGO TAB	\$0(2)	NDS, NM
DESCOVY TAB 120-15MG	\$0(2)	NDS, NM
DESCOVY TAB 200/25MG	\$0(2)	NDS, NM
DOVATO TAB 50-300MG	\$0(2)	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0(2)	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0(2)	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0(2)	NDS, NM

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<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(1)	NM
EVOTAZ TAB 300-150	\$0(2)	NDS, NM
GENVOYA TAB	\$0(2)	NDS, NM
JULUCA TAB 50-25MG	\$0(2)	NDS, NM
KALETRA SOL	\$0(2)	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0(1)	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0(1)	NM
ODEFSEY TAB	\$0(2)	NDS, NM
PREZCOBIX TAB 675/150	\$0(2)	NDS, NM
PREZCOBIX TAB 800-150	\$0(2)	NDS, NM
STRIBILD TAB	\$0(2)	NDS, NM
SYMTUZA TAB	\$0(2)	NDS, NM
TRIUMEQ PD TAB	\$0(2)	NM
TRIUMEQ TAB	\$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine cap 250 mg</i>	\$0(2)	NDS
<i>ethambutol hcl tab 100 mg</i>	\$0(1)	
<i>ethambutol hcl tab 400 mg</i>	\$0(1)	
<i>isoniazid syrup 50 mg/5ml</i>	\$0(1)	
<i>isoniazid tab 100 mg</i>	\$0(1)	
<i>isoniazid tab 300 mg</i>	\$0(1)	
PRIFTIN TAB 150MG	\$0(2)	
<i>pyrazinamide tab 500 mg</i>	\$0(1)	
<i>rifabutin cap 150 mg</i>	\$0(1)	
<i>rifampin cap 150 mg</i>	\$0(1)	
<i>rifampin cap 300 mg</i>	\$0(1)	
<i>rifampin for inj 600 mg</i>	\$0(1)	
SIRTURO TAB 20MG	\$0(2)	NDS, NM, PA
SIRTURO TAB 100MG	\$0(2)	NDS, NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir cap 200 mg</i>	\$0(1)	
<i>acyclovir sodium iv soln 50 mg/ml</i>	\$0(1)	B/D
<i>acyclovir susp 200 mg/5ml</i>	\$0(1)	
<i>acyclovir tab 400 mg</i>	\$0(1)	
<i>acyclovir tab 800 mg</i>	\$0(1)	
<i>adefovir dipivoxil tab 10 mg</i>	\$0(1)	NM
BARACLUDE SOL	\$0(2)	NDS, NM, ST
<i>entecavir tab 0.5 mg</i>	\$0(1)	NM
<i>entecavir tab 1 mg</i>	\$0(1)	NM
EPCLUSA PAK 150-37.5	\$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
<i>famciclovir tab 125 mg</i>	\$0(1)	
<i>famciclovir tab 250 mg</i>	\$0(1)	
<i>famciclovir tab 500 mg</i>	\$0(1)	
<i>ganciclovir sodium for inj 500 mg</i>	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	\$0(1)	NM
LIVTENCITY TAB 200MG	\$0(2)	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	\$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0(1)	QL (84 caps / year)

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<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	\$0(1)	QL (1080 mL / year)
PAXLOVID PAK	\$0(1)	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	\$0(1)	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	\$0(1)	QL (60 tabs / 90 days)
PEGASYS INJ	\$0(2)	NDS, NM, PA
PEGASYS INJ 180MCG/M	\$0(2)	NDS, NM, PA
PREVYMIS TAB 240MG	\$0(2)	NDS, QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	\$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	\$0(2)	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	\$0(1)	NM
<i>ribavirin tab 200 mg</i>	\$0(1)	NM
<i>rimantadine hydrochloride tab 100 mg</i>	\$0(1)	
<i>valacyclovir hcl tab 1 gm</i>	\$0(1)	
<i>valacyclovir hcl tab 500 mg</i>	\$0(1)	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	\$0(2)	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0(1)	
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TAB 40MG	\$0(2)	QL (1 tab / 180 days)
XOFLUZA TAB 80MG	\$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor cap 250 mg</i>	\$0(1)	
<i>cefaclor cap 500 mg</i>	\$0(1)	
<i>cefadroxil cap 500 mg</i>	\$0(1)	
<i>cefadroxil for susp 250 mg/5ml</i>	\$0(1)	
<i>cefadroxil for susp 500 mg/5ml</i>	\$0(1)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
CEFAZOLIN INJ 2GM	\$0(2)	
CEFAZOLIN INJ 3GM	\$0(2)	
<i>cefazolin sodium for inj 1 gm</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefazolin sodium for inj 2 gm</i>	\$0(1)	
<i>cefazolin sodium for inj 3 gm</i>	\$0(1)	
<i>cefazolin sodium for inj 10 gm</i>	\$0(1)	
<i>cefazolin sodium for inj 500 mg</i>	\$0(1)	
<i>cefazolin sodium for iv soln 1 gm</i>	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	\$0(2)	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	\$0(2)	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	\$0(2)	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	\$0(2)	
<i>cefdinir cap 300 mg</i>	\$0(1)	
<i>cefdinir for susp 125 mg/5ml</i>	\$0(1)	
<i>cefdinir for susp 250 mg/5ml</i>	\$0(1)	
<i>cefepime hcl for inj 1 gm</i>	\$0(1)	
<i>cefepime hcl for iv soln 2 gm</i>	\$0(1)	
<i>cefixime cap 400 mg</i>	\$0(1)	
<i>cefixime for susp 100 mg/5ml</i>	\$0(1)	
<i>cefixime for susp 200 mg/5ml</i>	\$0(1)	
<i>cefotetan disodium for inj 1 gm</i>	\$0(1)	
<i>cefotetan disodium for inj 2 gm</i>	\$0(1)	
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0(1)	
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0(1)	
<i>cefoxitin sodium for iv soln 10 gm</i>	\$0(1)	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0(1)	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0(1)	
<i>cefpodoxime proxetil tab 100 mg</i>	\$0(1)	
<i>cefpodoxime proxetil tab 200 mg</i>	\$0(1)	
<i>cefprozil for susp 125 mg/5ml</i>	\$0(1)	
<i>cefprozil for susp 250 mg/5ml</i>	\$0(1)	
<i>cefprozil tab 250 mg</i>	\$0(1)	
<i>cefprozil tab 500 mg</i>	\$0(1)	
<i>ceftazidime for inj 1 gm</i>	\$0(1)	
<i>ceftazidime for inj 6 gm</i>	\$0(1)	

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<i>ceftazidime for iv soln 2 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 1 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 2 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 10 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 250 mg</i>	\$0(1)	
<i>ceftriaxone sodium for inj 500 mg</i>	\$0(1)	
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0(1)	
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0(1)	
<i>cefuroxime axetil tab 250 mg</i>	\$0(1)	
<i>cefuroxime axetil tab 500 mg</i>	\$0(1)	
<i>cefuroxime sodium for inj 750 mg</i>	\$0(1)	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0(1)	
<i>cephalexin cap 250 mg</i>	\$0(1)	
<i>cephalexin cap 500 mg</i>	\$0(1)	
<i>cephalexin for susp 125 mg/5ml</i>	\$0(1)	
<i>cephalexin for susp 250 mg/5ml</i>	\$0(1)	
<i>tazicef</i>	\$0(1)	
TEFLARO INJ 400MG	\$0(2)	NDS
TEFLARO INJ 600MG	\$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin for susp 100 mg/5ml</i>	\$0(1)	
<i>azithromycin for susp 200 mg/5ml</i>	\$0(1)	
<i>azithromycin iv for soln 500 mg</i>	\$0(1)	
<i>azithromycin powd pack for susp 1 gm</i>	\$0(1)	
<i>azithromycin tab 250 mg</i>	\$0(1)	
<i>azithromycin tab 500 mg</i>	\$0(1)	
<i>azithromycin tab 600 mg</i>	\$0(1)	
<i>clarithromycin for susp 125 mg/5ml</i>	\$0(1)	
<i>clarithromycin for susp 250 mg/5ml</i>	\$0(1)	
<i>clarithromycin tab 250 mg</i>	\$0(1)	
<i>clarithromycin tab 500 mg</i>	\$0(1)	
<i>clarithromycin tab er 24hr 500 mg</i>	\$0(1)	
DIFICID SUS	\$0(2)	NDS

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DIFICID TAB 200MG	\$0(2)	NDS
e.e.s. 400	\$0(1)	
ery-tab tab 250mg ec	\$0(1)	
ery-tab tab 333mg ec	\$0(1)	
ery-tab tab 500mg ec	\$0(1)	
ERYTHROCIN INJ 500MG	\$0(2)	
erythromycin ethylsuccinate tab 400 mg	\$0(1)	
erythromycin lactobionate for inj 500 mg	\$0(1)	
erythromycin tab 250 mg	\$0(1)	
erythromycin tab 500 mg	\$0(1)	
erythromycin tab delayed release 250 mg	\$0(1)	
erythromycin tab delayed release 333 mg	\$0(1)	
erythromycin tab delayed release 500 mg	\$0(1)	
erythromycin w/ delayed release particles cap 250 mg	\$0(1)	
fidaxomicin tab 200 mg	\$0(2)	NDS
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin 200 mg/100ml in d5w	\$0(1)	
ciprofloxacin 400 mg/200ml in d5w	\$0(1)	
ciprofloxacin hcl tab 250 mg (base equiv)	\$0(1)	
ciprofloxacin hcl tab 500 mg (base equiv)	\$0(1)	
ciprofloxacin hcl tab 750 mg (base equiv)	\$0(1)	
levofloxacin in d5w iv soln 250 mg/50ml	\$0(1)	
levofloxacin in d5w iv soln 500 mg/100ml	\$0(1)	
levofloxacin in d5w iv soln 750 mg/150ml	\$0(1)	
levofloxacin iv soln 25 mg/ml	\$0(1)	
levofloxacin oral soln 25 mg/ml	\$0(1)	
levofloxacin tab 250 mg	\$0(1)	
levofloxacin tab 500 mg	\$0(1)	
levofloxacin tab 750 mg	\$0(1)	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	\$0(1)	

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<i>moxifloxacin hcl tab 400 mg (base equiv)XE “moxifloxacin hcl tab 400 mg (base equiv</i>	\$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(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 & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin cap 500 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 1 gm</i>	\$0(1)	
<i>ampicillin sodium for inj 2 gm</i>	\$0(1)	
<i>ampicillin sodium for inj 125 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 250 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 500 mg</i>	\$0(1)	
<i>ampicillin sodium for iv soln 1 gm</i>	\$0(1)	
<i>ampicillin sodium for iv soln 2 gm</i>	\$0(1)	
<i>ampicillin sodium for iv soln 10 gm</i>	\$0(1)	
BICILLIN L-A INJ 600000	\$0(2)	
BICILLIN L-A INJ 1200000	\$0(2)	
BICILLIN L-A INJ 2400000	\$0(2)	
<i>dicloxacillin sodium cap 250 mg</i>	\$0(1)	
<i>dicloxacillin sodium cap 500 mg</i>	\$0(1)	
<i>nafcillin sodium for inj 1 gm</i>	\$0(1)	
<i>nafcillin sodium for inj 2 gm</i>	\$0(1)	
<i>nafcillin sodium for iv soln 10 gm</i>	\$0(2)	NDS
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	\$0(1)	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	\$0(1)	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	\$0(1)	
<i>penicillin g potassium for inj 5000000 unit</i>	\$0(1)	
<i>penicillin g potassium for inj 20000000 unit</i>	\$0(1)	

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<i>penicillin g sodium for inj 5000000 unit</i>	\$0(1)	
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0(1)	
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0(1)	
<i>penicillin v potassium tab 250 mg</i>	\$0(1)	
<i>penicillin v potassium tab 500 mg</i>	\$0(1)	
<i>pfizerpen</i>	\$0(1)	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100</i>	\$0(1)	
<i>doxycycline hyclate cap 50 mg</i>	\$0(1)	
<i>doxycycline hyclate cap 100 mg</i>	\$0(1)	
<i>doxycycline hyclate for inj 100 mg</i>	\$0(1)	
<i>doxycycline hyclate tab 20 mg</i>	\$0(1)	
<i>doxycycline hyclate tab 100 mg</i>	\$0(1)	
<i>doxycycline monohydrate cap 50 mg</i>	\$0(1)	
<i>doxycycline monohydrate cap 100 mg</i>	\$0(1)	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	\$0(1)	
<i>doxycycline monohydrate tab 50 mg</i>	\$0(1)	
<i>doxycycline monohydrate tab 75 mg</i>	\$0(1)	
<i>doxycycline monohydrate tab 100 mg</i>	\$0(1)	
<i>minocycline hcl cap 50 mg</i>	\$0(1)	
<i>minocycline hcl cap 75 mg</i>	\$0(1)	
<i>minocycline hcl cap 100 mg</i>	\$0(1)	
NUZYRA INJ 100MG	\$0(2)	NDS, NM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUZYRA TAB 150MG	\$0(2)	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl cap 250 mg</i>	\$0(1)	
<i>tetracycline hcl cap 500 mg</i>	\$0(1)	
<i>tigecycline for iv soln 50 mg</i>	\$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE SOL 100/4ML	\$0(2)	NDS, B/D, NM
BENDEKA INJ 100/4ML	\$0(2)	NDS, B/D, NM
<i>carboplatin iv soln 50 mg/5ml</i>	\$0(1)	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	\$0(1)	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	\$0(1)	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	\$0(1)	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0(1)	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0(1)	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0(1)	B/D
CYCLOPHOSPH INJ 1GM/2ML	\$0(2)	NDS, B/D, NM
CYCLOPHOSPH INJ 1GM/5ML	\$0(2)	NDS, B/D
CYCLOPHOSPH INJ 2GM/4ML	\$0(2)	NDS, B/D, NM
CYCLOPHOSPH INJ 500/5ML	\$0(2)	NDS, B/D
CYCLOPHOSPH INJ 500MG/ML	\$0(2)	NDS, B/D, NM
CYCLOPHOSPH INJ 1000MG	\$0(2)	NDS, B/D
CYCLOPHOSPH INJ 2000MG	\$0(2)	NDS, B/D
CYCLOPHOSPH TAB 25MG	\$0(2)	B/D
CYCLOPHOSPH TAB 50MG	\$0(2)	B/D
CYCLOPHOSPHA INJ 2GM/10ML	\$0(2)	NDS, B/D
CYCLOPHOSPHA INJ 500/2.5	\$0(2)	NDS, B/D
<i>cyclophosphamide cap 25 mg</i>	\$0(1)	B/D
<i>cyclophosphamide cap 50 mg</i>	\$0(1)	B/D
<i>cyclophosphamide for inj 1 gm</i>	\$0(1)	B/D
<i>cyclophosphamide for inj 2 gm</i>	\$0(2)	NDS, B/D
<i>cyclophosphamide for inj 500 mg</i>	\$0(1)	B/D
FRINDOVYX INJ 1GM/2ML	\$0(2)	NDS, B/D, NM

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FRINDOVYX INJ 2GM/4ML	\$0(2)	NDS, B/D, NM
FRINDOVYX INJ 500MG/ML	\$0(2)	NDS, B/D, NM
GLEOSTINE CAP 10MG	\$0(2)	NM
GLEOSTINE CAP 40MG	\$0(2)	NM
GLEOSTINE CAP 100MG	\$0(2)	NDS, NM
LEUKERAN TAB 2MG	\$0(2)	NDS
<i>oxaliplatin for iv inj 50 mg</i>	\$0(1)	B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0(2)	NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0(1)	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0(1)	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	\$0(1)	B/D
VIVIMUSTA INJ 100/4ML	\$0(2)	NDS, B/D, NM
ANTIMETABOLITES		
<i>azacitidine for inj 100 mg</i>	\$0(2)	NDS, B/D, NM
<i>cytarabine inj 20 mg/ml</i>	\$0(1)	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 1 gm</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
INQOVI TAB 35-100MG	\$0(2)	NDS, QL (5 tabs / 28 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LONSURF TAB 15-6.14	\$0(2)	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	\$0(2)	NDS, NM
<i>mercaptopurine tab 50 mg</i>	\$0(1)	
<i>methotrexate sodium for inj 1 gm</i>	\$0(1)	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0(1)	B/D
ONUREG TAB 200MG	\$0(2)	NDS, QL (14 tabs / 28 days), NM, PA
ONUREG TAB 300MG	\$0(2)	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	\$0(2)	NDS, B/D
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	\$0(2)	NDS, B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	\$0(2)	NDS, B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	\$0(2)	NDS, B/D
PURIXAN SUS 20MG/ML	\$0(2)	NDS, NM
TABLOID TAB 40MG	\$0(2)	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abiraterone acetate tab 500 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega tab 250mg</i>	\$0(1)	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>anastrozole tab 1 mg</i>	\$0(1)	
<i>bicalutamide tab 50 mg</i>	\$0(1)	
ELIGARD INJ 7.5MG	\$0(2)	NM, PA
ELIGARD INJ 22.5MG	\$0(2)	NM, PA
ELIGARD INJ 30MG	\$0(2)	NM, PA
ELIGARD INJ 45MG	\$0(2)	NM, PA
ERLEADA TAB 60MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TAB 240MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAP 125MG	\$0(2)	NDS
<i>exemestane tab 25 mg</i>	\$0(1)	
FIRMAGON INJ 80MG	\$0(2)	NM, PA
FIRMAGON INJ 120MG	\$0(2)	NDS, NM, PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	\$0(2)	NDS, B/D
<i>letrozole tab 2.5 mg</i>	\$0(1)	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	\$0(1)	NM, PA
LUPRON DEPOT INJ 3.75MG	\$0(2)	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	\$0(2)	NDS, NM, PA
LYSODREN TAB 500MG	\$0(2)	NDS, NM
<i>megestrol acetate tab 20 mg</i>	\$0(2)	
<i>megestrol acetate tab 40 mg</i>	\$0(2)	
<i>nilutamide tab 150 mg</i>	\$0(2)	NDS
NUBEQA TAB 300MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

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ORGOVYX TAB 120MG	\$0(2)	NDS, NM, PA
ORSERDU TAB 86MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TAB 345MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOL 10MG/5ML	\$0(2)	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0(1)	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	\$0(1)	PA
XTANDI CAP 40MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TAB 40MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TAB 80MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TAB 125MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide cap 10 mg</i>	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide cap 15 mg</i>	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide cap 20 mg</i>	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
<i>lenalidomide cap 25 mg</i>	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
<i>lenalidomide caps 2.5 mg</i>	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
POMALYST CAP 1MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA

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POMALYST CAP 2MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAP 3MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAP 4MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAP 50MG	\$0(2)	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAP 100MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
THALOMID CAP 150MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOL 500MCG	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
<i>bexarotene cap 75 mg</i>	\$0(2)	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl inj 2 mg/ml</i>	\$0(1)	B/D
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	\$0(2)	NDS, B/D
<i>hydroxyurea cap 500 mg</i>	\$0(1)	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	\$0(1)	B/D
IWILFIN TAB 192MG	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAP 50MG	\$0(2)	NDS, NM
MODEYSO CAP 125MG	\$0(2)	NDS, QL (20 caps / 28 days), NM, PA
<i>tretinoin cap 10 mg</i>	\$0(2)	NDS
WELIREG TAB 40MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA

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MITOTIC INHIBITORS		
<i>docetaxel for inj conc 20 mg/ml</i>	\$0(1)	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0(2)	NDS, B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	\$0(2)	NDS, B/D
DOCETAXEL INJ 20MG/2ML	\$0(2)	NDS, B/D
DOCETAXEL INJ 80MG/4ML	\$0(2)	NDS, B/D
DOCETAXEL INJ 80MG/8ML	\$0(2)	NDS, B/D
DOCETAXEL INJ 160/8ML	\$0(2)	NDS, B/D
DOCETAXEL INJ 160/16ML	\$0(2)	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	\$0(2)	NDS, B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	\$0(2)	NDS, B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	\$0(2)	NDS, B/D
DOCIVYX INJ 20MG/2ML	\$0(2)	NDS, B/D, NM
DOCIVYX INJ 80MG/8ML	\$0(2)	NDS, B/D, NM
DOCIVYX INJ 160/16ML	\$0(2)	NDS, B/D, NM
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	\$0(1)	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	\$0(1)	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	\$0(1)	B/D
<i>paclitaxel inj 100mg</i>	\$0(2)	NDS, B/D, NM
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0(1)	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0(1)	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0(1)	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0(1)	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0(1)	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0(1)	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAP 150MG	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA

