

Aetna Medicare FIDE (HMO D-SNP)

2026

List of Covered Drugs (Drug List or Formulary)

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

Formulary ID Number: 26010 Version 07

This *Drug List* was updated on 10/01/2025. For more recent information or other questions, please contact us at **1-844-362-0934** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.T., 7 days a week, or visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetnamedicare.com/NJDSNP-drug-formulary)



Introduction

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

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



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A. Disclaimers

This is a list of drugs that members can get in Aetna Medicare FIDE (HMO D-SNP).

- ❖ Aetna Medicare FIDE (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Medicare FIDE (HMO D-SNP) depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- ❖ When joining this plan: You must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies. You will be enrolled automatically into Medicaid (NJ FamilyCare) coverage under our plan, and disenrolled from any Medicaid (NJ FamilyCare) plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled. You must understand and follow our plan's rules on referrals.
- ❖ You can always check Aetna Medicare FIDE (HMO D-SNP)'s up-to-date *List of Covered Drugs* online at [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetnamedicare.com/NJDSNP-drug-formulary) or by calling Member Services at the number listed at the bottom of this page. This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at **1-844-362-0934** (TTY: 711), 8:00 a.m. to 8:00 p.m., 7 days a week. The call is free.
- ❖ If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number listed in this document. (English)
- ❖ Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)
- ❖ 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)
- ❖ Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga librenng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)
- ❖ Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)
- ❖ Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)
- ❖ Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)
- ❖ 영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetnamedicare.com/NJDSNP-drug-formulary)



- ❖ Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)
- ❖ إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)
- ❖ अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)
- ❖ Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono elencato in questo documento. (Italian)
- ❖ Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente neste documento. (Portuguese)
- ❖ Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki make nan dokiman sa a. (Haitian Creole)
- ❖ Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany w niniejszym dokumencie. (Polish)
- ❖ 英語をお話しにならない方は、無料の言語支援サービスを受けることができます。弊社のウェブサイトにアクセスするか、または本書に記載の電話番号にお問い合わせください。 (Japanese)
- ❖ Nëse nuk flisni gjuhën angleze, shërbime ndihmëse gjuhësore pa pagesë janë në dispozicionin tuaj. Vizitoni faqen tonë në internet ose merrni në telefon numrin e telefonit në këtë dokument. (Albanian)
- ❖ ከእንግሊዘኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በዚህ ስነድ ላይ የተዘረዘረውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)
- ❖ Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Ձեզ համար հասանելի են լեզվականան աջակցման անվճար ծառայություններ: Այցելեք մեր վեբ կայքը կամ զանգահարեք այս փաստաթղթում նշված հեռախոսահամարով: (Armenian)
- ❖ যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেন তাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে। আমাদের ওয়েবসাইট দেখুন এবং এই নথিতে তালিকাভুক্ত ফোন নম্বরে ফোন করুন। (Bengali)
- ❖ បើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃ ។ សូមចូលមើលគេហទំព័ររបស់យើងខ្ញុំ ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមានរាយនៅក្នុងឯកសារនេះ ។ (Khmer)
- ❖ Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona navedenog u ovom dokumentu. (Serbo-Croatian)
- ❖ Na ye jam thuɔŋdēt tēnē thoŋ ɛ Dɪŋlith, ke kuɔɔny luilooi ɛ thok ɛ path aa tō thīn. Nem yōt tēn internet tēdē ke yī cōl akuēn cōtmec cī gat thin nē athōr du yic. (Dinka)
- ❖ Als u een andere taal spreekt dan Engels, is er gratis taalondersteuning beschikbaar. Bezoek onze website of bel naar het telefoonnummer in dit document. (Dutch)
- ❖ Εάν ομιλείτε άλλη γλώσσα εκτός της Αγγλικής, υπάρχουν δωρεάν υπηρεσίες στη γλώσσα σας. Επισκεφθείτε την ιστοσελίδα μας ή καλέστε τον αριθμό τηλεφώνου που αναγράφεται στο παρόν έγγραφο. (Greek)



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

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by Aetna Medicare FIDE (HMO D-SNP). The 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 Medicare FIDE (HMO D-SNP) will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at an Aetna Medicare FIDE (HMO D-SNP) network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/membership/njdsnp-drug-formulary) or call Member Services at 1-844-362-0934 (TTY: 711).

B2. Does the *Drug List* ever change?