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ALUNBRIG PAK	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG TAB 30MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TAB 90MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG TAB 180MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAP 40MG	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAP 160MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	\$0(2)	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TAB 25MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AYVAKIT TAB 50MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AYVAKIT TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AYVAKIT TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AYVAKIT TAB 300MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TAB 3MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TAB 4MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TAB 5MG	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
<i>bortezomib for inj 3.5 mg</i>	\$0(2)	NDS, NM, PA
BORTEZOMIB INJ 1MG	\$0(2)	NM, PA
BORTEZOMIB INJ 2.5MG	\$0(2)	NM, PA
BOSULIF CAP 50MG	\$0(2)	NDS, QL (360 caps / 30 days), NM, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
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* - Non-Part D Drugs, or OTC items that are covered by Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOSULIF CAP 100MG	\$0(2)	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TAB 100MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TAB 400MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BOSULIF TAB 500MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAP 75MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAP 80MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TAB 160MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TAB 20MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CABOMETYX TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CABOMETYX TAB 60MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TAB 300MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE)	\$0(2)	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAP 15MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COPIKTRA CAP 25MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TAB 20MG	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TAB 71MG	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
DANZITEN TAB 95MG	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib tab 20 mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib tab 50 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>dasatinib tab 70 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>dasatinib tab 80 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>dasatinib tab 100 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>dasatinib tab 140 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TAB 25MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAP 150MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 2.5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>everolimus tab 5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 7.5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 10 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 2 mg</i>	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 3 mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 5 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAP 0.89MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
FOTIVDA CAP 1.34MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAP 1MG	\$0(2)	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAP 5MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAP 100MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib tab 250 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 30MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAP 1MG	\$0(2)	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAP 2MG	\$0(2)	NDS, QL (84 caps / 28 days), NM, PA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GOMEKLI TAB 1MG	\$0(2)	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, NM, PA
HERCEPTIN INJ 150MG	\$0(2)	NDS, NM, PA
HERNEXEOS TAB 60MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA INJ 150MG	\$0(2)	NDS, NM, PA
HERZUMA INJ 420MG	\$0(2)	NDS, NM, PA
IBRANCE CAP 75MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE CAP 100MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE CAP 125MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TAB 75MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
IBRANCE TAB 100MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
IBRANCE TAB 125MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAP 200MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ICLUSIG TAB 15MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ICLUSIG TAB 30MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ICLUSIG TAB 45MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TAB 50MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAP 140MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUS 70MG/ML	\$0(2)	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TAB 140MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IMBRUVICA TAB 280MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IMBRUVICA TAB 420MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOL 80MG/ML	\$0(2)	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TAB 1MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TAB 5MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAP 100MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TAB 3MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TAB 9MG	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TAB 5MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAKAFI TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAKAFI TAB 15MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JAKAFI TAB 20MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAKAFI TAB 25MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TAB 50MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA INJ 100MG	\$0(2)	NDS, B/D, NM
KADCYLA INJ 160MG	\$0(2)	NDS, B/D, NM
KANJINTI INJ 420MG	\$0(2)	NDS, NM, PA
KANJINTI SOL 150MG	\$0(2)	NDS, NM, PA
KEYTRUDA INJ 100MG/4M	\$0(2)	NDS, NM, PA
KISQALI 200 DOSE	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	\$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAP 10MG	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAP 25MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TAB 200MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TAB 80MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LAZCLUZE TAB 240MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA CAP 4MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA CAP 8 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 10 MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA CAP 12MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 20 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TAB 25MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TAB 120MG	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TAB 240MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TAB 320MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TAB 100MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LYNPARZA TAB 150MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE)	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYTGOBI (16 MG DAILY DOSE)	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE)	\$0(2)	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOL 0.05/ML	\$0(2)	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TAB 0.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
MEKINIST TAB 2MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
MEKTOVI TAB 15MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI INJ 200MG	\$0(2)	NDS, NM, PA
NERLYNX TAB 40MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAP 2.3MG	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
NINLARO CAP 3MG	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
NINLARO CAP 4MG	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAP 200MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI INJ 150MG	\$0(2)	NDS, NM, PA
OGIVRI INJ 420MG	\$0(2)	NDS, NM, PA
OGSIVEO TAB 50MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TAB 100MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA

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OGSIVEO TAB 150MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUS 25MG/ML	\$0(2)	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TAB 100MG	\$0(2)	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
OJJAARA TAB 150MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
OJJAARA TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT INJ 150MG	\$0(2)	NDS, NM, PA
ONTRUZANT INJ 420MG	\$0(2)	NDS, NM, PA
<i>pazopanib hcl tab 200 mg (base equiv)</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TAB 4.5MG	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PEMAZYRE TAB 9MG	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PEMAZYRE TAB 13.5MG	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	\$0(2)	NDS, NM, PA
PIQRAY 200MG TAB DOSE	\$0(2)	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG TAB DOSE	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TAB 50MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAP 40MG	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
RETEVMO CAP 80MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA

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RETEVMO TAB 40MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TAB 80MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
RETEVMO TAB 120MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
RETEVMO TAB 160MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TAB 25MG	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TAB 110MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TAB 160MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAP 150MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAP 14MG	\$0(2)	NDS, QL (8 caps / 28 days), NM, PA
ROMVIMZA CAP 20MG	\$0(2)	NDS, QL (8 caps / 28 days), NM, PA
ROMVIMZA CAP 30MG	\$0(2)	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAP 100MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAP 200MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PAK 50MG	\$0(2)	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TAB 200MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
RUBRACA TAB 250MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
RUBRACA TAB 300MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RYDAPT CAP 25MG	\$0(2)	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TAB 20MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TAB 40MG	\$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TAB 100MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TAB 40MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TAB 150MG	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TABRECTA TAB 200MG	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAP 50MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR CAP 75MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TAB 10MG	\$0(2)	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSO TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TAGRISSO TAB 80MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TALZENNA CAP 0.1MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAP 0.5MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAP 0.25MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
TALZENNA CAP 0.35MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAP 0.75MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAP 1MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TASIGNA CAP 50MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAP 150MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TASIGNA CAP 200MG	\$0(2)	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TAB 200MG	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ INJ 840/14	\$0(2)	NDS, NM, PA
TECENTRIQ INJ 1200/20	\$0(2)	NDS, NM, PA
TECENTRIQ INJ HYBREZA	\$0(2)	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TAB 225MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TAB 250MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz tab 2.5mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>torpenz tab 5mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>torpenz tab 7.5mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>torpenz tab 10mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA INJ 150MG	\$0(2)	NDS, NM, PA
TRAZIMERA INJ 420MG	\$0(2)	NDS, NM, PA
TRUQAP PAK 160MG	\$0(2)	NDS, QL (4 packs / 28 days), NM, PA
TRUQAP PAK 200MG	\$0(2)	NDS, QL (4 packs / 28 days), NM, PA
TRUQAP TAB 160MG	\$0(2)	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TAB 200MG	\$0(2)	NDS, QL (64 tabs / 28 days), NM, PA
TRUXIMA INJ 100/10ML	\$0(2)	NDS, NM, PA
TRUXIMA INJ 500/50ML	\$0(2)	NDS, NM, PA
TUKYSA TAB 50MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
TUKYSA TAB 150MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAP 125MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TAB 17.7MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VANFLYTA TAB 26.5MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TAB 10MG	\$0(2)	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TAB 50MG	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TAB 100MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TAB 50MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VERZENIO TAB 100MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VERZENIO TAB 150MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VERZENIO TAB 200MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAP 25MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAP 100MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOL 20MG/ML	\$0(2)	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TAB 15MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
VIZIMPRO TAB 30MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
VIZIMPRO TAB 45MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAP 100MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAP 20MG	\$0(2)	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CAP 50MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CAP 150MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
XALKORI CAP 200MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CAP 250MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOSPATA TAB 40MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY)	\$0(2)	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY)	\$0(2)	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY)	\$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY)	\$0(2)	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY)	\$0(2)	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY)	\$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY)	\$0(2)	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY)	\$0(2)	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ZEJULA TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ZEJULA TAB 300MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TAB 240MG	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV INJ 100/4ML	\$0(2)	NDS, NM, PA
ZIRABEV INJ 400/16ML	\$0(2)	NDS, NM, PA
ZOLINZA CAP 100MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ZYDELIG TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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ZYKADIA TAB 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
PROTECTIVE AGENTS		
<i>leucovorin calcium for inj 50 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 100 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 200 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 350 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 500 mg</i>	\$0(1)	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	\$0(1)	B/D
<i>leucovorin calcium tab 5 mg</i>	\$0(1)	
<i>leucovorin calcium tab 10 mg</i>	\$0(1)	
<i>leucovorin calcium tab 15 mg</i>	\$0(1)	
<i>leucovorin calcium tab 25 mg</i>	\$0(1)	
<i>mesna tab 400 mg</i>	\$0(2)	NDS
MESNEX TAB 400MG	\$0(2)	NDS
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	\$0(1)	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl tab 5 mg</i>	\$0(1)	
<i>benazepril hcl tab 10 mg</i>	\$0(1)	
<i>benazepril hcl tab 20 mg</i>	\$0(1)	
<i>benazepril hcl tab 40 mg</i>	\$0(1)	
<i>captopril tab 12.5 mg</i>	\$0(1)	
<i>captopril tab 25 mg</i>	\$0(1)	
<i>captopril tab 50 mg</i>	\$0(1)	
<i>captopril tab 100 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>enalapril maleate tab 2.5 mg</i>	\$0(1)	
<i>enalapril maleate tab 5 mg</i>	\$0(1)	
<i>enalapril maleate tab 10 mg</i>	\$0(1)	
<i>enalapril maleate tab 20 mg</i>	\$0(1)	
<i>fosinopril sodium tab 10 mg</i>	\$0(1)	
<i>fosinopril sodium tab 20 mg</i>	\$0(1)	
<i>fosinopril sodium tab 40 mg</i>	\$0(1)	
<i>lisinopril tab 2.5 mg</i>	\$0(1)	
<i>lisinopril tab 5 mg</i>	\$0(1)	
<i>lisinopril tab 10 mg</i>	\$0(1)	
<i>lisinopril tab 20 mg</i>	\$0(1)	
<i>lisinopril tab 30 mg</i>	\$0(1)	
<i>lisinopril tab 40 mg</i>	\$0(1)	
<i>moexipril hcl tab 7.5 mg</i>	\$0(1)	
<i>moexipril hcl tab 15 mg</i>	\$0(1)	
<i>perindopril erbumine tab 2 mg</i>	\$0(1)	
<i>perindopril erbumine tab 4 mg</i>	\$0(1)	
<i>perindopril erbumine tab 8 mg</i>	\$0(1)	
<i>quinapril hcl tab 5 mg</i>	\$0(1)	
<i>quinapril hcl tab 10 mg</i>	\$0(1)	
<i>quinapril hcl tab 20 mg</i>	\$0(1)	
<i>quinapril hcl tab 40 mg</i>	\$0(1)	
<i>ramipril cap 1.25 mg</i>	\$0(1)	
<i>ramipril cap 2.5 mg</i>	\$0(1)	
<i>ramipril cap 5 mg</i>	\$0(1)	
<i>ramipril cap 10 mg</i>	\$0(1)	
<i>trandolapril tab 1 mg</i>	\$0(1)	
<i>trandolapril tab 2 mg</i>	\$0(1)	
<i>trandolapril tab 4 mg</i>	\$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone tab 25 mg</i>	\$0(1)	
<i>eplerenone tab 50 mg</i>	\$0(1)	

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KERENDIA TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
KERENDIA TAB 20MG	\$0(2)	QL (30 tabs / 30 days)
KERENDIA TAB 40MG	\$0(2)	QL (30 tabs / 30 days)
<i>spironolactone tab 25 mg</i>	\$0(1)	
<i>spironolactone tab 50 mg</i>	\$0(1)	
<i>spironolactone tab 100 mg</i>	\$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate tab 1 mg</i>	\$0(1)	
<i>doxazosin mesylate tab 2 mg</i>	\$0(1)	
<i>doxazosin mesylate tab 4 mg</i>	\$0(1)	
<i>doxazosin mesylate tab 8 mg</i>	\$0(1)	
<i>prazosin hcl cap 1 mg</i>	\$0(1)	
<i>prazosin hcl cap 2 mg</i>	\$0(1)	
<i>prazosin hcl cap 5 mg</i>	\$0(1)	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	\$0(1)	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	\$0(1)	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	\$0(1)	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	\$0(2)	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	\$0(2)	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil tab 4 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 8 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 16 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 32 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan tab 75 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan tab 150 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan tab 300 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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<i>losartan potassium tab 25 mg</i>	\$0(1)	
<i>losartan potassium tab 50 mg</i>	\$0(1)	
<i>losartan potassium tab 100 mg</i>	\$0(1)	
<i>olmesartan medoxomil tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan tab 80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan tab 40 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl tab 100 mg</i>	\$0(1)	
<i>amiodarone hcl tab 200 mg</i>	\$0(1)	
<i>amiodarone hcl tab 400 mg</i>	\$0(1)	
<i>disopyramide phosphate cap 100 mg</i>	\$0(2)	
<i>disopyramide phosphate cap 150 mg</i>	\$0(2)	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	\$0(1)	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	\$0(1)	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	\$0(1)	NM
<i>flecainide acetate tab 50 mg</i>	\$0(1)	
<i>flecainide acetate tab 100 mg</i>	\$0(1)	
<i>flecainide acetate tab 150 mg</i>	\$0(1)	
MULTAQ TAB 400MG	\$0(2)	QL (60 tabs / 30 days)
<i>pacerone</i>	\$0(1)	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>propafenone hcl cap er 12hr 225 mg</i>	\$0(1)	
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0(1)	
<i>propafenone hcl cap er 12hr 425 mg</i>	\$0(1)	
<i>propafenone hcl tab 150 mg</i>	\$0(1)	
<i>propafenone hcl tab 225 mg</i>	\$0(1)	
<i>propafenone hcl tab 300 mg</i>	\$0(1)	
<i>quinidine sulfate tab 200 mg</i>	\$0(1)	
<i>quinidine sulfate tab 300 mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0(1)	
<i>sotalol hcl tab 80 mg</i>	\$0(1)	
<i>sotalol hcl tab 120 mg</i>	\$0(1)	
<i>sotalol hcl tab 160 mg</i>	\$0(1)	
<i>sotalol hcl tab 240 mg</i>	\$0(1)	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized cap 67 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 134 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 200 mg</i>	\$0(1)	
<i>fenofibrate tab 48 mg</i>	\$0(1)	
<i>fenofibrate tab 54 mg</i>	\$0(1)	
<i>fenofibrate tab 145 mg</i>	\$0(1)	
<i>fenofibrate tab 160 mg</i>	\$0(1)	
<i>gemfibrozil tab 600 mg</i>	\$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lovastatin tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light powder 4 gm/dose</i>	\$0(1)	
<i>cholestyramine light powder packets 4 gm</i>	\$0(1)	
<i>cholestyramine powder 4 gm/dose</i>	\$0(1)	
<i>cholestyramine powder packets 4 gm</i>	\$0(1)	
<i>colesevelam hcl packet for susp 3.75 gm</i>	\$0(1)	
<i>colesevelam hcl tab 625 mg</i>	\$0(1)	
<i>colestipol hcl granule packets 5 gm</i>	\$0(1)	
<i>colestipol hcl granules 5 gm</i>	\$0(1)	
<i>colestipol hcl tab 1 gm</i>	\$0(1)	
<i>ezetimibe tab 10 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	\$0(2)	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	\$0(2)	QL (30 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0(1)	PA
<i>prevalite</i>	\$0(1)	
REPATHA INJ 140MG/ML	\$0(2)	NM, PA
REPATHA SURE INJ 140MG/ML	\$0(2)	NM, PA
VASCEPA CAP 0.5GM	\$0(2)	
VASCEPA CAP 1GM	\$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0(1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl cap 200 mg</i>	\$0(1)	
<i>acebutolol hcl cap 400 mg</i>	\$0(1)	
<i>atenolol tab 25 mg</i>	\$0(1)	
<i>atenolol tab 50 mg</i>	\$0(1)	
<i>atenolol tab 100 mg</i>	\$0(1)	
<i>betaxolol hcl tab 10 mg</i>	\$0(1)	
<i>betaxolol hcl tab 20 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bisoprolol fumarate tab 5 mg</i>	\$0(1)	
<i>bisoprolol fumarate tab 10 mg</i>	\$0(1)	
<i>carvedilol tab 3.125 mg</i>	\$0(1)	
<i>carvedilol tab 6.25 mg</i>	\$0(1)	
<i>carvedilol tab 12.5 mg</i>	\$0(1)	
<i>carvedilol tab 25 mg</i>	\$0(1)	
<i>labetalol hcl tab 100 mg</i>	\$0(1)	
<i>labetalol hcl tab 200 mg</i>	\$0(1)	
<i>labetalol hcl tab 300 mg</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	\$0(1)	
<i>metoprolol tartrate tab 25 mg</i>	\$0(1)	
<i>metoprolol tartrate tab 50 mg</i>	\$0(1)	
<i>metoprolol tartrate tab 100 mg</i>	\$0(1)	
<i>nadolol tab 20 mg</i>	\$0(1)	
<i>nadolol tab 40 mg</i>	\$0(1)	
<i>nadolol tab 80 mg</i>	\$0(1)	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>pindolol tab 5 mg</i>	\$0(1)	
<i>pindolol tab 10 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 60 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 80 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 120 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 160 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>propranolol hcl oral soln 20 mg/5ml</i>	\$0(1)	
<i>propranolol hcl oral soln 40 mg/5ml</i>	\$0(1)	
<i>propranolol hcl tab 10 mg</i>	\$0(1)	
<i>propranolol hcl tab 20 mg</i>	\$0(1)	
<i>propranolol hcl tab 40 mg</i>	\$0(1)	
<i>propranolol hcl tab 60 mg</i>	\$0(1)	
<i>propranolol hcl tab 80 mg</i>	\$0(1)	
<i>timolol maleate tab 5 mg</i>	\$0(1)	
<i>timolol maleate tab 10 mg</i>	\$0(1)	
<i>timolol maleate tab 20 mg</i>	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	\$0(1)	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	\$0(1)	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>cartia xt</i>	\$0(1)	
<i>dilt-xr</i>	\$0(1)	
<i>diltiazem hcl cap er 12hr 60 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 12hr 90 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 12hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	\$0(1)	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	\$0(1)	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	\$0(1)	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	\$0(1)	
<i>diltiazem hcl tab 30 mg</i>	\$0(1)	
<i>diltiazem hcl tab 60 mg</i>	\$0(1)	
<i>diltiazem hcl tab 90 mg</i>	\$0(1)	
<i>diltiazem hcl tab 120 mg</i>	\$0(1)	
<i>felodipine tab er 24hr 2.5 mg</i>	\$0(1)	
<i>felodipine tab er 24hr 5 mg</i>	\$0(1)	
<i>felodipine tab er 24hr 10 mg</i>	\$0(1)	
<i>isradipine cap 2.5 mg</i>	\$0(1)	
<i>isradipine cap 5 mg</i>	\$0(1)	
<i>nicardipine hcl cap 20 mg</i>	\$0(1)	
<i>nicardipine hcl cap 30 mg</i>	\$0(1)	
<i>nifedipine tab er 24hr 30 mg</i>	\$0(1)	
<i>nifedipine tab er 24hr 60 mg</i>	\$0(1)	
<i>nifedipine tab er 24hr 90 mg</i>	\$0(1)	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	\$0(1)	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	\$0(1)	
<i>nimodipine cap 30 mg</i>	\$0(1)	
<i>tiadyt er</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 100 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0(1)	
<i>verapamil hcl cap er 24hr 360 mg</i>	\$0(1)	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0(1)	
<i>verapamil hcl tab 40 mg</i>	\$0(1)	
<i>verapamil hcl tab 80 mg</i>	\$0(1)	
<i>verapamil hcl tab 120 mg</i>	\$0(1)	
<i>verapamil hcl tab er 120 mg</i>	\$0(1)	
<i>verapamil hcl tab er 180 mg</i>	\$0(1)	
<i>verapamil hcl tab er 240 mg</i>	\$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide cap er 12hr 500 mg</i>	\$0(1)	
<i>acetazolamide tab 125 mg</i>	\$0(1)	
<i>acetazolamide tab 250 mg</i>	\$0(1)	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0(1)	
<i>amiloride hcl tab 5 mg</i>	\$0(1)	
<i>bumetanide inj 0.25 mg/ml</i>	\$0(1)	
<i>bumetanide tab 0.5 mg</i>	\$0(1)	
<i>bumetanide tab 1 mg</i>	\$0(1)	
<i>bumetanide tab 2 mg</i>	\$0(1)	
<i>chlorthalidone tab 25 mg</i>	\$0(1)	
<i>chlorthalidone tab 50 mg</i>	\$0(1)	
<i>furosemide inj</i>	\$0(1)	
<i>furosemide oral soln 8 mg/ml</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>furosemide oral soln 10 mg/ml</i>	\$0(1)	
<i>furosemide tab 20 mg</i>	\$0(1)	
<i>furosemide tab 40 mg</i>	\$0(1)	
<i>furosemide tab 80 mg</i>	\$0(1)	
<i>hydrochlorothiazide cap 12.5 mg</i>	\$0(1)	
<i>hydrochlorothiazide tab 12.5 mg</i>	\$0(1)	
<i>hydrochlorothiazide tab 25 mg</i>	\$0(1)	
<i>hydrochlorothiazide tab 50 mg</i>	\$0(1)	
<i>indapamide tab 1.25 mg</i>	\$0(1)	
<i>indapamide tab 2.5 mg</i>	\$0(1)	
<i>methazolamide tab 25 mg</i>	\$0(1)	
<i>methazolamide tab 50 mg</i>	\$0(1)	
<i>metolazone tab 2.5 mg</i>	\$0(1)	
<i>metolazone tab 5 mg</i>	\$0(1)	
<i>metolazone tab 10 mg</i>	\$0(1)	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>toremide tab 5 mg</i>	\$0(1)	
<i>toremide tab 10 mg</i>	\$0(1)	
<i>toremide tab 20 mg</i>	\$0(1)	
<i>toremide tab 100 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0(1)	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0(1)	
<i>clonidine hcl tab 0.1 mg</i>	\$0(1)	
<i>clonidine hcl tab 0.2 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonidine hcl tab 0.3 mg</i>	\$0(1)	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	\$0(1)	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0(1)	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0(1)	
CORLANOR SOL 5MG/5ML	\$0(2)	QL (450 mL / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	\$0(1)	
<i>digoxin oral soln 0.05 mg/ml</i>	\$0(1)	
<i>digoxin tab 125 mcg (0.125 mg)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa cap 200 mg</i>	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>droxidopa cap 300 mg</i>	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine inj 1 mg/ml (1:1000)</i>	\$0(1)	
<i>guanfacine hcl tab 1 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>guanfacine hcl tab 2 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	\$0(1)	
<i>hydralazine hcl tab 10 mg</i>	\$0(1)	
<i>hydralazine hcl tab 25 mg</i>	\$0(1)	
<i>hydralazine hcl tab 50 mg</i>	\$0(1)	
<i>hydralazine hcl tab 100 mg</i>	\$0(1)	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>metyrosine cap 250 mg</i>	\$0(2)	NDS, NM, PA
<i>midodrine hcl tab 2.5 mg</i>	\$0(1)	
<i>midodrine hcl tab 5 mg</i>	\$0(1)	
<i>midodrine hcl tab 10 mg</i>	\$0(1)	
<i>minoxidil tab 2.5 mg</i>	\$0(1)	
<i>minoxidil tab 10 mg</i>	\$0(1)	
<i>ranolazine tab er 12hr 500 mg</i>	\$0(1)	

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<i>ranolazine tab er 12hr 1000 mg</i>	\$0(1)	
VERQUVO TAB 2.5MG	\$0(2)	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	\$0(2)	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	\$0(2)	QL (30 tabs / 30 days), PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate tab 5 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 10 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 20 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 30 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	\$0(1)	
NITRO-BID OIN 2%	\$0(2)	
<i>nitroglycerin sl tab 0.3 mg</i>	\$0(1)	
<i>nitroglycerin sl tab 0.4 mg</i>	\$0(1)	
<i>nitroglycerin sl tab 0.6 mg</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0(1)	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	\$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 1.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 1MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 2.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ADEMPAS TAB 2MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alyq</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan tab 5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>ambrisentan tab 10 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan tab 62.5 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan tab 125 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan tab for oral susp 32 mg</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate tab 20 mg</i>	\$0(1)	QL (360 tabs / 30 days), NM, PA
<i>tadalafil tab 20 mg (pah)</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	\$0(2)	NDS, NM, PA
UPTRAVI PACK TAB 200/800	\$0(2)	NDS, QL (1 pack / 28 days), NM, PA
UPTRAVI TAB 200MCG	\$0(2)	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TAB 400MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 600MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 800MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UPTRAVI TAB 1000MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 1200MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 1400MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI TAB 1600MCG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
YUTREPIA CAP 26.5MCG	\$0(2)	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAP 53MCG	\$0(2)	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAP 79.5MCG	\$0(2)	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAP 106MCG	\$0(2)	NDS, QL (224 caps / 28 days), NM, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam tab 0.5 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	\$0(1)	
<i>buspirone hcl tab 7.5 mg</i>	\$0(1)	
<i>buspirone hcl tab 10 mg</i>	\$0(1)	
<i>buspirone hcl tab 15 mg</i>	\$0(1)	
<i>buspirone hcl tab 30 mg</i>	\$0(1)	
<i>fluvoxamine maleate tab 25 mg</i>	\$0(1)	
<i>fluvoxamine maleate tab 50 mg</i>	\$0(1)	
<i>fluvoxamine maleate tab 100 mg</i>	\$0(1)	
<i>lorazepam conc 2 mg/ml</i>	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	\$0(1)	
<i>lorazepam inj 4 mg/ml</i>	\$0(1)	
<i>lorazepam intensol</i>	\$0(1)	QL (150 mL / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lorazepam tab 0.5 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	\$0(1)	QL (150 tabs / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0(1)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0(1)	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0(1)	QL (200 mL / 30 days)
<i>galantamine hydrobromide tab 4 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 14 mg</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 21 mg</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 28 mg</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl oral solution 2 mg/ml</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl tab 5 mg</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl tab 10 mg</i>	\$0(1)	PA; PA applies if 29 years and younger

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	\$0(1)	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	\$0(1)	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	\$0(1)	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	\$0(1)	
NAMZARIC CAP 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	
NAMZARIC CAP PACK	\$0(2)	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	\$0(1)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0(1)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0(1)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0(1)	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	\$0(1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl tab 10 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 25 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 50 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 75 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 100 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 150 mg</i>	\$0(2)	
<i>amoxapine tab 25 mg</i>	\$0(2)	
<i>amoxapine tab 50 mg</i>	\$0(2)	
<i>amoxapine tab 100 mg</i>	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amoxapine tab 150 mg</i>	\$0(2)	
AUVELITY TAB 45-105MG	\$0(2)	QL (60 tabs / 30 days), PA
<i>bupropion hcl tab 75 mg</i>	\$0(1)	
<i>bupropion hcl tab 100 mg</i>	\$0(1)	
<i>bupropion hcl tab er 12hr 100 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	\$0(1)	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	\$0(1)	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	\$0(1)	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	\$0(1)	
<i>clomipramine hcl cap 25 mg</i>	\$0(2)	PA
<i>clomipramine hcl cap 50 mg</i>	\$0(2)	PA
<i>clomipramine hcl cap 75 mg</i>	\$0(2)	PA
<i>desipramine hcl tab 10 mg</i>	\$0(2)	
<i>desipramine hcl tab 25 mg</i>	\$0(2)	
<i>desipramine hcl tab 50 mg</i>	\$0(2)	
<i>desipramine hcl tab 75 mg</i>	\$0(2)	
<i>desipramine hcl tab 100 mg</i>	\$0(2)	
<i>desipramine hcl tab 150 mg</i>	\$0(2)	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	\$0(2)	
<i>doxepin hcl cap 25 mg</i>	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxepin hcl cap 50 mg</i>	\$0(2)	
<i>doxepin hcl cap 75 mg</i>	\$0(2)	
<i>doxepin hcl cap 100 mg</i>	\$0(2)	
<i>doxepin hcl cap 150 mg</i>	\$0(2)	
<i>doxepin hcl conc 10 mg/ml</i>	\$0(2)	
DRIZALMA CAP 20MG DR	\$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	\$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	\$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	\$0(2)	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	\$0(1)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	\$0(1)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0(1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	\$0(2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0(2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	\$0(1)	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0(1)	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0(1)	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0(1)	
FETZIMA CAP 20MG	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0(2)	QL (2 packs / year), PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluoxetine hcl cap 10 mg</i>	\$0(1)	
<i>fluoxetine hcl cap 20 mg</i>	\$0(1)	
<i>fluoxetine hcl cap 40 mg</i>	\$0(1)	
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0(1)	
<i>imipramine hcl tab 10 mg</i>	\$0(2)	
<i>imipramine hcl tab 25 mg</i>	\$0(2)	
<i>imipramine hcl tab 50 mg</i>	\$0(2)	
MARPLAN TAB 10MG	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	\$0(1)	
<i>mirtazapine orally disintegrating tab 30 mg</i>	\$0(1)	
<i>mirtazapine orally disintegrating tab 45 mg</i>	\$0(1)	
<i>mirtazapine tab 7.5 mg</i>	\$0(1)	
<i>mirtazapine tab 15 mg</i>	\$0(1)	
<i>mirtazapine tab 30 mg</i>	\$0(1)	
<i>mirtazapine tab 45 mg</i>	\$0(1)	
<i>nefazodone hcl tab 50 mg</i>	\$0(1)	
<i>nefazodone hcl tab 100 mg</i>	\$0(1)	
<i>nefazodone hcl tab 150 mg</i>	\$0(1)	
<i>nefazodone hcl tab 200 mg</i>	\$0(1)	
<i>nefazodone hcl tab 250 mg</i>	\$0(1)	
<i>nortriptyline hcl cap 10 mg</i>	\$0(2)	
<i>nortriptyline hcl cap 25 mg</i>	\$0(2)	
<i>nortriptyline hcl cap 50 mg</i>	\$0(2)	
<i>nortriptyline hcl cap 75 mg</i>	\$0(2)	
<i>nortriptyline hcl soln 10 mg/5ml</i>	\$0(2)	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	\$0(2)	QL (900 mL / 30 days), PA
<i>paroxetine hcl tab 10 mg</i>	\$0(2)	
<i>paroxetine hcl tab 20 mg</i>	\$0(2)	
<i>paroxetine hcl tab 30 mg</i>	\$0(2)	
<i>paroxetine hcl tab 40 mg</i>	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>phenelzine sulfate tab 15 mg</i>	\$0(1)	
<i>protriptyline hcl tab 5 mg</i>	\$0(2)	
<i>protriptyline hcl tab 10 mg</i>	\$0(2)	
RALDESY SOL 10MG/ML	\$0(2)	QL (1800 mL / 30 days), PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	\$0(1)	
<i>sertraline hcl tab 25 mg</i>	\$0(1)	
<i>sertraline hcl tab 50 mg</i>	\$0(1)	
<i>sertraline hcl tab 100 mg</i>	\$0(1)	
<i>tranylcypromine sulfate tab 10 mg</i>	\$0(1)	
<i>trazodone hcl tab 50 mg</i>	\$0(1)	
<i>trazodone hcl tab 100 mg</i>	\$0(1)	
<i>trazodone hcl tab 150 mg</i>	\$0(1)	
<i>trimipramine maleate cap 25 mg</i>	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	\$0(2)	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	\$0(2)	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	\$0(2)	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	\$0(2)	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	\$0(1)	
<i>vilazodone hcl tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	\$0(2)	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAP 25MG	\$0(2)	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAP 30MG	\$0(2)	NDS, QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	\$0(1)	
<i>amantadine hcl tab 100 mg</i>	\$0(1)	
<i>benztropine mesylate inj 1 mg/ml</i>	\$0(1)	
<i>benztropine mesylate tab 0.5 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	\$0(1)	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	\$0(1)	
<i>carb/levo orally disintegrating tab 10-100mg</i>	\$0(1)	
<i>carb/levo orally disintegrating tab 25-100mg</i>	\$0(1)	
<i>carb/levo orally disintegrating tab 25-250mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone tab 200 mg</i>	\$0(1)	
INBRIJA CAP 42MG	\$0(2)	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0(1)	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 1 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 2 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 3 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 4 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 5 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>selegiline hcl cap 5 mg</i>	\$0(1)	
<i>selegiline hcl tab 5 mg</i>	\$0(1)	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0(2)	PA; PA applies if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIM INJ 720MG	\$0(2)	NDS, QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	\$0(2)	NDS, QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	\$0(2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	\$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	\$0(2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	\$0(2)	NDS, QL (1 syringe / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), ST
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), ST
<i>aripiprazole tab 2 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	\$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INJ INITIO	\$0(2)	NDS
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	\$0(1)	QL (60 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	\$0(2)	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 21MG	\$0(2)	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 42MG	\$0(2)	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl conc 30 mg/ml</i>	\$0(1)	
<i>chlorpromazine hcl conc 100 mg/ml</i>	\$0(1)	
<i>chlorpromazine hcl inj 25 mg/ml</i>	\$0(1)	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	\$0(1)	
<i>chlorpromazine hcl tab 10 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 25 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 50 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 100 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 200 mg</i>	\$0(1)	
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0(1)	PA
<i>clozapine orally disintegrating tab 25 mg</i>	\$0(1)	PA
<i>clozapine orally disintegrating tab 100 mg</i>	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	\$0(1)	
<i>clozapine tab 50 mg</i>	\$0(1)	
<i>clozapine tab 100 mg</i>	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	\$0(1)	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	\$0(2)	NDS, QL (2 packs / year), PA
ERZOFRI INJ 39/0.25	\$0(2)	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	\$0(2)	NDS, QL (1 syringe / 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERZOFRI INJ 117/0.75	\$0(2)	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	\$0(2)	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	\$0(2)	NDS, QL (2 syringes / year)
FANAPT PAK PACK A	\$0(2)	QL (2 packs / year), PA
FANAPT PAK PACK B	\$0(2)	QL (2 packs / year), PA
FANAPT PAK PACK C	\$0(2)	QL (2 packs / year), PA
FANAPT TAB 1MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0(1)	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl tab 1 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 2.5 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 5 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 10 mg</i>	\$0(1)	
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0(1)	
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0(1)	
<i>haloperidol lactate inj 5 mg/ml</i>	\$0(1)	
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0(1)	
<i>haloperidol tab 0.5 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>haloperidol tab 1 mg</i>	\$0(1)	
<i>haloperidol tab 2 mg</i>	\$0(1)	
<i>haloperidol tab 5 mg</i>	\$0(1)	
<i>haloperidol tab 10 mg</i>	\$0(1)	
<i>haloperidol tab 20 mg</i>	\$0(1)	
INVEGA HAFYE INJ 1092MG	\$0(2)	NDS, QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	\$0(2)	NDS, QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	\$0(2)	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	\$0(2)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	\$0(2)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	\$0(2)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	\$0(2)	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate cap 5 mg</i>	\$0(1)	
<i>loxapine succinate cap 10 mg</i>	\$0(1)	
<i>loxapine succinate cap 25 mg</i>	\$0(1)	
<i>loxapine succinate cap 50 mg</i>	\$0(1)	
<i>lurasidone hcl tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 60 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 80 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>lurasidone hcl tab 120 mg</i>	\$0(1)	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>molindone hcl tab 5 mg</i>	\$0(1)	
<i>molindone hcl tab 10 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>molindone hcl tab 25 mg</i>	\$0(1)	
NUPLAZID CAP 34MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine for im inj 10 mg</i>	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days), ST
<i>olanzapine tab 2.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	\$0(2)	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 5MG	\$0(2)	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 10MG	\$0(2)	NDS, QL (90 films / 30 days), PA
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	\$0(1)	
<i>perphenazine tab 4 mg</i>	\$0(1)	
<i>perphenazine tab 8 mg</i>	\$0(1)	
<i>perphenazine tab 16 mg</i>	\$0(1)	
<i>pimozide tab 1 mg</i>	\$0(1)	
<i>pimozide tab 2 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 25 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	\$0(1)	QL (90 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quetiapine fumarate tab 100 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 150 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	\$0(2)	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	\$0(1)	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	\$0(1)	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0(1)	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 1 mg</i>	\$0(1)	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 2 mg</i>	\$0(1)	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 3 mg</i>	\$0(1)	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 4 mg</i>	\$0(1)	QL (120 tabs / 30 days), ST
<i>risperidone soln 1 mg/ml</i>	\$0(1)	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone tab 0.25 mg</i>	\$0(1)	
<i>risperidone tab 1 mg</i>	\$0(1)	
<i>risperidone tab 2 mg</i>	\$0(1)	
<i>risperidone tab 3 mg</i>	\$0(1)	
<i>risperidone tab 4 mg</i>	\$0(1)	
SECUADO DIS 3.8MG	\$0(2)	NDS, QL (30 patches / 30 days)
SECUADO DIS 5.7MG	\$0(2)	NDS, QL (30 patches / 30 days)
SECUADO DIS 7.6MG	\$0(2)	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	\$0(1)	
<i>thioridazine hcl tab 25 mg</i>	\$0(1)	
<i>thioridazine hcl tab 50 mg</i>	\$0(1)	
<i>thioridazine hcl tab 100 mg</i>	\$0(1)	
<i>thiothixene cap 1 mg</i>	\$0(1)	
<i>thiothixene cap 2 mg</i>	\$0(1)	
<i>thiothixene cap 5 mg</i>	\$0(1)	
<i>thiothixene cap 10 mg</i>	\$0(1)	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$0(1)	
VERSACLOZ SUS 50MG/ML	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5MG	\$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAP 3MG	\$0(2)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	\$0(2)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	\$0(2)	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	\$0(1)	QL (60 caps / 30 days)

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<i>ziprasidone hcl cap 40 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	\$0(2)	QL (2 vials / 28 days), NM, PA
ZYPREXA RELP INJ 300MG	\$0(2)	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELP INJ 405MG	\$0(2)	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TAB 400MG	\$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TAB 600MG	\$0(2)	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	\$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOL 10MG/ML	\$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	\$0(1)	
<i>carbamazepine cap er 12hr 200 mg</i>	\$0(1)	
<i>carbamazepine cap er 12hr 300 mg</i>	\$0(1)	
<i>carbamazepine chew tab 100 mg</i>	\$0(1)	
<i>carbamazepine chew tab 200 mg</i>	\$0(1)	
<i>carbamazepine susp 100 mg/5ml</i>	\$0(1)	
<i>carbamazepine tab 200 mg</i>	\$0(1)	

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<i>carbamazepine tab er 12hr 100 mg</i>	\$0(1)	
<i>carbamazepine tab er 12hr 200 mg</i>	\$0(1)	
<i>carbamazepine tab er 12hr 400 mg</i>	\$0(1)	
<i>clobazam suspension 2.5 mg/ml</i>	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	\$0(1)	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	\$0(2)	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAP 500MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PAK 250MG	\$0(2)	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PAK 500MG	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam inj</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diazepam intensol</i>	\$0(1)	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam oral soln 1 mg/ml</i>	\$0(1)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam rectal gel delivery system 2.5 mg</i>	\$0(1)	
<i>diazepam rectal gel delivery system 10 mg</i>	\$0(1)	
<i>diazepam rectal gel delivery system 20 mg</i>	\$0(1)	
<i>diazepam tab 2 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	\$0(2)	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 125 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 250 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 500 mg</i>	\$0(1)	
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>divalproex sodium tab er 24 hr 500 mg</i>	\$0(1)	
EPIDIOLEX SOL 100MG/ML	\$0(2)	NDS, QL (600 mL / 30 days), NM, PA
<i>epitol tab 200mg</i>	\$0(1)	
EPRONTIA SOL 25MG/ML	\$0(2)	QL (480 mL / 30 days), PA
<i>eslicarbazepine acetate tab 200 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 400 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 600 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>eslicarbazepine acetate tab 800 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>ethosuximide cap 250 mg</i>	\$0(1)	
<i>ethosuximide soln 250 mg/5ml</i>	\$0(1)	
<i>felbamate susp 600 mg/5ml</i>	\$0(1)	
<i>felbamate tab 400 mg</i>	\$0(1)	
<i>felbamate tab 600 mg</i>	\$0(1)	
FINTEPLA SOL 2.2MG/ML	\$0(2)	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUS 0.5MG/ML	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin cap 300 mg</i>	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	\$0(1)	QL (180 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gabapentin tab 800 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	\$0(1)	
<i>lacosamide oral</i>	\$0(1)	QL (1200 mL / 30 days)
<i>lacosamide tab 50 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	\$0(1)	
<i>lamotrigine tab 100 mg</i>	\$0(1)	
<i>lamotrigine tab 150 mg</i>	\$0(1)	
<i>lamotrigine tab 200 mg</i>	\$0(1)	
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0(1)	
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 25 mg</i>	\$0(1)	ST
<i>lamotrigine tab er 24hr 50 mg</i>	\$0(1)	ST
<i>lamotrigine tab er 24hr 100 mg</i>	\$0(1)	ST
<i>lamotrigine tab er 24hr 200 mg</i>	\$0(1)	ST
<i>lamotrigine tab er 24hr 250 mg</i>	\$0(1)	ST
<i>lamotrigine tab er 24hr 300 mg</i>	\$0(1)	ST
LEVETIRACETA TAB 250MG	\$0(2)	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0(1)	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0(1)	
<i>levetiracetam oral soln 100 mg/ml</i>	\$0(1)	
<i>levetiracetam tab 250 mg</i>	\$0(1)	
<i>levetiracetam tab 500 mg</i>	\$0(1)	
<i>levetiracetam tab 750 mg</i>	\$0(1)	
<i>levetiracetam tab 1000 mg</i>	\$0(1)	
<i>levetiracetam tab er 24hr 500 mg</i>	\$0(1)	

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<i>levetiracetam tab er 24hr 750 mg</i>	\$0(1)	
<i>methsuximide cap 300 mg</i>	\$0(1)	
NAYZILAM SPR 5MG	\$0(2)	QL (10 nasal units / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0(1)	
<i>oxcarbazepine tab 150 mg</i>	\$0(1)	
<i>oxcarbazepine tab 300 mg</i>	\$0(1)	
<i>oxcarbazepine tab 600 mg</i>	\$0(1)	
<i>perampanel tab 2 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>perampanel tab 4 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>perampanel tab 6 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>perampanel tab 8 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>perampanel tab 10 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>perampanel tab 12 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>phenobarbital elixir 20 mg/5ml</i>	\$0(2)	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older
<i>phenobarbital tab 15 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 30 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older

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<i>phenobarbital tab 32.4 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 60 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 100 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenytek</i>	\$0(1)	
<i>phenytoin chew tab 50 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 100 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 200 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 300 mg</i>	\$0(1)	
<i>phenytoin sodium inj 50 mg/ml</i>	\$0(1)	
<i>phenytoin susp 125 mg/5ml</i>	\$0(1)	
<i>pregabalin cap 25 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 50 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 75 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 150 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 200 mg</i>	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin cap 225 mg</i>	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin cap 300 mg</i>	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin soln 20 mg/ml</i>	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone tab 50 mg</i>	\$0(1)	
<i>primidone tab 125 mg</i>	\$0(1)	
<i>primidone tab 250 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>roweepira</i>	\$0(1)	
<i>rufinamide susp 40 mg/ml</i>	\$0(2)	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	\$0(1)	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	\$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	\$0(2)	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	\$0(2)	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	\$0(2)	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	\$0(2)	QL (90 tabs / 30 days)
<i>subvenite</i>	\$0(1)	
SYMPAZAN MIS 5MG	\$0(2)	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	\$0(2)	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	\$0(2)	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	\$0(1)	
<i>tiagabine hcl tab 4 mg</i>	\$0(1)	
<i>tiagabine hcl tab 12 mg</i>	\$0(1)	
<i>tiagabine hcl tab 16 mg</i>	\$0(1)	
<i>topiramate oral soln 25 mg/ml</i>	\$0(1)	QL (480 mL / 30 days), PA
<i>topiramate sprinkle cap 15 mg</i>	\$0(1)	
<i>topiramate sprinkle cap 25 mg</i>	\$0(1)	
<i>topiramate sprinkle cap 50 mg</i>	\$0(1)	
<i>topiramate tab 25 mg</i>	\$0(1)	
<i>topiramate tab 50 mg</i>	\$0(1)	
<i>topiramate tab 100 mg</i>	\$0(1)	
<i>topiramate tab 200 mg</i>	\$0(1)	
<i>valproate sodium inj 100 mg/ml</i>	\$0(1)	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	\$0(1)	
<i>valproic acid cap 250 mg</i>	\$0(1)	

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VALTOCO SPR 5MG	\$0(2)	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	\$0(2)	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	\$0(2)	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	\$0(2)	QL (10 blister packs / 30 days)
<i>vigabatrin powd pack 500 mg</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin tab 500 mg</i>	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i>	\$0(2)	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOL 100MG/ML	\$0(2)	NDS, QL (900 mL / 30 days), NM, PA
<i>vigpoder</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, PA
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI TAB 25MG	\$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 50MG	\$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	\$0(2)	NDS, QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	\$0(2)	NDS, QL (900 mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zonisamide cap 50 mg</i>	\$0(1)	
<i>zonisamide cap 100 mg</i>	\$0(1)	
ZTALMY SUS 50MG/ML	\$0(2)	NDS, QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	\$0(1)	QL (60 caps / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	\$0(1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	\$0(1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0(2)	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>eszopiclone tab 1 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

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<i>eszopiclone tab 3 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon capsule 20 mg</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam cap 7.5 mg</i>	\$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 15 mg</i>	\$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon cap 5 mg</i>	\$0(2)	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG INJ 70MG/ML	\$0(2)	QL (1 pen / 30 days), NM, PA
AIMOVIG INJ 140MG/ML	\$0(2)	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0(2)	NDS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	\$0(2)	NDS, QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	\$0(2)	QL (3 syringes / 30 days), NM, PA
EMGALITY INJ 120MG/ML	\$0(2)	QL (2 pens / 30 days), NM, PA
EMGALITY INJ 120MG/ML	\$0(2)	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	\$0(1)	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	\$0(1)	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	\$0(2)	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	\$0(2)	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	\$0(2)	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	\$0(2)	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	\$0(1)	QL (24 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	\$0(1)	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	\$0(1)	QL (12 tabs / 30 days)