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

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

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

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

If you are taking a drug that was covered at the **beginning** of the year, we’ll 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 isn’t safe, **or**
- a drug is removed from the market.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at 1-844-362-0934 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/membership/njdsnp-drug-formulary)

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

- You can always check Aetna Medicare FIDE (HMO D-SNP)'s up-to-date *Drug List* online at [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary). Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at 1-844-362-0934 (TTY: 711) to check the current *Drug List*.

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change.
- Please contact your doctor if a drug you are taking is removed from the drug list.

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

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

When these changes happen, we'll:

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

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



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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table in the section titled List of Drugs by Drug Type has a column labeled "Necessary actions, restrictions, or limits on use."

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

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



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

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

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 129. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs as well as over-the-counter (OTC) drugs are listed in the index.

To search **by drug type**, find the **Section C1** labeled “List of Drugs by Drug Type”. The drugs in this section are grouped into categories by type. For example, if you’re taking a medicine for an infection, you should look in the “Anti-infectives” category. That is where you’ll find drugs that treat infections.

B8. What if the drug I want to take isn’t on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Member Services at **1-844-362-0934 (TTY: 711)** and ask about it. If you learn that Aetna Medicare FIDE (HMO D-SNP) won’t 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’s like the one you want to take. **Or**
- Ask Aetna Medicare FIDE (HMO D-SNP) to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I’m a new Aetna Medicare FIDE (HMO D-SNP) member and can’t find my drug on the Drug List or have a problem getting my drug?

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

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

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

- you’re taking a drug that isn’t on our *Drug List*, **or**
- our plan rules don’t let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Aetna Medicare FIDE (HMO D-SNP), **or**
- you’re taking a drug that’s part of a step therapy restriction.

If you’re taking a drug that Aetna Medicare FIDE (HMO D-SNP) doesn’t consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetnamedicare.com/NJDSNP-drug-formulary)



If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new Aetna Medicare FIDE (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you're a member of Aetna Medicare FIDE (HMO D-SNP).

Current members with a change in level of care

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

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

Yes. You can ask Aetna Medicare FIDE (HMO D-SNP) to make an exception to cover a drug that isn't on the *Drug List*.

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

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

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section 7.2** of the *Evidence of Coverage* to learn more about exceptions.

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

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

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

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



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

B13. What are generic drugs?

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

Aetna Medicare FIDE (HMO D-SNP) covers both brand name drugs and generic drugs.

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

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

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

B15. What are OTC drugs?

OTC stands for “over-the-counter.” Aetna Medicare FIDE (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan's coverage at no cost to you. You need a prescription for OTC drugs to be covered. These OTC drugs are listed in this *Drug List* in **Section C1**.

B16. Does Aetna Medicare FIDE (HMO D-SNP) cover non-drug OTC products?

Aetna Medicare FIDE (HMO D-SNP) covers **some** non-drug OTC products when they're written as prescriptions by your provider. These non-drug OTC products are listed in this *Drug List* in **Section C1**.

Examples of non-drug OTC products include condoms.

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

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

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

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetnamedicare.com/NJDSNP-drug-formulary)



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

B18. What is my copay?

Aetna Medicare FIDE (HMO D-SNP) members have no copay for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

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

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

OTCs have a \$0 copay.

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



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

C. Overview of the *List of Covered Drugs*

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

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

QL: Quantity Limits: For certain drugs, our plan limits the amount of the drug that we'll cover.
PA: Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you'll need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
ST: Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we'll cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we'll then cover Drug B.
LD: Limited Distribution: The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.
MO: Mail-Order Delivery: Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. §
B/D: Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
EA: Each
ML: Milliliter
ACS: Available at CVS Specialty Pharmacy. These drugs are for complex medical conditions and may require special handling and/or close monitoring. They're available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy. §
HRM: High Risk Medication. According to medical experts, these drugs may cause adverse side effects if you're 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.
*: Non-Part D drugs or Over-the-Counter (OTC) drugs or non-drug products. Aetna Medicare FIDE (HMO D-SNP) offers these non-Part D drugs, OTC drugs, or non-drug products when they are written as prescriptions by your provider.

§Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetnamedicare.com/NJDSNP-drug-formulary)



C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you're taking a medicine for an infection, you should look in the "Anti-infectives" category. That's where you'll find drugs that treat infection.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *amoxicillin*), brand name drugs are capitalized (e.g., SYNTHROID), and OTC drugs and non-drug products are listed in lower-case italics with an asterisk in the far-right column (e.g., *acetaminophen tablet*). The information in the "Necessary actions, restrictions or limits on use" column tells you if Aetna Medicare FIDE (HMO D-SNP) has any rules for covering your drug.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
GOUT		
<i>allopurinol tablet 100mg, 300mg</i>	\$0 (Tier 1)	MO
<i>colchicine tablet 0.6mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>febuxostat tablet 40mg, 80mg</i>	\$0 (Tier 1)	ST MO
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	\$0 (Tier 1)	MO
<i>probenecid tablet 500mg</i>	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>lidocaine hcl injection 0.5%, 1.5%, 4%</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride injection 1% pf, 2%</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride injection 1%</i>	\$0 (Tier 1)	MO
NSAIDS		
<i>celecoxib capsule 400mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>diflunisal tablet 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>etodolac capsule 300mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>fenopropfen calcium capsule 400mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>fenopropfen calcium tablet 600mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ibuprofen suspension 100mg/5ml</i>	\$0 (Tier 1)	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	\$0 (Tier 1)	MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	\$0 (Tier 1)	MO
<i>ketorolac tromethamine tablet 10mg</i>	\$0 (Tier 1)	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet 15mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>nabumetone tablet 500mg, 750mg</i>	\$0 (Tier 1)	MO
<i>naproxen dr tablet delayed release 375mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet 275mg, 550mg</i>	\$0 (Tier 1)	MO
<i>naproxen suspension 125mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
<i>naproxen tablet delayed release 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	\$0 (Tier 1)	MO
<i>oxaprozin tablet 600mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>sulindac tablet 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	\$0 (Tier 1)	QL (4 EA per 28 days) PA MO
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er (generic Hysingla ER) tablet er 24 hour abuse-deterrent 100mg, 120mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>methadone hcl solution 10mg/5ml, 5mg/5ml</i>	\$0 (Tier 1)	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride concentrate 10mg/ml</i>	\$0 (Tier 1)	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended (generic MS Contin) release 15mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE INJECTION 1MG/ML	\$0 (Tier 1)	B/D
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days); HRM
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml, 2mg/ml</i>	\$0 (Tier 1)	MO
<i>butorphanol tartrate nasal solution 10mg/ml</i>	\$0 (Tier 1)	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET 15MG, 30MG, 60MG	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml</i>	\$0 (Tier 1)	QL (2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydromorphone hcl liquid 1mg/ml</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO
<i>hydromorphone hcl tablet 2mg, 4mg, 8mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	\$0 (Tier 1)	B/D
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 50MG/ML, 5MG/ML, 8MG/ML	\$0 (Tier 1)	B/D
<i>morphine sulfate injection 0.5mg/ml, 2mg/ml iv prefilled syringe, 10mg/ml iv vial, 4mg/ml iv vial, 8mg/ml iv vial</i>	\$0 (Tier 1)	B/D
<i>morphine sulfate injection 1mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 100mg/5ml</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>morphine sulfate tablet 15mg, 30mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hcl capsule 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 50mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO; HRM
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole tablet 200mg</i>	\$0 (Tier 1)	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	\$0 (Tier 1)	MO
ARIKAYCE SUSPENSION 590MG/8.4ML	\$0 (Tier 1)	PA; LD
<i>atovaquone suspension 750mg/5ml</i>	\$0 (Tier 1)	PA MO
<i>aztreonam injection 1gm, 2gm</i>	\$0 (Tier 1)	MO
CAYSTON SOLUTION RECONSTITUTED 75MG	\$0 (Tier 1)	PA; ACS LD
<i>chloramphenicol sodium succinate injection 1gm</i>	\$0 (Tier 1)	
<i>clindamycin hcl capsule 300mg</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	\$0 (Tier 1)	MO
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	\$0 (Tier 1)	MO
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection 300mg/2ml, 900mg/6ml</i>	\$0 (Tier 1)	
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	\$0 (Tier 1)	
<i>colistimethate sodium injection 150mg</i>	\$0 (Tier 1)	PA MO
<i>dapsone tablet 100mg, 25mg</i>	\$0 (Tier 1)	MO
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	\$0 (Tier 1)	
<i>daptomycin injection 350mg, 500mg</i>	\$0 (Tier 1)	
EMVERM TABLET CHEWABLE 100MG	\$0 (Tier 1)	QL (24 EA per 365 days) MO
<i>ertapenem sodium injection 1gm</i>	\$0 (Tier 1)	MO
<i>fosfomycin tromethamine packet 3gm</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 (Tier 1)	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate injection 40mg/ml</i>	\$0 (Tier 1)	MO
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	\$0 (Tier 1)	MO
IMPAVIDO CAPSULE 50MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	\$0 (Tier 1)	
<i>ivermectin tablet 6mg</i>	\$0 (Tier 1)	QL (10 EA per 90 days) PA MO
<i>ivermectin tablet 3mg</i>	\$0 (Tier 1)	QL (12 EA per 90 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	\$0 (Tier 1)	PA
<i>linezolid injection 600mg/300ml</i>	\$0 (Tier 1)	PA
<i>linezolid suspension reconstituted 100mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
<i>linezolid tablet 600mg</i>	\$0 (Tier 1)	QL (56 EA per 28 days) PA MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>meropenem injection 1gm, 500mg</i>	\$0 (Tier 1)	MO
<i>methenamine hippurate tablet 1gm</i>	\$0 (Tier 1)	MO
<i>methenamine mandelate tablet 0.5gm, 1gm</i>	\$0 (Tier 1)	MO
<i>metronidazole capsule 375mg</i>	\$0 (Tier 1)	MO
<i>metronidazole injection 500mg/100ml</i>	\$0 (Tier 1)	
<i>metronidazole tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>neomycin sulfate tablet 500mg</i>	\$0 (Tier 1)	MO
<i>nitazoxanide tablet 500mg</i>	\$0 (Tier 1)	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	\$0 (Tier 1)	MO
<i>pentamidine isethionate injection 300mg</i>	\$0 (Tier 1)	MO
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	\$0 (Tier 1)	B/D MO
<i>praziquantel tablet 600mg</i>	\$0 (Tier 1)	MO
<i>pyrimethamine tablet 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION 200MG	\$0 (Tier 1)	
SIVEXTRO TABLET 200MG	\$0 (Tier 1)	MO
<i>streptomycin sulfate injection 1gm</i>	\$0 (Tier 1)	MO
<i>sulfadiazine tablet 500mg</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	\$0 (Tier 1)	MO
<i>tinidazole tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
TOBI PODHALER CAPSULE 28MG	\$0 (Tier 1)	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	\$0 (Tier 1)	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	\$0 (Tier 1)	MO
<i>tobramycin sulfate injection 1.2gm</i>	\$0 (Tier 1)	
<i>tobramycin nebulization solution 300mg/5ml</i>	\$0 (Tier 1)	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim tablet 100mg</i>	\$0 (Tier 1)	MO