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<i>sumatriptan succinate tab 50 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	\$0(2)	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	\$0(2)	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TAB 6MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TAB 9MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO TAB 12MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TAB 6MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TAB 12MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TAB 18MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB 24MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB 30MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB 36MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB 42MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB 48MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	\$0(2)	NDS, QL (2 packs / year), NM, PA
<i>lithium carbonate cap 150 mg</i>	\$0(1)	
<i>lithium carbonate cap 300 mg</i>	\$0(1)	
<i>lithium carbonate cap 600 mg</i>	\$0(1)	
<i>lithium carbonate tab 300 mg</i>	\$0(1)	
<i>lithium carbonate tab er 300 mg</i>	\$0(1)	

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<i>lithium carbonate tab er 450 mg</i>	\$0(1)	
<i>lithium oral solution 8 meq/5ml</i>	\$0(1)	
NUEDEXTA CAP 20-10MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0(1)	
<i>riluzole tab 50 mg</i>	\$0(1)	
<i>tetrabenazine tab 12.5 mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CAP 95MG	\$0(2)	NDS, QL (120 caps / 30 days), NM, PA
BETASERON INJ 0.3MG	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 20MG/ML	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE INJ 40MG/ML	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine tab er 12hr 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i>	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i>	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
KESIMPTA INJ 20/.4ML	\$0(2)	NDS, QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen tab 5 mg</i>	\$0(1)	QL (90 tabs / 30 days)

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<i>baclofen tab 10 mg</i>	\$0(1)	
<i>baclofen tab 20 mg</i>	\$0(1)	
<i>carisoprodol tab 350 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl tab 5 mg</i>	\$0(2)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl tab 10 mg</i>	\$0(2)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium cap 25 mg</i>	\$0(1)	
<i>dantrolene sodium cap 50 mg</i>	\$0(1)	
<i>dantrolene sodium cap 100 mg</i>	\$0(1)	
<i>methocarbamol tab 500 mg</i>	\$0(2)	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol tab 750 mg</i>	\$0(2)	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	\$0(1)	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	\$0(1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil tab 50 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil tab 100 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA

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SOD OXYBATE SOL 500MG/ML	\$0(2)	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	\$0(1)	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>disulfiram tab 250 mg</i>	\$0(1)	
<i>disulfiram tab 500 mg</i>	\$0(1)	
<i>ft nicotine</i>	\$0(3)	NM; *
<i>gnp nicotine gum</i>	\$0(3)	NM; *
<i>gnp nicotine mini lozenge</i>	\$0(3)	NM; *
<i>gnp nicotine polacrilex</i>	\$0(3)	NM; *
<i>gnp nicotine polacrilex m</i>	\$0(3)	NM; *
<i>gnp nicotine transdermal</i>	\$0(3)	NM; *
<i>goodsense nicotine</i>	\$0(3)	NM; *
<i>goodsense nicotine gum</i>	\$0(3)	NM; *
<i>goodsense nicotine polacr</i>	\$0(3)	NM; *
<i>hm nicotine polacrilex</i>	\$0(3)	NM; *

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KLOXXADO SPR 8MG	\$0(2)	
<i>naloxone hcl inj 0.4 mg/ml</i>	\$0(1)	
<i>naloxone hcl inj 4 mg/10ml</i>	\$0(1)	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	\$0(1)	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	\$0(3)	NM; *
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	\$0(1)	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	\$0(1)	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0(1)	
<i>naltrexone hcl tab 50 mg</i>	\$0(1)	
<i>nicotine mini lozenge</i>	\$0(3)	NM; *
<i>nicotine polacrilex gum 2 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex gum 4 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex lozenge 2 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex lozenge 4 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex mini</i>	\$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td patch 24hr 14 mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0(3)	NM; *
<i>nicotine transdermal syst</i>	\$0(3)	NM; *
NICOTROL INH	\$0(2)	
NICOTROL NS SPR 10MG/ML	\$0(2)	
<i>sm nicotine</i>	\$0(3)	NM; *
<i>sm nicotine polacrilex</i>	\$0(3)	NM; *
<i>sm nicotine transdermal s</i>	\$0(3)	NM; *
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	\$0(1)	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	\$0(1)	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	\$0(1)	QL (2 packs / year)
VIVITROL INJ 380MG	\$0(2)	NDS, NM

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ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
<i>danazol cap 50 mg</i>	\$0(1)	
<i>danazol cap 100 mg</i>	\$0(1)	
<i>danazol cap 200 mg</i>	\$0(1)	
<i>depo-testosterone</i>	\$0(1)	PA
<i>methyltestosterone cap 10 mg</i>	\$0(2)	NDS, QL (600 caps / 30 days), PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0(1)	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0(1)	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0(1)	PA
<i>testosterone pump</i>	\$0(1)	QL (150 gm / 30 days), PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	\$0(1)	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0(1)	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0(1)	QL (300 gm / 30 days), PA
ANTIDIABETICS		
<i>acarbose tab 25 mg</i>	\$0(1)	
<i>acarbose tab 50 mg</i>	\$0(1)	
<i>acarbose tab 100 mg</i>	\$0(1)	
FARXIGA TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl</i>	\$0(1)	QL (60 tabs / 30 days)

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<i>glipizide xl</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	\$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	\$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	\$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	\$0(2)	QL (4 pens / 28 days), PA

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MOUNJARO INJ 12.5/0.5	\$0(2)	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	\$0(2)	QL (4 pens / 28 days), PA
<i>nateglinide tab 60 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	\$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	\$0(2)	QL (1 pen / 28 days), PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	\$0(1)	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	\$0(2)	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	\$0(2)	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	\$0(2)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)

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TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	\$0(2)	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	\$0(2)	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	\$0(2)	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	\$0(2)	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG INJ 100U/ML	\$0(2)	
ADMELOG SOLO INJ 100U/ML	\$0(2)	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	\$0(2)	PA
BASAGLAR INJ 100UNIT	\$0(2)	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	\$0(2)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	\$0(2)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	\$0(2)	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	\$0(2)	
FIASP INJ 100/ML	\$0(2)	
FIASP PENFIL INJ U-100	\$0(2)	
FIASP PMPCRT INJ U-100	\$0(2)	B/D
GAUZE PADS 2" X 2"	\$0(2)	PA
HUMULIN R INJ U-500	\$0(2)	NDS
HUMULIN R INJ U-500	\$0(2)	NDS, B/D
INSULIN PEN NEEDLES: BD-EMBECTA	\$0(2)	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	\$0(2)	PA
INSULIN SYRINGES: BD-EMBECTA	\$0(2)	PA
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	\$0(2)	(brand RELION not covered)
NOVOLIN N INJ U-100	\$0(2)	(brand RELION not covered)

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NOVOLIN R INJ 100 UNIT	\$0(2)	(brand RELION not covered)
NOVOLIN R INJ U-100	\$0(2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	\$0(2)	(brand RELION not covered)
NOVOLOG INJ FLEXPEN	\$0(2)	(brand RELION not covered)
NOVOLOG INJ PENFILL	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	\$0(2)	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	\$0(2)	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	\$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	\$0(2)	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	\$0(2)	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	\$0(2)	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	\$0(2)	
TOUJEO SOLO INJ 300/ML	\$0(2)	
TRESIBA FLEX INJ 100UNIT	\$0(2)	
TRESIBA FLEX INJ 200UNIT	\$0(2)	
TRESIBA INJ 100UNIT	\$0(2)	
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium oral soln 70 mg/75ml</i>	\$0(1)	ST
<i>alendronate sodium tab 10 mg</i>	\$0(1)	

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<i>alendronate sodium tab 35 mg</i>	\$0(1)	
<i>alendronate sodium tab 70 mg</i>	\$0(1)	
BONSITY INJ 560/2.24	\$0(2)	NDS, NM, PA
<i>calcitonin (salmon) spray</i>	\$0(1)	B/D
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	\$0(1)	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0(1)	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0(1)	B/D
PAMIDRONATE INJ 6MG/ML	\$0(2)	B/D
PROLIA INJ 60MG/ML	\$0(2)	QL (1 syringe / 180 days), NM
<i>risedronate sodium tab 5 mg</i>	\$0(1)	
<i>risedronate sodium tab 35 mg</i>	\$0(1)	
<i>risedronate sodium tab 150 mg</i>	\$0(1)	
<i>risedronate sodium tab delayed release 35 mg</i>	\$0(1)	ST
TERIPARATIDE INJ 560/2.24	\$0(2)	NDS, NM, PA; (ALVOGEN product)
WYOST INJ 120/1.7	\$0(2)	NDS, NM, PA
XGEVA INJ	\$0(2)	NDS, NM, PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0(1)	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAP 100MG	\$0(2)	NDS
<i>deferasirox tab 90 mg</i>	\$0(1)	NM, PA
<i>deferasirox tab 180 mg</i>	\$0(2)	NM, PA
<i>deferasirox tab 360 mg</i>	\$0(2)	NM, PA
<i>deferasirox tab for oral susp 125 mg</i>	\$0(1)	NM, PA
<i>deferasirox tab for oral susp 250 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox tab for oral susp 500 mg</i>	\$0(2)	NDS, NM, PA
<i>kionex</i>	\$0(1)	
LOKELMA PAK 5GM	\$0(2)	
LOKELMA PAK 10GM	\$0(2)	
<i>penicillamine tab 250 mg</i>	\$0(2)	NDS, NM

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<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>sps</i>	\$0(1)	
<i>sps rectal</i>	\$0(1)	
<i>trientine hcl cap 250 mg</i>	\$0(2)	NDS, NM, PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>afirmelle</i>	\$0(1)	
<i>altavera</i>	\$0(1)	
<i>alyacen 1/35</i>	\$0(1)	
<i>alyacen 7/7/7</i>	\$0(1)	
<i>amethia tab</i>	\$0(1)	
<i>amethyst</i>	\$0(1)	
<i>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra eq</i>	\$0(1)	
<i>aurovela 1/20</i>	\$0(1)	
<i>aurovela 24 fe</i>	\$0(1)	
<i>aurovela fe 1.5/30</i>	\$0(1)	
<i>aurovela fe 1/20</i>	\$0(1)	
<i>aviane</i>	\$0(1)	
<i>ayuna</i>	\$0(1)	
<i>azurette</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>blisovi 24 fe</i>	\$0(1)	
<i>blisovi fe 1.5/30</i>	\$0(1)	
<i>briellyn</i>	\$0(1)	
<i>camila</i>	\$0(1)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>chateal eq</i>	\$0(1)	
<i>cryselle-28</i>	\$0(1)	
<i>curae</i>	\$0(3)	NM; *
<i>cyred eq</i>	\$0(1)	

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<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane</i>	\$0(1)	
DEPO-SQ PROV INJ 104	\$0(2)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>dolishale</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0(1)	
<i>econtra one-step</i>	\$0(3)	NM; *
<i>elinest</i>	\$0(1)	
<i>eluryng</i>	\$0(1)	
<i>emzahh</i>	\$0(1)	
<i>enilloring</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin</i>	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
<i>feirza tab 1.5/30</i>	\$0(1)	
<i>feirza tab 1/20</i>	\$0(1)	
<i>finzala</i>	\$0(1)	
<i>galbriela chw</i>	\$0(1)	

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<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	
<i>haloette</i>	\$0(1)	
<i>heather</i>	\$0(1)	
<i>her style</i>	\$0(3)	NM; *
<i>iclevia</i>	\$0(1)	
<i>incassia</i>	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jaimiess tab</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel 1.5/30</i>	\$0(1)	
<i>junel 1/20</i>	\$0(1)	
<i>junel fe 1.5/30</i>	\$0(1)	
<i>junel fe 1/20</i>	\$0(1)	
<i>junel fe 24</i>	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	
<i>kariva</i>	\$0(1)	
<i>kelnor 1/35</i>	\$0(1)	
<i>kelnor 1/50 tab</i>	\$0(1)	
<i>kurvelo</i>	\$0(1)	
<i>larin 1.5/30</i>	\$0(1)	
<i>larin 1/20</i>	\$0(1)	
<i>larin 24 fe</i>	\$0(1)	
<i>larin fe 1.5/30</i>	\$0(1)	
<i>larin fe 1/20</i>	\$0(1)	
<i>layolis fe chw</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	\$0(1)	

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<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel tab 1.5 mg</i>	\$0(3)	NM; *
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
LILETTA IUD 52MG	\$0(2)	NM
<i>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	
<i>loestrin fe 1.5/30</i>	\$0(1)	
<i>loestrin fe 1/20</i>	\$0(1)	
<i>lojaimiess tab</i>	\$0(1)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>luizza 1/20 tab</i>	\$0(1)	
<i>luizza tab 1.5/30</i>	\$0(1)	
<i>lutra</i>	\$0(1)	
<i>lyleq</i>	\$0(1)	
<i>lyza</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0(1)	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	\$0(1)	

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<i>meleya tab 0.35mg</i>	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-lynyah</i>	\$0(1)	
<i>my choice</i>	\$0(3)	NM; *
<i>my way</i>	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day</i>	\$0(3)	NM; *
NEXPLANON IMP 68MG	\$0(2)	NM
<i>nikki</i>	\$0(1)	
<i>nora-be</i>	\$0(1)	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norethindrone tab 0.35 mg</i>	\$0(1)	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc</i>	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	

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<i>nortrel 1/35 (21)</i>	\$0(1)	
<i>nortrel 1/35 (28)</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
<i>nylia 1/35</i>	\$0(1)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>option 2</i>	\$0(3)	NM; *
<i>orquidea tab 0.35mg</i>	\$0(1)	
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	
<i>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>rosyrah tab</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	
<i>sharobel</i>	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	
<i>syeda</i>	\$0(1)	
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	
<i>tri-lo-estarylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo tab</i>	\$0(1)	

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<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>turqoz</i>	\$0(1)	
<i>tydemy tab</i>	\$0(1)	
<i>valtya 1/35 tab</i>	\$0(1)	
<i>valtya 1/50 tab</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vestura</i>	\$0(1)	
<i>vienva</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wera</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xarah fe tab</i>	\$0(1)	
<i>xelria fe chw 0.4mg-35</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zafemy</i>	\$0(1)	
<i>zovia 1/35</i>	\$0(1)	
<i>zumandimine</i>	\$0(1)	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>abigale lo tab 0.5-0.1</i>	\$0(2)	
<i>abigale tab 1-0.5mg</i>	\$0(2)	
<i>dotti</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	\$0(2)	
<i>estradiol tab 0.5 mg</i>	\$0(2)	
<i>estradiol tab 1 mg</i>	\$0(2)	
<i>estradiol tab 2 mg</i>	\$0(2)	

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<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	\$0(2)	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	\$0(2)	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	\$0(2)	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	\$0(2)	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0(2)	
<i>estradiol vaginal cream 0.01%</i>	\$0(1)	
<i>estradiol vaginal tab 10 mcg</i>	\$0(1)	
<i>estradiol valerate im in oil 10 mg/ml</i>	\$0(1)	
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0(1)	
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0(1)	
<i>fyavolv tab 0.5mg-2.5mcg</i>	\$0(2)	
<i>fyavolv tab 1mg-5mcg</i>	\$0(2)	
<i>jinteli</i>	\$0(2)	
<i>lyllana</i>	\$0(2)	
<i>mimvey</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0(2)	
<i>yuvaferm</i>	\$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
DEXAMETHASON CON 1MG/ML	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0(1)	
<i>dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)</i>	\$0(1)	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	\$0(1)	
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0(1)	
<i>dexamethasone tab 0.5 mg</i>	\$0(1)	
<i>dexamethasone tab 0.75 mg</i>	\$0(1)	
<i>dexamethasone tab 1 mg</i>	\$0(1)	
<i>dexamethasone tab 1.5 mg</i>	\$0(1)	
<i>dexamethasone tab 2 mg</i>	\$0(1)	
<i>dexamethasone tab 4 mg</i>	\$0(1)	
<i>dexamethasone tab 6 mg</i>	\$0(1)	
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0(1)	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	\$0(1)	
<i>hydrocortisone tab 5 mg</i>	\$0(1)	
<i>hydrocortisone tab 10 mg</i>	\$0(1)	
<i>hydrocortisone tab 20 mg</i>	\$0(1)	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0(1)	B/D

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<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0(1)	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	\$0(1)	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	\$0(1)	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0(1)	B/D
<i>methylprednisolone tab 4 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab 8 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab 16 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab 32 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	\$0(1)	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	\$0(1)	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	\$0(1)	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	\$0(1)	B/D
<i>prednisolone soln 15 mg/5ml</i>	\$0(1)	B/D
PREDNISONE CON 5MG/ML	\$0(2)	B/D
<i>prednisone oral soln 5 mg/5ml</i>	\$0(1)	B/D
<i>prednisone tab 1 mg</i>	\$0(1)	B/D
<i>prednisone tab 2.5 mg</i>	\$0(1)	B/D
<i>prednisone tab 5 mg</i>	\$0(1)	B/D
<i>prednisone tab 10 mg</i>	\$0(1)	B/D
<i>prednisone tab 20 mg</i>	\$0(1)	B/D
<i>prednisone tab 50 mg</i>	\$0(1)	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0(1)	
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0(1)	
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0(1)	
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0(1)	
SOLU-CORTEF INJ 100MG	\$0(2)	

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SOLU-CORTEF INJ 250MG	\$0(2)	
SOLU-CORTEF INJ 500MG	\$0(2)	
SOLU-CORTEF INJ 1000MG	\$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
<i>cvs glucose</i>	\$0(3)	NM; *
<i>diazoxide susp 50 mg/ml</i>	\$0(2)	NDS
TRUEPLS GLUC GEL 15/32ML	\$0(3)	NM; *
<i>value plus glucose</i>	\$0(3)	NM; *
ZEGALOGUE INJ 0.6/0.6	\$0(2)	
MISCELLANEOUS		
ALDURAZYME INJ 2.9MG/5M	\$0(2)	NDS, NM, PA
<i>betaine powder for oral solution</i>	\$0(2)	NDS, NM
<i>cabergoline tab 0.5 mg</i>	\$0(1)	
<i>carglumic acid soluble tab 200 mg</i>	\$0(2)	NDS, NM, PA
CERDELGA CAP 84MG	\$0(2)	NDS, NM, PA
CEREZYME INJ 400UNIT	\$0(2)	NDS, NM, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	\$0(1)	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	\$0(1)	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAP 50MG	\$0(2)	NM, PA
CYSTAGON CAP 150MG	\$0(2)	NM, PA
<i>desmopressin acetate inj 4 mcg/ml</i>	\$0(2)	NDS
<i>desmopressin acetate nasal spray soln 0.01%</i>	\$0(1)	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	\$0(1)	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	\$0(2)	NDS
<i>desmopressin acetate tab 0.1 mg</i>	\$0(1)	
<i>desmopressin acetate tab 0.2 mg</i>	\$0(1)	
FABRAZYME INJ 5MG	\$0(2)	NDS, NM, PA

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FABRAZYME INJ 35MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.2MG	\$0(2)	NM, PA
GENOTROPIN INJ 0.4MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.6MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.8MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.2MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.4MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.6MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.8MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 2MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 5MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 12MG	\$0(2)	NDS, NM, PA
INCRELEX INJ 40MG/4ML	\$0(2)	NDS, NM, PA
<i>javygtor</i>	\$0(2)	NDS, NM, PA
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	\$0(2)	NDS, NM, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0(1)	B/D
<i>levocarnitine tab 330 mg</i>	\$0(1)	B/D
LUMIZYME INJ 50MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 3M 30MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 15MG	\$0(2)	NDS, NM, PA
LUPRON DEPOT INJ 45MG	\$0(2)	NDS, NM, PA
<i>mifepristone tab 300 mg</i>	\$0(2)	NDS, NM, PA
NAGLAZYME INJ 1MG/ML	\$0(2)	NDS, NM, PA
<i>nitisinone cap 2 mg</i>	\$0(2)	NDS, NM, PA
<i>nitisinone cap 5 mg</i>	\$0(2)	NDS, NM, PA
<i>nitisinone cap 10 mg</i>	\$0(2)	NDS, NM, PA
<i>nitisinone cap 20 mg</i>	\$0(2)	NDS, NM, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0(1)	NM, PA

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<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	\$0(1)	NM, PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	\$0(1)	NM, PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	\$0(2)	NDS, NM, PA
<i>raloxifene hcl tab 60 mg</i>	\$0(1)	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	\$0(2)	NDS, NM, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	\$0(2)	NDS, NM, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	\$0(2)	NDS, NM, PA
SIGNIFOR INJ 0.3MG/ML	\$0(2)	NDS, NM, PA
SIGNIFOR INJ 0.6MG/ML	\$0(2)	NDS, NM, PA
SIGNIFOR INJ 0.9MG/ML	\$0(2)	NDS, NM, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0(2)	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	\$0(2)	NDS, NM, PA
SOMATULINE INJ 60/0.2ML	\$0(2)	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	\$0(2)	NDS, NM, PA
SOMATULINE INJ 120/5ML	\$0(2)	NDS, NM, PA
SOMAVERT INJ 10MG	\$0(2)	NDS, NM, PA
SOMAVERT INJ 15MG	\$0(2)	NDS, NM, PA
SOMAVERT INJ 20MG	\$0(2)	NDS, NM, PA
SOMAVERT INJ 25MG	\$0(2)	NDS, NM, PA
SOMAVERT INJ 30MG	\$0(2)	NDS, NM, PA

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SYNAREL SOL 2MG/ML	\$0(2)	NDS, PA
VEOZAH TAB 45MG	\$0(2)	PA
zelvysia pow 100mg	\$0(2)	NDS, NM, PA
zelvysia pow 500mg	\$0(2)	NDS, NM, PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
gallifrey tab 5mg	\$0(1)	
medroxyprogesterone acetate tab 2.5 mg	\$0(1)	
medroxyprogesterone acetate tab 5 mg	\$0(1)	
medroxyprogesterone acetate tab 10 mg	\$0(1)	
megestrol acetate susp 40 mg/ml	\$0(2)	
megestrol acetate susp 625 mg/5ml	\$0(2)	PA
norethindrone acetate tab 5 mg	\$0(1)	
progesterone cap 100 mg	\$0(1)	
progesterone cap 200 mg	\$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levo-t	\$0(1)	
levothyroxine sodium tab 25 mcg	\$0(1)	
levothyroxine sodium tab 50 mcg	\$0(1)	
levothyroxine sodium tab 75 mcg	\$0(1)	
levothyroxine sodium tab 88 mcg	\$0(1)	
levothyroxine sodium tab 100 mcg	\$0(1)	
levothyroxine sodium tab 112 mcg	\$0(1)	
levothyroxine sodium tab 125 mcg	\$0(1)	
levothyroxine sodium tab 137 mcg	\$0(1)	
levothyroxine sodium tab 150 mcg	\$0(1)	
levothyroxine sodium tab 175 mcg	\$0(1)	
levothyroxine sodium tab 200 mcg	\$0(1)	
levothyroxine sodium tab 300 mcg	\$0(1)	
levoxyl	\$0(1)	
liothyronine sodium tab 5 mcg	\$0(1)	
liothyronine sodium tab 25 mcg	\$0(1)	
liothyronine sodium tab 50 mcg	\$0(1)	
methimazole tab 5 mg	\$0(1)	

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<i>methimazole tab 10 mg</i>	\$0(1)	
<i>propylthiouracil tab 50 mg</i>	\$0(1)	
SYNTHROID TAB 25MCG	\$0(2)	
SYNTHROID TAB 50MCG	\$0(2)	
SYNTHROID TAB 75MCG	\$0(2)	
SYNTHROID TAB 88MCG	\$0(2)	
SYNTHROID TAB 100MCG	\$0(2)	
SYNTHROID TAB 112MCG	\$0(2)	
SYNTHROID TAB 125MCG	\$0(2)	
SYNTHROID TAB 137MCG	\$0(2)	
SYNTHROID TAB 150MCG	\$0(2)	
SYNTHROID TAB 175MCG	\$0(2)	
SYNTHROID TAB 200MCG	\$0(2)	
SYNTHROID TAB 300MCG	\$0(2)	
<i>unithroid</i>	\$0(1)	
VITAMIN D ANALOGS		
<i>calcitriol (oral)</i>	\$0(1)	B/D
<i>calcitriol cap 0.5 mcg</i>	\$0(1)	B/D
<i>calcitriol cap 0.25 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 1 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 2 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 4 mcg</i>	\$0(1)	B/D
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
<i>acid gone</i>	\$0(3)	NM; *
ACID GONE	\$0(3)	NM; *
<i>almacone double strength</i>	\$0(3)	NM; *
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	\$0(3)	NM; *
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	\$0(3)	NM; *
ALUM HYDROX SUS 320/5ML	\$0(3)	NM; *
<i>antacid</i>	\$0(3)	NM; *

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<i>antacid calcium regular s</i>	\$0(3)	NM; *
<i>antacid extra strength</i>	\$0(3)	NM; *
<i>antacid maximum strength</i>	\$0(3)	NM; *
<i>antacid regular strength</i>	\$0(3)	NM; *
<i>antacid/antigas liquid</i>	\$0(3)	NM; *
<i>cal-gest antacid</i>	\$0(3)	NM; *
<i>calcium antacid</i>	\$0(3)	NM; *
<i>calcium antacid extra str</i>	\$0(3)	NM; *
CALCIUM CARB SUS 1250/5ML	\$0(3)	NM; *
<i>ft antacid & antigas</i>	\$0(3)	NM; *
<i>ft antacid extra strength</i>	\$0(3)	NM; *
<i>ft antacid regular streng</i>	\$0(3)	NM; *
<i>gnp antacid</i>	\$0(3)	NM; *
<i>gnp antacid & anti-gas/re</i>	\$0(3)	NM; *
<i>gnp antacid and anti-gas/</i>	\$0(3)	NM; *
<i>gnp antacid anti-gas/maxi</i>	\$0(3)	NM; *
<i>gnp antacid extra strengt</i>	\$0(3)	NM; *
<i>gnp antacid/regular stren</i>	\$0(3)	NM; *
<i>heartburn relief extra st</i>	\$0(3)	NM; *
<i>hm antacid extra strength</i>	\$0(3)	NM; *
<i>mag-al plus</i>	\$0(3)	NM; *
<i>mag-al plus xs</i>	\$0(3)	NM; *
<i>magnesium oxide tab 400 mg</i>	\$0(3)	NM; *
<i>magnesium oxide tab 420 mg</i>	\$0(3)	NM; *
<i>maox</i>	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>mintox plus</i>	\$0(3)	NM; *
<i>sm antacid</i>	\$0(3)	NM; *
<i>sm antacid extra strength</i>	\$0(3)	NM; *
<i>sm calcium antacid extra</i>	\$0(3)	NM; *
<i>smooth antacid extra stre</i>	\$0(3)	NM; *
<i>sodium bicarbonate tab 325 mg</i>	\$0(3)	NM; *
<i>sodium bicarbonate tab 650 mg</i>	\$0(3)	NM; *

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SODIUM POW BICARBON	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrheal</i>	\$0(3)	NM; *
<i>bismuth subsalicylate chew tab 262 mg</i>	\$0(3)	NM; *
<i>ft anti-diarrheal</i>	\$0(3)	NM; *
<i>ft stomach relief</i>	\$0(3)	NM; *
<i>gnp anti-diarrheal</i>	\$0(3)	NM; *
<i>gnp loperamide hydrochlor</i>	\$0(3)	NM; *
<i>gnp pink bismuth</i>	\$0(3)	NM; *
<i>gnp pink bismuth ultra st</i>	\$0(3)	NM; *
<i>gnp stomach relief</i>	\$0(3)	NM; *
<i>goodsense anti-diarrheal</i>	\$0(3)	NM; *
<i>loperamide hcl soln 1 mg/7.5ml</i>	\$0(3)	NM; *
<i>loperamide hcl tab 2 mg</i>	\$0(3)	NM; *
<i>sm anti-diarrheal</i>	\$0(3)	NM; *
<i>sm stomach relief</i>	\$0(3)	NM; *
<i>stomach relief</i>	\$0(3)	NM; *
<i>stomach relief extra stre</i>	\$0(3)	NM; *
<i>stomach relief ultra</i>	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>anti-nausea</i>	\$0(3)	NM; *
<i>aprepitant capsule 40 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 80 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 125 mg</i>	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro</i>	\$0(1)	
<i>driminate</i>	\$0(3)	NM; *
<i>dronabinol cap 2.5 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>ft motion sickness</i>	\$0(3)	NM; *
<i>gnp anti-nausea relief</i>	\$0(3)	NM; *

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<i>gnp motion sickness relie</i>	\$0(3)	NM; *
<i>gnp nausea relief</i>	\$0(3)	NM; *
<i>granisetron hcl inj 1 mg/ml</i>	\$0(1)	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0(1)	
<i>granisetron hcl tab 1 mg</i>	\$0(1)	B/D
<i>meclizine hcl chew tab 25 mg</i>	\$0(3)	NM; *
<i>meclizine hcl tab 12.5 mg</i>	\$0(2)	
<i>meclizine hcl tab 12.5 mg</i>	\$0(3)	NM; *
<i>meclizine hcl tab 25 mg</i>	\$0(2)	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0(1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0(1)	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0(1)	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0(1)	
<i>motion sickness relief</i>	\$0(3)	NM; *
<i>motion sickness relief/le</i>	\$0(3)	NM; *
<i>motion-time</i>	\$0(3)	NM; *
<i>nausea relief</i>	\$0(3)	NM; *
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0(1)	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0(1)	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	\$0(1)	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0(1)	B/D
<i>ondansetron hcl tab 4 mg</i>	\$0(1)	B/D
<i>ondansetron hcl tab 8 mg</i>	\$0(1)	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0(1)	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0(1)	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	\$0(1)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0(1)	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prochlorperazine suppos 25 mg</i>	\$0(1)	
<i>promethazine hcl inj 25 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl inj 50 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 12.5 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 25 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 50 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0(2)	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>sm motion sickness</i>	\$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl cap 10 mg</i>	\$0(2)	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	\$0(2)	
<i>dicyclomine hcl tab 20 mg</i>	\$0(2)	
<i>glycopyrrolate tab 1 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glycopyrrolate tab 2 mg</i>	\$0(1)	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i>	\$0(3)	NM; *
<i>acid reducer original str</i>	\$0(3)	NM; *
<i>famotidine for susp 40 mg/5ml</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0(1)	
<i>famotidine inj 40 mg/4ml</i>	\$0(1)	
<i>famotidine inj 200 mg/20ml</i>	\$0(1)	
<i>famotidine original stren</i>	\$0(3)	NM; *
<i>famotidine preservative free inj 20 mg/2ml</i>	\$0(1)	
<i>famotidine tab 10 mg</i>	\$0(3)	NM; *
<i>famotidine tab 20 mg</i>	\$0(1)	
<i>famotidine tab 40 mg</i>	\$0(1)	
<i>ft acid reducer</i>	\$0(3)	NM; *
<i>gnp acid reducer</i>	\$0(3)	NM; *
<i>heartburn relief</i>	\$0(3)	NM; *
<i>nizatidine cap 150 mg</i>	\$0(1)	
<i>nizatidine cap 300 mg</i>	\$0(1)	
<i>sm acid reducer</i>	\$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	\$0(1)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0(1)	QL (90 caps / 30 days), PA
<i>budesonide tab er 24hr 9 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone enema 100 mg/60ml</i>	\$0(1)	
<i>mesalamine cap dr 400 mg</i>	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine enema 4 gm</i>	\$0(1)	QL (1680 mL / 28 days)
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0(1)	QL (28 bottles / 28 days)
<i>mesalamine suppos 1000 mg</i>	\$0(1)	QL (30 suppositories / 30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	\$0(1)	QL (120 tabs / 30 days)
<i>sulfasalazine tab 500 mg</i>	\$0(1)	
<i>sulfasalazine tab delayed release 500 mg</i>	\$0(1)	
LAXATIVES		
<i>bisacodyl ec</i>	\$0(3)	NM; *

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<i>bisacodyl suppos 10 mg</i>	\$0(3)	NM; *
<i>calcium polycarbophil tab 625 mg</i>	\$0(3)	NM; *
<i>chocolated laxative regul</i>	\$0(3)	NM; *
<i>clearlax</i>	\$0(3)	NM; *
<i>colace 2-in-1</i>	\$0(3)	NM; *
COLACE CLEAR CAP 50MG	\$0(3)	NM; *
<i>constulose</i>	\$0(1)	
<i>docusate calcium cap 240 mg</i>	\$0(3)	NM; *
<i>docusate mini</i>	\$0(3)	NM; *
<i>docusate sodium cap 100 mg</i>	\$0(3)	NM; *
<i>docusate sodium cap 250 mg</i>	\$0(3)	NM; *
<i>docusate sodium liquid 150 mg/15ml</i>	\$0(3)	NM; *
DOCUSOL KIDS ENE 100MG/5M	\$0(3)	NM; *
<i>dok</i>	\$0(3)	NM; *
<i>enema ready-to-use</i>	\$0(3)	NM; *
<i>enemeez mini</i>	\$0(3)	NM; *
<i>enemeez plus</i>	\$0(3)	NM; *
<i>enulose</i>	\$0(1)	
<i>fiber-lax</i>	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *
FLEET LIQUID ENE GLYCERIN	\$0(3)	NM; *
<i>ft clearlax</i>	\$0(3)	NM; *
<i>ft fiber laxative</i>	\$0(3)	NM; *
<i>ft gentle laxative</i>	\$0(3)	NM; *
<i>ft laxative</i>	\$0(3)	NM; *
<i>ft milk of magnesia</i>	\$0(3)	NM; *
<i>ft senna laxative</i>	\$0(3)	NM; *
<i>ft senna-s</i>	\$0(3)	NM; *
<i>ft stool softener</i>	\$0(3)	NM; *
<i>gavilax</i>	\$0(3)	NM; *
<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>gavilyte-n sol flav pk</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>generlac</i>	\$0(1)	
<i>gentle laxative</i>	\$0(3)	NM; *
<i>glycerin childrens</i>	\$0(3)	NM; *
<i>glycerin suppos 2 gm</i>	\$0(3)	NM; *
<i>glycolax</i>	\$0(3)	NM; *
<i>gnp clearlax</i>	\$0(3)	NM; *
<i>gnp fiber therapy</i>	\$0(3)	NM; *
<i>gnp gentle laxative</i>	\$0(3)	NM; *
<i>gnp glycerin adult</i>	\$0(3)	NM; *
<i>gnp glycerin child</i>	\$0(3)	NM; *
<i>gnp milk of magnesia</i>	\$0(3)	NM; *
<i>gnp senna lax</i>	\$0(3)	NM; *
<i>gnp senna plus</i>	\$0(3)	NM; *
<i>gnp stool softener</i>	\$0(3)	NM; *
<i>gnp stool softener/stimul</i>	\$0(3)	NM; *
<i>gnp womens gentle laxativ</i>	\$0(3)	NM; *
<i>goodsense clearlax</i>	\$0(3)	NM; *
<i>healthylax</i>	\$0(3)	NM; *
<i>hm enema saline laxative</i>	\$0(3)	NM; *
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0(1)	
<i>lactulose solution 10 gm/15ml</i>	\$0(1)	
<i>laxative maximum strength</i>	\$0(3)	NM; *
<i>laxative regular strength</i>	\$0(3)	NM; *
MILK OF MAGN SUS 2400/10	\$0(3)	NM; *
<i>milk of magnesia</i>	\$0(3)	NM; *
NUTRISOURCE PAK FIBER	\$0(3)	NM; *
NUTRISOURCE POW FIBER	\$0(3)	NM; *
PEDIA-LAX LIQ 50MG	\$0(3)	NM; *
PEDIA-LAX SUP 2.8GM	\$0(3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0(1)	

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<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0(1)	
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0(3)	NM; *
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	\$0(3)	NM; *
<i>senexon-s</i>	\$0(3)	NM; *
<i>senna plus</i>	\$0(3)	NM; *
SENNAPLUS CAP 8.6-50MG	\$0(3)	NM; *
SENNAPLUS SYP	\$0(3)	NM; *
<i>senna-lax</i>	\$0(3)	NM; *
<i>senna-time</i>	\$0(3)	NM; *
<i>senna-time s</i>	\$0(3)	NM; *
<i>sennosides cap 8.6 mg</i>	\$0(3)	NM; *
<i>sennosides syrup 8.8 mg/5ml</i>	\$0(3)	NM; *
<i>sennosides tab 8.6 mg</i>	\$0(3)	NM; *
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	\$0(3)	NM; *
<i>senokot extra strength</i>	\$0(3)	NM; *
SENNAPLUS KIDS CHW GUMMIES	\$0(3)	NM; *
SENNAPLUS LAX CHW GUMMIES	\$0(3)	NM; *
<i>sm clearlax</i>	\$0(3)	NM; *
<i>sm enema</i>	\$0(3)	NM; *
<i>sm fiber</i>	\$0(3)	NM; *
<i>sm fiber laxative</i>	\$0(3)	NM; *
<i>sm gentle laxative</i>	\$0(3)	NM; *
<i>sm milk of magnesia</i>	\$0(3)	NM; *
<i>sm senna laxative</i>	\$0(3)	NM; *
<i>sm senna-s</i>	\$0(3)	NM; *
<i>sm stool softener</i>	\$0(3)	NM; *
<i>sm stool softener/stimula</i>	\$0(3)	NM; *
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sodium phosphates - enema</i>	\$0(3)	NM; *
<i>soluble fiber</i>	\$0(3)	NM; *
SORBITOL SOL 70%	\$0(3)	NM; *
<i>stimulant laxative</i>	\$0(3)	NM; *
STL SOFT/LAX CAP 8.6-50MG	\$0(3)	NM; *
<i>stool softener</i>	\$0(3)	NM; *
<i>stool softener + stimulan</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0(2)	NDS, QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	\$0(2)	
CREON CAP 6000UNIT	\$0(2)	
CREON CAP 12000UNT	\$0(2)	
CREON CAP 24000UNT	\$0(2)	
CREON CAP 36000UNT	\$0(2)	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0(1)	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0(2)	
GATTEX KIT 5MG	\$0(2)	NDS, NM, PA
LINZESS CAP 72MCG	\$0(2)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	\$0(2)	QL (30 caps / 30 days)
LINZESS CAP 290MCG	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	\$0(1)	
<i>misoprostol tab 100 mcg</i>	\$0(1)	
<i>misoprostol tab 200 mcg</i>	\$0(1)	
MOVANTIK TAB 12.5MG	\$0(2)	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	\$0(2)	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	\$0(2)	NDS, QL (28 syringes / 28 days), PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sucralfate tab 1 gm</i>	\$0(1)	
<i>ursodiol cap 300 mg</i>	\$0(1)	
<i>ursodiol tab 250 mg</i>	\$0(1)	
<i>ursodiol tab 500 mg</i>	\$0(1)	
VOWST CAP	\$0(2)	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TAB 250MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TAB 550MG	\$0(2)	NDS, PA
ZENPEP CAP 3000UNIT	\$0(2)	
ZENPEP CAP 5000UNIT	\$0(2)	
ZENPEP CAP 10000UNIT	\$0(2)	
ZENPEP CAP 15000UNIT	\$0(2)	
ZENPEP CAP 20000UNIT	\$0(2)	
ZENPEP CAP 25000UNIT	\$0(2)	
ZENPEP CAP 40000UNIT	\$0(2)	
ZENPEP CAP 60000UNIT	\$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>lansoprazole cap delayed release 15 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	\$0(1)	
<i>omeprazole cap delayed release 20 mg</i>	\$0(1)	
<i>omeprazole cap delayed release 40 mg</i>	\$0(1)	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0(1)	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0(1)	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	\$0(1)	
<i>rabeprazole sodium ec tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>tadalafil tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl cap 0.4 mg</i>	\$0(1)	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid irrigation soln 0.25%</i>	\$0(1)	
<i>bethanechol chloride tab 5 mg</i>	\$0(1)	
<i>bethanechol chloride tab 10 mg</i>	\$0(1)	
<i>bethanechol chloride tab 25 mg</i>	\$0(1)	
<i>bethanechol chloride tab 50 mg</i>	\$0(1)	
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0(1)	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	\$0(1)	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
GEMTESA TAB 75MG	\$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	\$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride solution 5 mg/5ml</i>	\$0(1)	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	\$0(1)	QL (60 tabs / 30 days)

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<i>tolterodine tartrate tab 2 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	\$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	\$0(1)	
<i>clotrimazole vaginal cream 1%</i>	\$0(3)	NM; *
<i>7 day vagina cre 2%</i>	\$0(3)	NM; *
<i>3 day vaginal</i>	\$0(3)	NM; *
<i>gnp clotrimazole 3</i>	\$0(3)	NM; *
<i>gnp miconazole 1 combinat</i>	\$0(3)	NM; *
<i>gnp miconazole 3</i>	\$0(3)	NM; *
<i>gnp miconazole 7</i>	\$0(3)	NM; *
<i>metronidazole vaginal gel 0.75%</i>	\$0(1)	
<i>miconazole 3 combo pack</i>	\$0(3)	NM; *
<i>miconazole 7</i>	\$0(3)	NM; *
<i>sm 3-day vaginal</i>	\$0(3)	NM; *
<i>sm clotrimazole vaginal</i>	\$0(3)	NM; *
<i>sm miconazole 3</i>	\$0(3)	NM; *
<i>sm miconazole 7</i>	\$0(3)	NM; *
<i>sm tioconazole-1</i>	\$0(3)	NM; *
<i>terconazole vaginal cream 0.4%</i>	\$0(1)	
<i>terconazole vaginal cream 0.8%</i>	\$0(1)	
<i>terconazole vaginal suppos 80 mg</i>	\$0(1)	
<i>tioconazole 1</i>	\$0(3)	NM; *
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	\$0(1)	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	\$0(1)	QL (120 caps / 30 days)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	\$0(1)	QL (60 caps / 30 days)
ELIQUIS ST P TAB 5MG	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	\$0(2)	QL (60 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELIQUIS TAB 5MG	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	\$0(1)	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	\$0(1)	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	\$0(1)	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	\$0(2)	NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0(2)	NDS
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0(2)	NDS
HEP SOD/NAACL INJ 25000UNT	\$0(2)	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	\$0(1)	B/D
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	\$0(1)	B/D
<i>jantoven</i>	\$0(1)	
<i>rivaroxaban for susp 1 mg/ml</i>	\$0(2)	QL (620 mL / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rivaroxaban tab 2.5 mg</i>	\$0(2)	QL (60 tabs / 30 days)
<i>warfarin sodium tab 1 mg</i>	\$0(1)	
<i>warfarin sodium tab 2 mg</i>	\$0(1)	
<i>warfarin sodium tab 2.5 mg</i>	\$0(1)	
<i>warfarin sodium tab 3 mg</i>	\$0(1)	
<i>warfarin sodium tab 4 mg</i>	\$0(1)	
<i>warfarin sodium tab 5 mg</i>	\$0(1)	
<i>warfarin sodium tab 6 mg</i>	\$0(1)	
<i>warfarin sodium tab 7.5 mg</i>	\$0(1)	
<i>warfarin sodium tab 10 mg</i>	\$0(1)	
XARELTO STAR TAB 15/20MG	\$0(2)	QL (51 tabs / 30 days)
XARELTO SUS 1MG/ML	\$0(2)	QL (620 mL / 30 days)
XARELTO TAB 2.5MG	\$0(2)	QL (60 tabs / 30 days)
XARELTO TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
XARELTO TAB 15MG	\$0(2)	QL (30 tabs / 30 days)
XARELTO TAB 20MG	\$0(2)	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA INJ 6/0.6ML	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT INJ 2000/ML	\$0(2)	NM, PA
PROCRIT INJ 3000/ML	\$0(2)	NM, PA
PROCRIT INJ 4000/ML	\$0(2)	NM, PA
PROCRIT INJ 10000/ML	\$0(2)	NM, PA
PROCRIT INJ 20000/ML	\$0(2)	NDS, NM, PA
PROCRIT INJ 40000/ML	\$0(2)	NDS, NM, PA
ZARXIO INJ 300/0.5	\$0(2)	NDS, NM, PA
ZARXIO INJ 480/0.8	\$0(2)	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TAB 9MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TAB 18MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
ALVAIZ TAB 36MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALVAIZ TAB 54MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>anagrelide hcl cap 0.5 mg</i>	\$0(1)	
<i>anagrelide hcl cap 1 mg</i>	\$0(1)	
BERINERT INJ 500UNIT	\$0(2)	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol tab 50 mg</i>	\$0(1)	
<i>cilostazol tab 100 mg</i>	\$0(1)	
DOPTELET TAB 20MG	\$0(2)	NDS, NM, PA
DROXIA CAP 200MG	\$0(2)	
DROXIA CAP 300MG	\$0(2)	
DROXIA CAP 400MG	\$0(2)	
HAEGARDA INJ 2000UNIT	\$0(2)	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA INJ 3000UNIT	\$0(2)	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i>	\$0(2)	NDS, NM, PA
<i>pentoxifylline tab er 400 mg</i>	\$0(1)	
<i>sajazir</i>	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TAB 100MG	\$0(2)	
SIKLOS TAB 1000MG	\$0(2)	NDS
TAVNEOS CAP 10MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0(1)	
<i>tranexamic acid tab 650 mg</i>	\$0(1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
BRILINTA TAB 60MG	\$0(2)	
BRILINTA TAB 90MG	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0(1)	
<i>dipyridamole tab 25 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>dipyridamole tab 50 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>dipyridamole tab 75 mg</i>	\$0(2)	PA; PA applies if 70 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0(1)	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0(1)	
<i>ticagrelor tab 60 mg</i>	\$0(1)	
<i>ticagrelor tab 90 mg</i>	\$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMU-AACF INJ 40/0.8ML	\$0(2)	NDS, QL (2 packs / year), NM, PA
ADALIMU-AACF INJ 40/0.8ML	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
ADALIMU-AACF KIT 40/0.8ML	\$0(2)	NDS, QL (56 syringes / 365 days), NM, PA
COSENTYX INJ 75MG/0.5	\$0(2)	NDS, QL (16 syringes / 365 days), NM, PA
COSENTYX INJ 125/5ML	\$0(2)	NDS, NM, PA
COSENTYX INJ 150MG/ML	\$0(2)	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX INJ 300DOSE	\$0(2)	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX PEN INJ 150MG/ML	\$0(2)	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX PEN INJ 300DOSE	\$0(2)	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNO INJ 300/2ML	\$0(2)	NDS, QL (16 pens / 365 days), NM, PA
DUPIXENT INJ 200/1.14	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DUPIXENT INJ 200MG	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT INJ 300/2ML	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT INJ 300/2ML	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL INJ 25/0.5ML	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL INJ 25MG	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL INJ 50MG/ML	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI INJ 50MG/ML	\$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA INJ 10/0.1ML	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN INJ 40/0.4ML	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 80/0.8ML	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT CD/UC/HS	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN KIT PED UC	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA

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HUMIRA PEN KIT PS/UV	\$0(2)	NDS, QL (3 pens / 28 days), NM, PA
IDACIO 2-PEN INJ 40/0.8ML	\$0(2)	NDS, QL (56 pens / 365 days), NM, PA
IDACIO CROHN INJ DISEASE	\$0(2)	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS	\$0(2)	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB INJ 100MG	\$0(2)	NDS, NM, PA
PYZCHIVA INJ 45/0.5ML	\$0(2)	QL (1 pen / 28 days), NM, PA
PYZCHIVA INJ 45/0.5ML	\$0(2)	QL (1 syringe / 28 days), NM, PA
PYZCHIVA INJ 45/0.5ML	\$0(2)	QL (1 vial / 28 days), NM, PA
PYZCHIVA INJ 90MG/ML	\$0(2)	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA INJ 90MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
PYZCHIVA INJ 130/26ML	\$0(2)	NDS, NM, PA
REMICADE INJ 100MG	\$0(2)	NDS, NM, PA
RENFLEXIS INJ 100MG	\$0(2)	NDS, NM, PA
RINVOQ LQ SOL 1MG/ML	\$0(2)	NDS, QL (360 mL / 30 days), NM, PA
RINVOQ TAB 15MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TAB 30MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TAB 45MG ER	\$0(2)	NDS, QL (168 tabs / year), NM, PA
SKYRIZI INJ 150MG/ML	\$0(2)	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI INJ 180/1.2	\$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI INJ 360/2.4	\$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA

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SKYRIZI PEN INJ 150MG/ML	\$0(2)	NDS, QL (6 pens / 365 days), NM, PA
SKYRIZI SOL 60MG/ML	\$0(2)	NDS, NM, PA
SOTYKTU TAB 6MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
STELARA INJ 5MG/ML	\$0(2)	NDS, NM, PA
STELARA INJ 45/0.5ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
STELARA INJ 45/0.5ML	\$0(2)	NDS, QL (1 vial / 28 days), NM, PA
STELARA INJ 90MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TREMIFYA INJ 100MG/ML	\$0(2)	NDS, QL (1 pen / 28 days), NM, PA
TREMIFYA INJ 100MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TREMIFYA INJ 200/2ML	\$0(2)	NDS, QL (2 pens / 28 days), NM, PA
TREMIFYA INJ 200/2ML	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
TREMIFYA INJ 200/20ML	\$0(2)	NDS, NM, PA
TYENNE INJ 80MG/4ML	\$0(2)	NDS, NM, PA
TYENNE INJ 162/0.9	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
TYENNE INJ 162MG	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
TYENNE INJ 200/10ML	\$0(2)	NDS, NM, PA
TYENNE INJ 400/20ML	\$0(2)	NDS, NM, PA
VELSIPITY TAB 2MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOL 1MG/ML	\$0(2)	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TAB 5MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

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XELJANZ TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ XR TAB 22MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK INJ 45/0.5ML	\$0(2)	QL (1 syringe / 28 days), NM, PA
YESINTEK INJ 45/0.5ML	\$0(2)	QL (1 vial / 28 days), NM, PA
YESINTEK INJ 90MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
YESINTEK INJ 130/26ML	\$0(2)	NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0(1)	
JYLAMVO SOL 2MG/ML	\$0(2)	B/D
<i>leflunomide tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0(1)	
XATMEP SOL 2.5MG/ML	\$0(2)	B/D
IMMUNOGLOBULINS		
ALYGLO INJ 5GM/50ML	\$0(2)	NDS, NM, PA
ALYGLO INJ 10/100ML	\$0(2)	NDS, NM, PA
ALYGLO INJ 20/200ML	\$0(2)	NDS, NM, PA
BIVIGAM INJ 10%	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 10GM/100	\$0(2)	NDS, NM, PA

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GAMMAGARD INJ 20GM/200	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 30GM/300	\$0(2)	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	\$0(2)	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	\$0(2)	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	\$0(2)	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	\$0(2)	NDS, NM, PA
GAMMAKED INJ 10GM/100	\$0(2)	NDS, NM, PA
GAMMAKED INJ 20GM/200	\$0(2)	NDS, NM, PA
GAMMAPLEX INJ 5%	\$0(2)	NDS, NM, PA
GAMMAPLEX INJ 10%	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 1GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 2.5GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 5GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 10/100ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 10GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 20/200ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 30/300ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 1GM/10ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 2.5/25ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 5GM/50ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 10/100ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 20/200ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 30/300ML	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	\$0(2)	NDS, NM, PA

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PRIVIGEN INJ 20GRAMS	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	\$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	\$0(2)	NDS, NM, PA
ARCALYST INJ 220MG	\$0(2)	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	\$0(2)	B/D, NM
ASTAGRAF XL CAP 1MG	\$0(2)	B/D, NM
ASTAGRAF XL CAP 5MG	\$0(2)	NDS, B/D, NM
<i>azathioprine tab 50 mg</i>	\$0(1)	B/D
BENLYSTA INJ 120MG	\$0(2)	NDS, NM, PA
BENLYSTA INJ 200MG/ML	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA INJ 400MG	\$0(2)	NDS, NM, PA
<i>cyclosporine cap 25 mg</i>	\$0(1)	B/D, NM
<i>cyclosporine cap 100 mg</i>	\$0(1)	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	\$0(1)	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	\$0(1)	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	\$0(1)	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0(1)	B/D, NM
<i>everolimus tab 0.5 mg</i>	\$0(2)	NDS, B/D, NM
<i>everolimus tab 0.25 mg</i>	\$0(2)	NDS, B/D, NM
<i>everolimus tab 0.75 mg</i>	\$0(2)	NDS, B/D, NM
<i>everolimus tab 1 mg</i>	\$0(2)	NDS, B/D, NM
<i>gengraf</i>	\$0(1)	B/D, NM
<i>gengraf sol 100mg/ml</i>	\$0(1)	B/D, NM
<i>mycophenolate mofetil cap 250 mg</i>	\$0(1)	B/D, NM
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0(2)	NDS, B/D, NM
<i>mycophenolate mofetil tab 500 mg</i>	\$0(1)	B/D, NM
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0(1)	B/D, NM
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$0(1)	B/D, NM

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NULOJIX INJ 250MG	\$0(2)	NDS, B/D, NM
PROGRAF GRA 0.2MG	\$0(2)	B/D, NM
PROGRAF GRA 1MG	\$0(2)	B/D, NM
REZUROCK TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus oral soln 1 mg/ml</i>	\$0(2)	NDS, B/D, NM
<i>sirolimus tab 0.5 mg</i>	\$0(1)	B/D, NM
<i>sirolimus tab 1 mg</i>	\$0(1)	B/D, NM
<i>sirolimus tab 2 mg</i>	\$0(1)	B/D, NM
<i>tacrolimus cap 0.5 mg</i>	\$0(1)	B/D, NM
<i>tacrolimus cap 1 mg</i>	\$0(1)	B/D, NM
<i>tacrolimus cap 5 mg</i>	\$0(1)	B/D, NM
VACCINES		
ABRYSVO INJ	\$0(1)	
ACTHIB INJ	\$0(1)	
ADACEL INJ	\$0(1)	
AREXVY INJ 120MCG	\$0(1)	
BCG VACCINE INJ 50MG	\$0(1)	
BEXSERO INJ	\$0(1)	
BOOSTRIX INJ	\$0(1)	
DAPTACEL INJ	\$0(1)	
DENGVAXIA SUS	\$0(1)	
DIP/TET PED INJ 25-5LFU	\$0(1)	B/D
ENGERIX-B INJ 10/0.5ML	\$0(1)	B/D
ENGERIX-B INJ 20MCG/ML	\$0(1)	B/D
GARDASIL 9 INJ	\$0(1)	
HAVRIX INJ 720UNIT	\$0(1)	
HAVRIX INJ 1440UNIT	\$0(1)	
HEPLISAV-B INJ 20/0.5ML	\$0(1)	B/D
HIBERIX SOL 10MCG	\$0(1)	
IMOVAX RABIE INJ 2.5/ML	\$0(1)	B/D
INFANRIX INJ	\$0(1)	
IPOL INJ INACTIVE	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IXIARO INJ	\$0(1)	
JYNNEOS INJ	\$0(1)	B/D
KINRIX INJ	\$0(1)	
M-M-R II INJ	\$0(1)	
MENACTRA INJ	\$0(1)	
MENQUADFI INJ	\$0(1)	
MENVEO INJ	\$0(1)	
MENVEO SOL	\$0(1)	
MRESVIA INJ 50MCG	\$0(1)	
PEDIARIX INJ 0.5ML	\$0(1)	
PEDVAX HIB INJ	\$0(1)	
PENBRAYA INJ	\$0(1)	
PENMENVY INJ	\$0(1)	
PENTACEL INJ	\$0(1)	
PRIORIX INJ	\$0(1)	
PROQUAD INJ	\$0(1)	
QUADRACEL INJ 0.5ML	\$0(1)	
RABAVERT INJ	\$0(1)	B/D
RECOMBIVA HB INJ 5MCG/0.5	\$0(1)	B/D
RECOMBIVA HB INJ 10MCG/ML	\$0(1)	B/D
RECOMBIVA-HB INJ 40MCG/ML	\$0(1)	B/D
ROTARIX SUS	\$0(1)	
ROTATEQ SOL	\$0(1)	
SHINGRIX INJ 50/0.5ML	\$0(1)	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	\$0(1)	B/D
TICOVAC INJ	\$0(1)	
TRUMENBA INJ	\$0(1)	
TWINRIX INJ	\$0(1)	
TYPHIM VI INJ	\$0(1)	
VAQTA INJ 25/0.5ML	\$0(1)	
VAQTA INJ 50UNT/ML	\$0(1)	
VARIVAX INJ	\$0(1)	
VAXCHORA SUS	\$0(1)	

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VIMKUNYA INJ 40/0.8ML	\$0(1)	
VIVOTIF CAP EC	\$0(1)	
YF-VAX INJ	\$0(1)	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NACL INJ 0.45%	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% in lactated ringers</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0(1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ PH 7.4	\$0(2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	

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<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
MAGNESIUM SU INJ 2GM/50ML	\$0(2)	
MAGNESIUM SU INJ 4G/100ML	\$0(2)	
MAGNESIUM SU INJ 20/500ML	\$0(2)	
MAGNESIUM SU INJ 40G/1000	\$0(2)	
MAGNESIUM SU INJ 50%	\$0(2)	
MAGNESIUM SU INJ 80MG/ML	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
<i>magnesium sulfate inj 50%</i>	\$0(2)	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	\$0(2)	
<i>multiple electrolytes ph 5.5</i>	\$0(1)	
<i>multiple electrolytes ph 7.4</i>	\$0(1)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	\$0(2)	
POT CHL 20MEQ/L IN NACL 0.45% INJ	\$0(2)	
POT CHL 40MEQ/L IN NACL 0.9% INJ	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>potassium chloride inj 2 meq/ml</i>	\$0(1)	
<i>potassium chloride inj 10 meq/50ml</i>	\$0(1)	
<i>potassium chloride inj 10 meq/100ml</i>	\$0(1)	
<i>potassium chloride inj 20 meq/50ml</i>	\$0(1)	
<i>potassium chloride inj 20 meq/100ml</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride inj 40 meq/100ml</i>	\$0(1)	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	\$0(1)	
<i>sodium chloride iv soln 0.9%</i>	\$0(1)	
<i>sodium chloride iv soln 0.45%</i>	\$0(1)	
<i>sodium chloride iv soln 3%</i>	\$0(1)	
<i>sodium chloride iv soln 5%</i>	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i>	\$0(1)	
<i>klor-con 8</i>	\$0(1)	
<i>klor-con 10</i>	\$0(1)	
<i>klor-con m10</i>	\$0(1)	
<i>klor-con m15</i>	\$0(1)	
<i>klor-con m20</i>	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
<i>potassium chloride cap er 8 meq</i>	\$0(1)	
<i>potassium chloride cap er 10 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0(1)	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0(1)	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0(1)	
<i>potassium chloride powder packet 20 meq</i>	\$0(1)	
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0(1)	
<i>potassium chloride tab er 10 meq</i>	\$0(1)	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	

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PRENATAL TAB PLUS	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
WESTAB PLUS TAB 27-1MG	\$0(2)	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	\$0(2)	B/D
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINIMIX INJ 5%/D15W	\$0(2)	B/D
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
CLINIMIX INJ 6/5	\$0(2)	B/D
CLINIMIX INJ 8/10	\$0(2)	B/D
CLINIMIX INJ 8/14	\$0(2)	B/D
<i>clinisol sf 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
<i>dextrose inj 5%</i>	\$0(1)	
<i>dextrose inj 10%</i>	\$0(1)	
<i>dextrose inj 50%</i>	\$0(1)	B/D
<i>dextrose inj 70%</i>	\$0(1)	B/D
INTRALIPID INJ 20%	\$0(2)	B/D
INTRALIPID INJ 30%	\$0(2)	B/D
NUTRILIPID EMU 20%	\$0(2)	B/D
<i>plenamine</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	NDS, B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
VITAMINS		
B-COMPLEX/FA TAB /VIT C	\$0(3)	NM; *
<i>calcidol</i>	\$0(3)	NM; *
<i>dialyvite 800</i>	\$0(3)	NM; *
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	\$0(3)	NM; *
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>folika-bc</i>	\$0(3)	NM; *
<i>full spectrum b/vitamin c</i>	\$0(3)	NM; *
<i>nephro vitamins</i>	\$0(3)	NM; *
<i>nephro-vite</i>	\$0(3)	NM; *
NEPHRONEX LIQ 0.9/5ML	\$0(3)	NM; *
<i>phytonadione inj 10 mg/ml</i>	\$0(3)	NM; *
<i>phytonadione tab 5 mg</i>	\$0(3)	NM; *
<i>pyridoxine hcl inj 100 mg/ml</i>	\$0(3)	NM; *
<i>rena-vite</i>	\$0(3)	NM; *
<i>rena-vite rx</i>	\$0(3)	NM; *
<i>renal vitamin</i>	\$0(3)	NM; *
<i>reno caps</i>	\$0(3)	NM; *
<i>thiamine hcl inj 100 mg/ml</i>	\$0(3)	NM; *
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0(1)	
<i>neo-polycin hc ophth oint 1%</i>	\$0(1)	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc ophth susp</i>	\$0(1)	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)	
TOBRADEX OIN 0.3-0.1%	\$0(2)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)	
ZYLET SUS 0.5-0.3%	\$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
<i>bacitracin ophth oint 500 unit/gm</i>	\$0(1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)	
BESIVANCE SUS 0.6%	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CILOXAN OIN 0.3% OP	\$0(2)	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	\$0(1)	
<i>erythromycin ophth oint 5 mg/gm</i>	\$0(1)	
<i>gatifloxacin ophth soln 0.5%</i>	\$0(1)	
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0(1)	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0(1)	QL (12 mL / 30 days)
NATACYN SUS 5% OP	\$0(2)	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0(1)	
<i>ofloxacin ophth soln 0.3%</i>	\$0(1)	
<i>polycin ophth oint</i>	\$0(1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0(1)	
<i>sulfacetamide sodium ophth oint 10%</i>	\$0(1)	
<i>sulfacetamide sodium ophth soln 10%</i>	\$0(1)	
<i>tobramycin ophth soln 0.3%</i>	\$0(1)	
<i>trifluridine ophth soln 1%</i>	\$0(1)	
XDEMVY DRO 0.25%	\$0(2)	NDS, NM, PA
ZIRGAN GEL 0.15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	\$0(1)	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	\$0(1)	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	\$0(1)	
<i>diclofenac sodium ophth soln 0.1%</i>	\$0(1)	
FLAREX SUS 0.1% OP	\$0(2)	

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<i>fluorometholone ophth susp 0.1%</i>	\$0(1)	
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0(1)	
<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0(1)	
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0(1)	
LOTEMAX OIN 0.5%	\$0(2)	
<i>loteprednol etabonate ophth susp 0.2%</i>	\$0(1)	
PRED SOD PHO SOL 1% OP	\$0(2)	
<i>prednisolone acetate ophth susp 1%</i>	\$0(1)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophth soln 0.05%</i>	\$0(1)	
<i>cromolyn sodium ophth soln 4%</i>	\$0(1)	
ZERVIAE DRO 0.24%	\$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl ophth soln 0.5%</i>	\$0(1)	
BETOPTIC-S SUS 0.25% OP	\$0(2)	
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0(1)	
<i>brimonidine tartrate ophth soln 0.15%</i>	\$0(1)	
<i>brinzolamide ophth susp 1%</i>	\$0(1)	
<i>carteolol hcl ophth soln 1%</i>	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl ophth soln 2%</i>	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	\$0(1)	
<i>latanoprost ophth soln 0.005%</i>	\$0(1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0(1)	
LUMIGAN SOL 0.01% OP	\$0(2)	
<i>pilocarpine hcl ophth soln 1%</i>	\$0(1)	
<i>pilocarpine hcl ophth soln 2%</i>	\$0(1)	
<i>pilocarpine hcl ophth soln 4%</i>	\$0(1)	
RHOPRESSA SOL 0.02%	\$0(2)	
ROCKLATAN DRO	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>timolol maleate ophth gel forming soln 0.5%</i>	\$0(1)	
<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0(1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0(1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0(1)	
VYZULTA SOL 0.024%	\$0(2)	
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	\$0(2)	
<i>atropine sulfate ophth soln 1%</i>	\$0(1)	
CYSTADROPS SOL 0.37%	\$0(2)	NDS, NM, PA
CYSTARAN SOL 0.44%	\$0(2)	NDS, NM, PA
EYSUVIS DRO 0.25%	\$0(2)	
MIEBO DRO 1.3GM/ML	\$0(2)	
<i>proparacaine hcl ophth soln 0.5%</i>	\$0(1)	
RESTASIS EMU 0.05% OP	\$0(2)	
RESTASIS MUL EMU 0.05% OP	\$0(2)	
XIIDRA DRO 5%	\$0(2)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
<i>acetic acid otic soln 2%</i>	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0(1)	
<i>flac</i>	\$0(1)	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0(1)	
<i>ofloxacin otic soln 0.3%</i>	\$0(1)	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	\$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (1 inhaler / 30 days)

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BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	\$0(1)	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0(1)	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>all day allergy</i>	\$0(3)	NM; *
<i>all day allergy childrens</i>	\$0(3)	NM; *
<i>allergy</i>	\$0(3)	NM; *
<i>allergy childrens</i>	\$0(3)	NM; *
<i>allergy relief</i>	\$0(3)	NM; *
<i>allergy relief childrens</i>	\$0(3)	NM; *
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	\$0(1)	
<i>banophen</i>	\$0(3)	NM; *
<i>cetirizine hcl allergy ch</i>	\$0(3)	NM; *
<i>cetirizine hcl chew tab 5 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl chew tab 10 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl childrens</i>	\$0(3)	NM; *
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0(1)	QL (300 mL / 30 days)
<i>cetirizine hcl tab 5 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl tab 10 mg</i>	\$0(3)	NM; *
<i>cetirizine hydrochloride</i>	\$0(3)	NM; *
<i>childrens loratadine</i>	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyproheptadine hcl tab 4 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl cap 25 mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl cap 50 mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0(1)	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	\$0(3)	NM; *
<i>diphenhydramine hcl tab 25 mg</i>	\$0(3)	NM; *
<i>ft all day allergy</i>	\$0(3)	NM; *
<i>ft all day allergy 24 hou</i>	\$0(3)	NM; *
<i>ft all day allergy relief</i>	\$0(3)	NM; *
<i>ft allergy relief</i>	\$0(3)	NM; *
<i>ft allergy relief childre</i>	\$0(3)	NM; *
<i>gnp all day allergy</i>	\$0(3)	NM; *
<i>gnp all day allergy child</i>	\$0(3)	NM; *
<i>gnp all day allergy relie</i>	\$0(3)	NM; *
<i>gnp allergy</i>	\$0(3)	NM; *
<i>gnp allergy relief</i>	\$0(3)	NM; *
<i>gnp allergy relief maximu</i>	\$0(3)	NM; *
<i>gnp childrens allergy</i>	\$0(3)	NM; *
<i>gnp loratadine</i>	\$0(3)	NM; *
<i>gnp loratadine childrens</i>	\$0(3)	NM; *
<i>goodsense all day allergy</i>	\$0(3)	NM; *
<i>goodsense allergy relief</i>	\$0(3)	NM; *
<i>hm all day allergy childr</i>	\$0(3)	NM; *
<i>hm loratadine</i>	\$0(3)	NM; *
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0(2)	PA; PA applies if 70 years and older

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<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 10 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 25 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 50 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 25 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 50 mg</i>	\$0(2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0(1)	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>liquid allergy relief</i>	\$0(3)	NM; *
<i>loratadine cap 10 mg</i>	\$0(3)	NM; *
<i>loratadine childrens</i>	\$0(3)	NM; *
<i>loratadine oral soln 5 mg/5ml</i>	\$0(3)	NM; *
<i>loratadine rapidly-disintegrating tab 10 mg</i>	\$0(3)	NM; *
<i>loratadine tab 10 mg</i>	\$0(3)	NM; *
<i>m-dryl</i>	\$0(3)	NM; *
<i>sm all day allergy</i>	\$0(3)	NM; *
<i>sm all day allergy relief</i>	\$0(3)	NM; *
<i>sm allergy childrens</i>	\$0(3)	NM; *
<i>sm allergy relief</i>	\$0(3)	NM; *
<i>sm allergy relief childre</i>	\$0(3)	NM; *
<i>sm loratadine</i>	\$0(3)	NM; *

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BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0(1)	
<i>albuterol sulfate tab 2 mg</i>	\$0(1)	
<i>albuterol sulfate tab 4 mg</i>	\$0(1)	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DIS AER 50MCG	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	\$0(1)	
<i>terbutaline sulfate tab 5 mg</i>	\$0(1)	
VENTOLIN HFA (INSTITUTIONAL PACK)	\$0(2)	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	\$0(2)	QL (2 inhalers / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COUGH AND COLD		
<i>chest congestion relief</i>	\$0(3)	NM; *
<i>chest congestion relief d</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	\$0(3)	NM; *
<i>ft nasal decongestant max</i>	\$0(3)	NM; *
<i>ft tussin adult</i>	\$0(3)	NM; *
<i>gnp nasal decongestant</i>	\$0(3)	NM; *
<i>gnp nasal decongestant/ma</i>	\$0(3)	NM; *
<i>gnp tussin dm cough</i>	\$0(3)	NM; *
<i>gnp tussin mucus & chest</i>	\$0(3)	NM; *
<i>guaifenesin liquid 100 mg/5ml</i>	\$0(3)	NM; *
<i>mucinex fast-max chest co</i>	\$0(3)	NM; *
<i>nasal decongestant</i>	\$0(3)	NM; *
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl tab 30 mg</i>	\$0(3)	NM; *
<i>sm tussin dm</i>	\$0(3)	NM; *
<i>sm tussin dm cough/chest</i>	\$0(3)	NM; *
<i>sm tussin mucus + chest c</i>	\$0(3)	NM; *
<i>sudogest</i>	\$0(3)	NM; *
<i>sudogest maximum strength</i>	\$0(3)	NM; *
<i>tusnel diabetic</i>	\$0(3)	NM; *
<i>tusnel-ex</i>	\$0(3)	NM; *
<i>tussin dm</i>	\$0(3)	NM; *
<i>tussin mucus & chest cong</i>	\$0(3)	NM; *
<i>tussin mucus + chest cong</i>	\$0(3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0(1)	
<i>zafirlukast tab 10 mg</i>	\$0(1)	
<i>zafirlukast tab 20 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	\$0(1)	B/D
<i>acetylcysteine inhal soln 20%</i>	\$0(1)	B/D
<i>afrin saline nasal mist</i>	\$0(3)	NM; *
<i>altamist</i>	\$0(3)	NM; *
ALYFTREK TAB 4-20-50	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP INJ 500MG	\$0(2)	NDS, NM, PA
ARALAST NP INJ 1000MG	\$0(2)	NDS, NM, PA
<i>ayr</i>	\$0(3)	NM; *
<i>baby ayr saline</i>	\$0(3)	NM; *
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0(1)	B/D
<i>cvs saline nasal spray</i>	\$0(3)	NM; *
<i>deep sea nasal spray</i>	\$0(3)	NM; *
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0(1)	(generic of AdrenaClick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0(1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	\$0(1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	\$0(1)	(generic of AdrenaClick)
<i>eq saline nasal spray</i>	\$0(3)	NM; *
<i>eql saline nasal spray</i>	\$0(3)	NM; *
FASENRA INJ 10MG/0.5	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FASENRA INJ 30MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN INJ 30MG/ML	\$0(2)	NDS, QL (1 pen / 28 days), NM, PA
<i>gnp nasal moisturizing</i>	\$0(3)	NM; *
KALYDECO GRA 5.8MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO GRA 13.4MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO PAK 25MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO PAK 50MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO PAK 75MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>meijer saline nasal spray</i>	\$0(3)	NM; *
<i>nasal moist</i>	\$0(3)	NM; *
<i>nasal moisturizing spray</i>	\$0(3)	NM; *
<i>ocean for kids</i>	\$0(3)	NM; *
OFEV CAP 100MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
OFEV CAP 150MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pirfenidone cap 267 mg</i>	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone tab 267 mg</i>	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone tab 534 mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>pirfenidone tab 801 mg</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C INJ 1000MG	\$0(2)	NDS, NM, PA
PULMOZYME SOL 1MG/ML	\$0(2)	NDS, NM, PA
<i>qc saline nasal relief</i>	\$0(3)	NM; *
<i>qc saline nasal spray</i>	\$0(3)	NM; *
<i>ra saline nasal spray</i>	\$0(3)	NM; *
<i>roflumilast tab 250 mcg</i>	\$0(1)	QL (56 tabs / year)
<i>roflumilast tab 500 mcg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>saline mist</i>	\$0(3)	NM; *
<i>saline nasal spray 0.65%</i>	\$0(3)	NM; *
<i>sb saline nose</i>	\$0(3)	NM; *
<i>sm nasal spray saline</i>	\$0(3)	NM; *
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 28 days), NM, PA
<i>theophylline elixir 80 mg/15ml</i>	\$0(1)	
<i>theophylline soln 80 mg/15ml</i>	\$0(1)	
<i>theophylline tab er 12hr 100 mg</i>	\$0(1)	
<i>theophylline tab er 12hr 200 mg</i>	\$0(1)	
<i>theophylline tab er 12hr 300 mg</i>	\$0(1)	
<i>theophylline tab er 12hr 450 mg</i>	\$0(1)	
<i>theophylline tab er 24hr 400 mg</i>	\$0(1)	
<i>theophylline tab er 24hr 600 mg</i>	\$0(1)	
TRIKAFTA PAK 59.5MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA

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TRIKAFTA PAK 75MG	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR INJ 75/0.5	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR INJ 75/0.5	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR INJ 150MG/ML	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR INJ 150MG/ML	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
XOLAIR INJ 300/2ML	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR INJ 300/2ML	\$0(2)	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOL 150MG	\$0(2)	NDS, QL (8 vials / 28 days), NM, PA
ZEMAIRA INJ 1000MG	\$0(2)	NDS, NM, PA
ZEMAIRA INJ 4000MG	\$0(2)	NDS, NM, PA
ZEMAIRA INJ 5000MG	\$0(2)	NDS, NM, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0(1)	QL (1 bottle / 30 days)
XHANCE MIS 93MCG	\$0(2)	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AER 80MCG	\$0(2)	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	\$0(2)	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	\$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	\$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	\$0(2)	QL (30 inhalations / 30 days)

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<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0(1)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0(1)	B/D
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0(2)	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	\$0(2)	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0(2)	QL (60 blisters / 30 days)
<i>breyna</i>	\$0(1)	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	\$0(1)	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	\$0(1)	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	\$0(2)	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	\$0(2)	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	\$0(2)	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	\$0(1)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	\$0(1)	QL (60 inhalations / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
<i>accutane</i>	\$0(1)	PA
<i>amnesteem</i>	\$0(1)	PA
<i>amnesteem cap 30mg</i>	\$0(1)	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0(1)	QL (46.6 gm / 30 days)

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<i>claravis</i>	\$0(1)	PA
<i>clindamycin phosphate gel 1% (once-daily)</i>	\$0(1)	QL (75 mL / 30 days)
<i>clindamycin phosphate lotion 1%</i>	\$0(1)	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	\$0(1)	QL (60 mL / 30 days)
<i>ery</i>	\$0(1)	QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	\$0(1)	QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	\$0(1)	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	\$0(1)	PA
<i>isotretinoin cap 20 mg</i>	\$0(1)	PA
<i>isotretinoin cap 30 mg</i>	\$0(1)	PA
<i>isotretinoin cap 40 mg</i>	\$0(1)	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0(1)	QL (118 mL / 30 days)
<i>tretinoin cream 0.1%</i>	\$0(1)	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	\$0(1)	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.025%</i>	\$0(1)	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	\$0(1)	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	\$0(1)	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i>	\$0(1)	QL (75 gm / 30 days)
<i>zenatane</i>	\$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	\$0(1)	QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	\$0(1)	QL (30 gm / 30 days)
<i>mupirocin oint 2%</i>	\$0(1)	QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	\$0(1)	
<i>ssd</i>	\$0(1)	
SULFAMYLON CRE 85MG/GM	\$0(2)	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0(1)	QL (60 mL / 30 days)
<i>ciclopirox shampoo 1%</i>	\$0(1)	QL (120 mL / 30 days)

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<i>clotrimazole cream 1%</i>	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole soln 1%</i>	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0(1)	QL (45 gm / 30 days)
<i>econazole nitrate cream 1%</i>	\$0(1)	QL (85 gm / 30 days)
<i>ketoconazole cream 2%</i>	\$0(1)	QL (60 gm / 30 days)
<i>ketoconazole shampoo 2%</i>	\$0(1)	QL (120 mL / 30 days)
<i>klayesta</i>	\$0(1)	QL (60 gm / 30 days)
<i>nyamyc</i>	\$0(1)	QL (60 gm / 30 days)
<i>nystatin cream 100000 unit/gm</i>	\$0(1)	QL (30 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	\$0(1)	QL (30 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i>	\$0(1)	QL (60 gm / 30 days)
<i>selenium sulfide lotion 2.5%</i>	\$0(1)	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	\$0(1)	PA
<i>acitretin cap 17.5 mg</i>	\$0(1)	PA
<i>acitretin cap 25 mg</i>	\$0(1)	PA
<i>calcipotriene cream 0.005%</i>	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i>	\$0(1)	QL (120 gm / 30 days), PA
ENSTILAR AER	\$0(2)	NDS, QL (120 gm / 30 days), PA
<i>tazarotene cream 0.1%</i>	\$0(1)	QL (60 gm / 30 days), PA
<i>tazarotene cream 0.05%</i>	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05%	\$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	\$0(1)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0(1)	QL (120 gm / 30 days)

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<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0(1)	QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate e</i>	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	\$0(1)	QL (50 mL / 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	\$0(1)	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	\$0(1)	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	\$0(1)	

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<i>fluticasone propionate oint 0.005%</i>	\$0(1)	
<i>halobetasol propionate cream 0.05%</i>	\$0(1)	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	\$0(1)	QL (50 gm / 30 days)
<i>hydrocortisone cream 1%</i>	\$0(1)	
<i>hydrocortisone cream 2.5%</i>	\$0(1)	
<i>hydrocortisone lotion 2.5%</i>	\$0(1)	
<i>hydrocortisone oint 1%</i>	\$0(1)	QL (30 gm / 30 days)
<i>hydrocortisone oint 2.5%</i>	\$0(1)	
<i>hydrocortisone valerate cream 0.2%</i>	\$0(1)	QL (60 gm / 30 days)
<i>mometasone furoate cream 0.1%</i>	\$0(1)	
<i>mometasone furoate oint 0.1%</i>	\$0(1)	
<i>mometasone furoate solution 0.1% (lotion)</i>	\$0(1)	
<i>triamcinolone acetonide cream 0.1%</i>	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	\$0(1)	
<i>triamcinolone acetonide lotion 0.025%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.1%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.5%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0(1)	
<i>triderm</i>	\$0(1)	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0(1)	B/D, QL (30 gm / 30 days)
<i>lidocan</i>	\$0(1)	QL (3 patches / 1 day), PA
<i>tridacaine dis 5% patch</i>	\$0(1)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene gel 1%</i>	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium soln 1.5%</i>	\$0(1)	QL (300 mL / 28 days)

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<i>fluorouracil cream 5%</i>	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	\$0(1)	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	\$0(1)	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 1%</i>	\$0(1)	
<i>hydrocortisone perianal cream 2.5%</i>	\$0(1)	
<i>imiquimod cream 5%</i>	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0(1)	
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0(1)	
<i>metronidazole cream 0.75%</i>	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	\$0(1)	QL (59 mL / 30 days)
<i>nitroglycerin oint 0.4%</i>	\$0(1)	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus cream 1%</i>	\$0(1)	QL (100 gm / 30 days), PA
<i>podofilox soln 0.5%</i>	\$0(1)	QL (7 mL / 28 days)
<i>procto-med hc</i>	\$0(1)	
<i>proctocort</i>	\$0(1)	
<i>proctosol hc</i>	\$0(1)	
<i>proctozone-hc</i>	\$0(1)	
<i>tacrolimus oint 0.1%</i>	\$0(1)	QL (100 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	\$0(1)	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	\$0(1)	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	\$0(1)	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OIN 250/GM	\$0(2)	QL (180 gm / 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	\$0(1)	

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<i>chlorhexidine gluconate soln 0.12%</i>	\$0(1)	
<i>clotrimazole troche 10 mg</i>	\$0(1)	QL (150 lozenges / 30 days)
<i>kourzeq</i>	\$0(1)	
<i>lidocaine hcl viscous soln 2%</i>	\$0(1)	
<i>nystatin susp 100000 unit/ml</i>	\$0(1)	
<i>periogard</i>	\$0(1)	
<i>pilocarpine hcl tab 5 mg</i>	\$0(1)	
<i>pilocarpine hcl tab 7.5 mg</i>	\$0(1)	
<i>triamcinolone acetonide dental paste 0.1%</i>	\$0(1)	

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<i>amlodipine besylate tab 10 mg (base equivalent)</i>	60	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	23
<i>amlodipine besylate-valsartan tab 5-160 mg</i> 52		<i>amoxicillin (trihydrate) tab 500 mg</i>	23
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	52	<i>amoxicillin (trihydrate) tab 875 mg</i>	23
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	52	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	92
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	53	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	92
<i>amnesteam</i>	163	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	92
<i>amnesteam cap 30mg</i>	163	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	92
<i>amoxapine tab 25 mg</i>	69	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	92
<i>amoxapine tab 50 mg</i>	69	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	92
<i>amoxapine tab 100 mg</i>	69	<i>amphetamine-dextroamphetamine tab 5 mg</i>	92
<i>amoxapine tab 150 mg</i>	70	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	92
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	23	<i>amphetamine-dextroamphetamine tab 10 mg</i>	92
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	23	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	92
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	23	<i>amphetamine-dextroamphetamine tab 15 mg</i>	92
		<i>amphetamine-dextroamphetamine tab 20 mg</i>	92
		<i>amphetamine-dextroamphetamine tab 30 mg</i>	92
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		<i>amphotericin b liposome iv for susp 50 mg</i> ..	12

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<i>ampicillin sodium for inj 125 mg</i>	24	<i>aripiprazole orally disintegrating tab 10 mg</i> ..	76
<i>ampicillin sodium for inj 250 mg</i>	24	<i>aripiprazole orally disintegrating tab 15 mg</i> ..	76
<i>ampicillin sodium for inj 500 mg</i>	24	<i>aripiprazole oral solution 1 mg/ml</i>	76
<i>ampicillin sodium for iv soln 1 gm</i>	24	<i>aripiprazole tab 2 mg</i>	76
<i>ampicillin sodium for iv soln 2 gm</i>	24	<i>aripiprazole tab 5 mg</i>	76
<i>ampicillin sodium for iv soln 10 gm</i>	24	<i>aripiprazole tab 10 mg</i>	76
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	23	<i>aripiprazole tab 15 mg</i>	76
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	24	<i>aripiprazole tab 20 mg</i>	76
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	24	<i>aripiprazole tab 30 mg</i>	76
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	24	ARISTADA INJ 441MG/1.....	76
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<i>anagrelide hcl cap 1 mg</i>	136	ARISTADA INJ 1064MG	76
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<i>aprepitant capsule therapy pack 80 & 125 mg</i>	123	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	136
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APTIOM TAB 600MG	83	<i>aspirin tab 325 mg</i>	2
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<i>atenolol tab 50 mg</i>	58	<i>ayuna</i>	107
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<i>atomoxetine hcl cap 18 mg (base equiv)</i>	92	AYVAKIT TAB 100MG	33
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	92	AYVAKIT TAB 200MG.....	33
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	92	AYVAKIT TAB 300MG.....	33
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	93	<i>azacitidine for inj 100 mg</i>	27
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	93	<i>azathioprine tab 50 mg</i>	143
<i>atomoxetine hcl cap 100 mg (base equiv)</i> ...	93	<i>azelastine hcl nasal spray 0.1% (137 mcg/ spray)</i>	154
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<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	56	<i>azithromycin for susp 100 mg/5ml</i>	21
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	56	<i>azithromycin for susp 200 mg/5ml</i>	21
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	56	<i>azithromycin iv for soln 500 mg</i>	21
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	13	<i>azithromycin powd pack for susp 1 gm</i>	21
<i>atovaquone-proguanil hcl tab 250-100 mg</i> ...	14	<i>azithromycin tab 250 mg</i>	21
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<i>aurovela fe 1/20</i>	107	<i>baclofen tab 5 mg</i>	97
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<i>benazepril & hydrochlorothiazide tab</i>		<i>bethanechol chloride tab 25 mg</i>	132
<i>5-6.25mg</i>	49	<i>bethanechol chloride tab 50 mg</i>	132
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<i>12.5 mg</i>	50	<i>bexarotene gel 1%</i>	167
<i>benazepril & hydrochlorothiazide tab 20-</i>		BEXSERO INJ	144
<i>25 mg</i>	50	<i>bicalutamide tab 50 mg</i>	29
BENDAMUSTINE SOL 100/4ML	26	BICILLIN L-A INJ 600000	24
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<i>benztropine mesylate tab 0.5 mg</i>	74	<i>bismuth subsalicylate chew tab 262 mg</i>	123
<i>benztropine mesylate tab 1 mg</i>	74	<i>bisoprolol fumarate tab 5 mg</i>	59
<i>benztropine mesylate tab 2 mg</i>	74	<i>bisoprolol fumarate tab 10 mg</i>	59
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<i>betaine powder for oral solution</i>	117	<i>5-6.25 mg</i>	58
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<i>cream 0.05%</i>	165	<i>6.25 mg</i>	58
<i>betamethasone dipropionate augmented</i>		BIVIGAM INJ 10%	141
<i>gel 0.05%</i>	166	<i>blisovi 24 fe</i>	107
<i>betamethasone dipropionate augmented</i>		<i>blisovi fe 1.5/30</i>	107
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<i>0.05%</i>	166	BORTEZOMIB INJ 2.5MG.....	33
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<i>betamethasone dipropionate oint 0.05%</i> ... 166		<i>bosentan tab 125 mg</i>	66
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<i>betamethasone valerate lotion 0.1% (base</i>		BOSULIF CAP 100MG.....	34
<i>equivalent)</i>	166	BOSULIF TAB 100MG	34
<i>betamethasone valerate oint 0.1% (base</i>		BOSULIF TAB 400MG	34
<i>equivalent)</i>	166	BOSULIF TAB 500MG	34
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BREZTRI AERO AER SPHERE	153	12-3 mg (base equiv)	99
BREZTRI AERO AER SPHERE		<i>buprenorphine hcl-naloxone hcl sl tab</i>	
(INSTITUTIONAL PACK)	154	2-0.5 mg (base equiv)	99
<i>briellyn</i>	107	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BRILINTA TAB 60MG	136	8-2 mg (base equiv)	99
BRILINTA TAB 90MG	136	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .99	
<i>brimonidine tartrate ophth soln 0.2%</i>	152	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> .99	
<i>brimonidine tartrate ophth soln 0.15%</i>	152	<i>buprenorphine td patch weekly 5 mcg/hr</i>	6
<i>brinzolamide ophth susp 1%</i>	152	<i>buprenorphine td patch weekly 7.5 mcg/hr</i> ...	6
BRIVIACT SOL 10MG/ML	83	<i>buprenorphine td patch weekly 10 mcg/hr</i>	6
BRIVIACT TAB 10MG	83	<i>buprenorphine td patch weekly 15 mcg/hr</i>	6
BRIVIACT TAB 25MG	83	<i>buprenorphine td patch weekly 20 mcg/hr</i> ...	6
BRIVIACT TAB 50MG	83	<i>bupropion hcl (smoking deterrent) tab er</i>	
BRIVIACT TAB 75MG	83	12hr 150 mg	99
BRIVIACT TAB 100MG	83	<i>bupropion hcl tab 75 mg</i>	70
<i>bromfenac sodium ophth soln 0.07% (base</i>		<i>bupropion hcl tab 100 mg</i>	70
<i>equivalent)</i>	151	<i>bupropion hcl tab er 12hr 100 mg</i>	70
<i>bromfenac sodium ophth soln 0.075% (base</i>		<i>bupropion hcl tab er 12hr 150 mg</i>	70
<i>equivalent)</i>	151	<i>bupropion hcl tab er 12hr 200 mg</i>	70
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>bupropion hcl tab er 24hr 150 mg</i>	70
<i>equivalent)</i>	74	<i>bupropion hcl tab er 24hr 300 mg</i>	70
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>buspirone hcl tab 5 mg</i>	67
<i>equivalent)</i>	74	<i>buspirone hcl tab 7.5 mg</i>	67
BRUKINSA CAP 80MG	34	<i>buspirone hcl tab 10 mg</i>	67
BRUKINSA TAB 160MG	34	<i>buspirone hcl tab 15 mg</i>	67
<i>budesonide delayed release particles cap</i>		<i>buspirone hcl tab 30 mg</i>	67
3 mg	126	<i>butorphanol tartrate inj 1 mg/ml</i>	7
<i>budesonide-formoterol fumarate dihyd</i>		<i>butorphanol tartrate inj 2 mg/ml</i>	7
<i>aerosol 80-4.5 mcg/act</i>	163		
<i>budesonide-formoterol fumarate dihyd</i>		C	
<i>aerosol 160-4.5 mcg/act</i>	163	<i>cabergoline tab 0.5 mg</i>	117
<i>budesonide inhalation susp 0.5 mg/2ml</i>	163	CABOMETYX TAB 20MG	34
<i>budesonide inhalation susp 0.25 mg/2ml</i> ..	163	CABOMETYX TAB 40MG	34
<i>budesonide tab er 24hr 9 mg</i>	126	CABOMETYX TAB 60MG	34
<i>bumetanide inj 0.25 mg/ml</i>	62	<i>calcidol</i>	149
<i>bumetanide tab 0.5 mg</i>	62	<i>calcipotriene cream 0.005%</i>	165
<i>bumetanide tab 1 mg</i>	62	<i>calcipotriene oint 0.005%</i>	165
<i>bumetanide tab 2 mg</i>	62	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	165
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>calcitonin (salmon) spray</i>	106
2-0.5 mg (base equiv)	99	<i>calcitrene</i>	165
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>calcitriol cap 0.5 mcg</i>	121
4-1 mg (base equiv)	99	<i>calcitriol cap 0.25 mcg</i>	121
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>calcitriol (oral)</i>	121
8-2 mg (base equiv)	99	<i>calcium antacid</i>	122
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candesartan cilexetil-hydrochlorothiazide		200-200 mg	75
tab 32-12.5 mg	53	carbidopa & levodopa tab 10-100 mg	74
candesartan cilexetil-hydrochlorothiazide		carbidopa & levodopa tab 25-100 mg	74
tab 32-25 mg	53	carbidopa & levodopa tab 25-250 mg	75
candesartan cilexetil tab 4 mg	54	carbidopa & levodopa tab er 25-100 mg	75
candesartan cilexetil tab 8 mg	54	carbidopa & levodopa tab er 50-200 mg	75
candesartan cilexetil tab 16 mg	54	carb/levo orally disintegrating tab 10-	
candesartan cilexetil tab 32 mg.....	54	100mg.....	74
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CAPRELSA TAB 300MG.....	34	carboplatin iv soln 50 mg/5ml	26
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carbamazepine cap er 12hr 100 mg	83	casprofungin acetate for iv soln 70 mg	12
carbamazepine cap er 12hr 200 mg.....	83	CAYSTON INH 75MG.....	9
carbamazepine cap er 12hr 300 mg.....	83	cefaclor cap 250 mg	19
carbamazepine chew tab 100 mg	83	cefaclor cap 500 mg	19
carbamazepine chew tab 200 mg.....	83	cefadroxil cap 500 mg	19
carbamazepine susp 100 mg/5ml.....	83	cefadroxil for susp 250 mg/5ml.....	19
carbamazepine tab 200 mg	83	cefadroxil for susp 500 mg/5ml	19
carbamazepine tab er 12hr 100 mg	84	CEFAZOLIN/DEX SOL 1GM/50ML-4%.....	20
carbamazepine tab er 12hr 200 mg.....	84	CEFAZOLIN/DEX SOL 2GM/50ML-3%.....	20
carbamazepine tab er 12hr 400 mg	84	CEFAZOLIN/DEX SOL 3GM/50ML-2%.....	20
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cefazolin sodium for inj 2 gm	20	cephalexin cap 500 mg	21
cefazolin sodium for inj 3 gm	20	cephalexin for susp 125 mg/5ml.....	21
cefazolin sodium for inj 10 gm.....	20	cephalexin for susp 250 mg/5ml.....	21
cefazolin sodium for inj 500 mg	20	CEQUR SIMPL KIT PATCH 2U (3-DAY)	104
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cefdinir for susp 125 mg/5ml	20	CEREZYME INJ 400UNIT	117
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<i>dexamethasone tab 1.5 mg</i>	115	<i>diazepam tab 2 mg</i>	85
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<i>dextrose 5% w/ sodium chloride 0.9%</i>	146	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	125
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180 mg	60	divalproex sodium tab delayed release	
diltiazem hcl coated beads cap er 24hr		125 mg	85
240 mg	60	divalproex sodium tab delayed release	
diltiazem hcl coated beads cap er 24hr		250 mg	85
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<i>lacosamide tab 150 mg</i>	87	<i>lenalidomide cap 15 mg</i>	30
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<i>sm allergy relief</i>	156	<i>sodium chloride iv soln 0.45%</i>	148
<i>sm allergy relief childre</i>	156	<i>sodium chloride iv soln 3%</i>	148
<i>sm antacid</i>	122	<i>sodium chloride iv soln 5%</i>	148
<i>sm antacid extra strength</i>	122	<i>sodium fluoride chew\; tab\; 1.1 (0.5 f) mg/ml</i> <i>soln</i>	149
<i>sm anti-diarrheal</i>	123	<i>sodium phenylbutyrate oral powder 3 gm/</i> <i>teaspoonful</i>	119
<i>sm aspirin adult low stre</i>	4	<i>sodium phenylbutyrate tab 500 mg</i>	119
<i>sm aspirin low dose</i>	4	<i>sodium phosphates - enema</i>	130
<i>sm calcium antacid extra</i>	122	<i>sodium polystyrene sulfonate powder</i>	107
<i>sm clearlax</i>	129	SODIUM POW BICARBON	123
<i>sm clotrimazole vaginal</i>	133	SOD OXYBATE SOL 500MG/ML	99
<i>sm enema</i>	129	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-</i> <i>1.6 gm/177ml</i>	129
<i>sm fiber</i>	129	<i>solifenacin succinate tab 5 mg</i>	132
<i>sm fiber laxative</i>	129	<i>solifenacin succinate tab 10 mg</i>	132
<i>sm gentle laxative</i>	129	SOLIQUA INJ 100/33	105
<i>sm ibuprofen</i>	5	SOLTAMOX SOL 10MG/5ML	30
<i>sm loratadine</i>	156	<i>soluble fiber</i>	130
<i>sm miconazole 3</i>	133	SOLU-CORTEF INJ 100MG	116
<i>sm miconazole 7</i>	133	SOLU-CORTEF INJ 250MG	117
<i>sm migraine relief</i>	4	SOLU-CORTEF INJ 500MG	117
<i>sm milk of magnesia</i>	129	SOLU-CORTEF INJ 1000MG	117
<i>sm motion sickness</i>	125	SOMATULINE INJ 60/0.2ML	119
<i>sm naproxen sodium</i>	5	SOMATULINE INJ 90/0.3ML	119
<i>sm nasal spray saline</i>	161	SOMATULINE INJ 120/5ML	119
<i>sm nicotine</i>	100	SOMAVERT INJ 10MG	119
<i>sm nicotine polacrilex</i>	100	SOMAVERT INJ 15MG	119
<i>sm nicotine transdermal s</i>	100	SOMAVERT INJ 20MG	119
<i>smooth antacid extra stre</i>	122	SOMAVERT INJ 25MG	119
<i>sm pain & fever childrens</i>	4	SOMAVERT INJ 30MG	119
<i>sm pain & fever infants</i>	4	<i>sorafenib tosylate tab 200 mg (base</i> <i>equivalent)</i>	44
<i>sm pain reliever</i>	4	SORBITOL SOL 70%	130
<i>sm pain reliever children</i>	4	<i>sotalol hcl (afib/afl) tab 80 mg</i>	56
<i>sm pain reliever extra st</i>	4	<i>sotalol hcl (afib/afl) tab 120 mg</i>	56
<i>sm senna laxative</i>	129	<i>sotalol hcl (afib/afl) tab 160 mg</i>	56
<i>sm senna-s</i>	129	<i>sotalol hcl tab 80 mg</i>	56
<i>sm stomach relief</i>	123	<i>sotalol hcl tab 120 mg</i>	56
<i>sm stool softener</i>	129	<i>sotalol hcl tab 160 mg</i>	56
<i>sm stool softener/stimula</i>	129	<i>sotalol hcl tab 240 mg</i>	56
<i>sm tioconazole-1</i>	133		
<i>sm tussin dm</i>	158		
<i>sm tussin dm cough/chest</i>	158		
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<i>spironolactone & hydrochlorothiazide tab</i>		<i>sulfasalazine tab 500 mg</i>	126
25-25 mg	63	<i>sulfasalazine tab delayed release 500 mg</i> .	126
<i>spironolactone tab 25 mg</i>	52	<i>sulindac tab 150 mg</i>	6
<i>spironolactone tab 50 mg</i>	52	<i>sulindac tab 200 mg</i>	6
<i>spironolactone tab 100 mg</i>	52	<i>sumatriptan nasal spray 5 mg/act</i>	95
<i>sprintec 28</i>	112	<i>sumatriptan nasal spray 20 mg/act</i>	95
SPRITAM TAB 250MG	90	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	95
SPRITAM TAB 500MG	90	<i>sumatriptan succinate solution auto-injector</i>	
SPRITAM TAB 750MG	90	4 mg/0.5ml	95
SPRITAM TAB 1000MG	90	<i>sumatriptan succinate solution auto-injector</i>	
<i>sps</i>	107	6 mg/0.5ml	95
<i>sps rectal</i>	107	<i>sumatriptan succinate solution cartridge</i>	
<i>sronyx</i>	112	4 mg/0.5ml	95
<i>ssd</i>	164	<i>sumatriptan succinate solution cartridge</i>	
STELARA INJ 5MG/ML	140	6 mg/0.5ml	95
STELARA INJ 45/0.5ML	140	<i>sumatriptan succinate tab 25 mg</i>	95
STELARA INJ 90MG/ML	140	<i>sumatriptan succinate tab 50 mg</i>	96
<i>stimulant laxative</i>	130	<i>sumatriptan succinate tab 100 mg</i>	96
STIVARGA TAB 40MG	44	<i>sunitinib malate cap 12.5 mg (base</i>	
STL SOFT/LAX CAP 8.6-50MG	130	<i>equivalent)</i>	44
<i>stomach relief</i>	123	<i>sunitinib malate cap 25 mg (base</i>	
<i>stomach relief extra stre</i>	123	<i>equivalent)</i>	44
<i>stomach relief ultra</i>	123	<i>sunitinib malate cap 37.5 mg (base</i>	
<i>stool softener</i>	130	<i>equivalent)</i>	44
<i>stool softener + stimulan</i>	130	<i>sunitinib malate cap 50 mg (base</i>	
<i>streptomycin sulfate for inj 1 gm</i>	11	<i>equivalent)</i>	44
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<i>subvenite</i>	90	<i>syeda</i>	112
<i>sucralfate tab 1 gm</i>	131	SYMDEKO TAB 50-75MG	161
<i>sudogest</i>	158	SYMDEKO TAB 100-150	161
<i>sudogest maximum strength</i>	158	SYMPAZAN MIS 5MG	90
<i>sulfacetamide sodium lotion 10% (acne)</i> ...	164	SYMPAZAN MIS 10MG	90
<i>sulfacetamide sodium ophth oint 10%</i>	151	SYMPAZAN MIS 20MG	90
<i>sulfacetamide sodium ophth soln 10%</i>	151	SYMTUZA TAB	17
<i>sulfacetamide sodium-prednisolone ophth</i>		SYNAREL SOL 2MG/ML	120
<i>soln 10-0.23(0.25)%</i>	150	SYNJARDY TAB 5-500MG	103
<i>sulfadiazine tab 500 mg</i>	11	SYNJARDY TAB 5-1000MG	103
<i>sulfamethoxazole-trimethoprim iv soln 400-</i>		SYNJARDY TAB 12.5-500	103
<i>80 mg/5ml</i>	11	SYNJARDY TAB 12.5-1000MG	103
<i>sulfamethoxazole-trimethoprim susp 200-</i>		SYNJARDY XR TAB 5-1000MG	103
<i>40 mg/5ml</i>	11	SYNJARDY XR TAB 10-1000	103
<i>sulfamethoxazole-trimethoprim tab 400-</i>		SYNJARDY XR TAB 12.5-1000	103
<i>80 mg</i>	11	SYNJARDY XR TAB 25-1000	103
<i>sulfamethoxazole-trimethoprim tab 800-</i>		SYNTHROID TAB 25MCG	121
<i>160 mg</i>	11	SYNTHROID TAB 50MCG	121

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SYNTHROID TAB 100MCG	121	TAZORAC CRE 0.05%	165
SYNTHROID TAB 112MCG.....	121	TAZVERIK TAB 200MG	45
SYNTHROID TAB 125MCG.....	121	TECENTRIQ INJ 840/14	45
SYNTHROID TAB 137MCG.....	121	TECENTRIQ INJ 1200/20	45
SYNTHROID TAB 150MCG.....	121	TECENTRIQ INJ HYBREZA	45
SYNTHROID TAB 175MCG.....	121	TEFLARO INJ 400MG	21
SYNTHROID TAB 200MCG.....	121	TEFLARO INJ 600MG	21
SYNTHROID TAB 300MCG.....	121	telmisartan-amlodipine tab 40-5 mg	54
T		telmisartan-amlodipine tab 40-10 mg.....	54
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TABRECTA TAB 150MG	44	telmisartan-amlodipine tab 80-10 mg.....	54
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tacrolimus cap 0.5 mg	144	telmisartan-hydrochlorothiazide tab 80- 12.5 mg	54
tacrolimus cap 1 mg.....	144	telmisartan-hydrochlorothiazide tab 80- 25 mg.....	54
tacrolimus cap 5 mg.....	144	telmisartan tab 20 mg	55
tacrolimus oint 0.1%	168	telmisartan tab 40 mg	55
tacrolimus oint 0.03%	168	telmisartan tab 80 mg	55
tadalafil tab 5 mg	132	temazepam cap 7.5 mg.....	94
tadalafil tab 20 mg (pah)	66	temazepam cap 15 mg	94
TAFINLAR CAP 50MG	44	temazepam cap 30 mg	94
TAFINLAR CAP 75MG	44	TENIVAC INJ 5-2LF.....	145
TAFINLAR TAB 10MG	44	tenofovir disoproxil fumarate tab 300 mg	15
TAGRISSE TAB 40MG	44	TEPMETKO TAB 225MG.....	45
TAGRISSE TAB 80MG	44	terazosin hcl cap 1 mg (base equivalent)	52
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TALZENNA CAP 0.5MG	45	terazosin hcl cap 5 mg (base equivalent)	52
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testosterone td gel 25 mg/2.5gm (1%).....	101	timolol maleate tab 20 mg.....	60
testosterone td gel 50 mg/5gm (1%).....	101	tinidazole tab 250 mg.....	11
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tetrabenazine tab 25 mg.....	97	tioconazole 1.....	133
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tetracycline hcl cap 500 mg.....	26	TIVICAY TAB 10MG.....	15
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THALOMID CAP 100MG.....	31	TIVICAY TAB 50MG.....	15
THALOMID CAP 150MG.....	31	tizanidine hcl tab 2 mg (base equivalent).....	98
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theophylline soln 80 mg/15ml.....	161	TOBRADEX OIN 0.3-0.1%.....	150
theophylline tab er 12hr 100 mg.....	161	tobramycin-dexamethasone ophth susp 0.3-0.1%.....	150
theophylline tab er 12hr 200 mg.....	161	tobramycin nebu soln 300 mg/5ml.....	11
theophylline tab er 12hr 300 mg.....	161	tobramycin ophth soln 0.3%.....	151
theophylline tab er 12hr 450 mg.....	161	tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv).....	11
theophylline tab er 24hr 400 mg.....	161	tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv).....	12
theophylline tab er 24hr 600 mg.....	161	tobramycin sulfate inj 10 mg/ml (base equivalent).....	12
thiamine hcl inj 100 mg/ml.....	150	tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv).....	12
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thioridazine hcl tab 25 mg.....	82	tolterodine tartrate cap er 24hr 4 mg.....	132
thioridazine hcl tab 50 mg.....	82	tolterodine tartrate tab 1 mg.....	132
thioridazine hcl tab 100 mg.....	82	tolterodine tartrate tab 2 mg.....	133
thiothixene cap 1 mg.....	82	topiramate oral soln 25 mg/ml.....	90
thiothixene cap 2 mg.....	82	topiramate sprinkle cap 15 mg.....	90
thiothixene cap 5 mg.....	82	topiramate sprinkle cap 25 mg.....	90
thiothixene cap 10 mg.....	82	topiramate sprinkle cap 50 mg.....	90
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tiagabine hcl tab 4 mg.....	90	topiramate tab 100 mg.....	90
tiagabine hcl tab 12 mg.....	90	topiramate tab 200 mg.....	90
tiagabine hcl tab 16 mg.....	90	toremifene citrate tab 60 mg (base equivalent).....	30
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ticagrelor tab 90 mg.....	137	torpenz tab 7.5mg.....	45
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tilia fe.....	112	torseamide tab 10 mg.....	63
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timolol maleate ophth gel forming soln 0.25%.....	153		
timolol maleate ophth soln 0.5%.....	153		
timolol maleate ophth soln 0.25%.....	153		
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<i>torse mide tab 100 mg</i>	63	<i>triamcinolone acetonide oint 0.5%</i>	167
TOUJEO MAX INJ 300/ML.....	105	<i>triamcinolone acetonide oint 0.025%</i>	167
TOUJEO SOLO INJ 300/ML	105	<i>triamterene & hydrochlorothiazide cap 37.5-</i>	
TPN ELECTROL INJ	148	<i>25 mg</i>	63
TRADJENTA TAB 5MG	103	<i>triamterene & hydrochlorothiazide tab 37.5-</i>	
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	9	<i>25 mg</i>	63
<i>tramadol hcl tab 50 mg</i>	9	<i>triamterene & hydrochlorothiazide tab 75-</i>	
<i>trandolapril tab 1 mg</i>	51	<i>50 mg</i>	63
<i>trandolapril tab 2 mg</i>	51	<i>tri-buffered aspirin</i>	4
<i>trandolapril tab 4 mg</i>	51	<i>tridacaine dis 5% patch</i>	167
<i>tranexamic acid iv soln 1000 mg/10ml</i>		<i>triderm</i>	167
<i>(100 mg/ml)</i>	136	<i>trientine hcl cap 250 mg</i>	107
<i>tranexamic acid tab 650 mg</i>	136	<i>tri-estarylla</i>	112
<i>tranylcyromine sulfate tab 10 mg</i>	73	<i>trifluoperazine hcl tab 1 mg (base</i>	
TRAVASOL INJ 10%.....	149	<i>equivalent)</i>	82
TRAZIMERA INJ 150MG	46	<i>trifluoperazine hcl tab 2 mg (base</i>	
TRAZIMERA INJ 420MG.....	46	<i>equivalent)</i>	82
<i>trazodone hcl tab 50 mg</i>	73	<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>trazodone hcl tab 100 mg</i>	73	<i>equivalent)</i>	82
<i>trazodone hcl tab 150 mg</i>	73	<i>trifluoperazine hcl tab 10 mg (base</i>	
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<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	66	1000MG	103
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i> .66		TRIJARDY XR TAB ER 24HR 10-5-1000MG 103	
<i>treprostinil inj soln 200 mg/20ml</i>		TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>(10 mg/ml)</i>	66	1000MG	103
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<i>tretinoin cream 0.1%</i>	164	TRIKAFTA TAB 100-50-75MG & 150MG....	162
<i>tretinoin cream 0.05%</i>	164	<i>tri-legest fe</i>	112
<i>tretinoin cream 0.025%</i>	164	<i>tri-lynyah</i>	112
<i>tretinoin gel 0.01%</i>	164	<i>tri-lo-estarylla</i>	112
<i>tretinoin gel 0.025%</i>	164	<i>tri-lo-marzia</i>	112
<i>triamcinolone acetonide cream 0.1%</i>	167	<i>tri-lo-mili</i>	112
<i>triamcinolone acetonide cream 0.5%</i>	167	<i>tri-lo-sprintec</i>	112
<i>triamcinolone acetonide cream 0.025%</i>	167	<i>trimethoprim tab 100 mg</i>	12
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<i>triamcinolone acetonide lotion 0.1%</i>	167	<i>trimipramine maleate cap 25 mg</i>	73
<i>triamcinolone acetonide lotion 0.025%</i>	167	<i>trimipramine maleate cap 50 mg</i>	73
<i>triamcinolone acetonide oint 0.1%</i>	167	<i>trimipramine maleate cap 100 mg</i>	73

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TRIUMEQ TAB	17
<i>tri-vylibra</i>	113
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TROPHAMINE INJ 10%	149
<i>tropium chloride tab 20 mg</i>	133
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<i>valacyclovir hcl tab 500 mg</i>	19
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<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	19
<i>valproate sodium inj 100 mg/ml</i>	90
<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	90
<i>valproic acid cap 250 mg</i>	90
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<i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i>	54
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Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-866-600-2139 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-866-600-2139 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-866-600-2139 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-866-600-2139 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-866-600-2139 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-866-600-2139 (TTY: 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-866-600-2139 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-866-600-2139 (TTY: 711)**번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-866-600-2139 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-866-600-2139 (TTY: 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-866-600-2139 (TTY: 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-866-600-2139 (TTY: 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-866-600-2139 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-866-600-2139 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-866-600-2139 (TTY: 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-866-600-2139 (TTY: 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma **1-866-600-2139 (TTY: 711)**. E hiki ana i kekahi mea 'ōlelo Pelekānia/'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.

Form CMS-10802
(Expires 12/31/25)

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

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



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No changes made since 12/01/2025