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VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	\$0 (Tier 1)	
<i>vancomycin hcl injection 100gm, 10gm</i>	\$0 (Tier 1)	
<i>vancomycin hydrochloride capsule 125mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	\$0 (Tier 1)	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	\$0 (Tier 1)	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML, 2000MG/400ML	\$0 (Tier 1)	
ANTIFUNGALS		
ABELCET INJECTION 5MG/ML	\$0 (Tier 1)	B/D
<i>amphotericin b liposome injection 50mg</i>	\$0 (Tier 1)	B/D MO
<i>amphotericin b injection 50mg</i>	\$0 (Tier 1)	B/D MO
<i>casprofungin acetate injection 50mg, 70mg</i>	\$0 (Tier 1)	
CRESEMBA CAPSULE 74.5MG	\$0 (Tier 1)	QL (175 EA per 30 days)
CRESEMBA CAPSULE 186MG	\$0 (Tier 1)	QL (70 EA per 30 days) MO
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	\$0 (Tier 1)	
<i>fluconazole/sodium chloride injection 100mg/50ml; 0.9%</i>	\$0 (Tier 1)	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	\$0 (Tier 1)	MO
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	\$0 (Tier 1)	MO
<i>flucytosine capsule 250mg, 500mg</i>	\$0 (Tier 1)	PA MO
<i>griseofulvin microsize suspension 125mg/5ml</i>	\$0 (Tier 1)	MO
<i>griseofulvin microsize tablet 500mg</i>	\$0 (Tier 1)	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	\$0 (Tier 1)	MO
<i>itraconazole capsule 100mg</i>	\$0 (Tier 1)	PA MO
<i>ketoconazole tablet 200mg</i>	\$0 (Tier 1)	PA MO
<i>miconazole injection 100mg, 50mg</i>	\$0 (Tier 1)	
MYCAMINE INJECTION 50MG	\$0 (Tier 1)	MO
<i>nystatin tablet 500000unit</i>	\$0 (Tier 1)	MO



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<i>posaconazole dr tablet delayed release 100mg</i>	\$0 (Tier 1)	QL (93 EA per 30 days) PA MO
<i>posaconazole suspension 40mg/ml</i>	\$0 (Tier 1)	QL (630 ML per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	\$0 (Tier 1)	QL (90 EA per 365 days) MO
<i>voriconazole injection 200mg</i>	\$0 (Tier 1)	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	\$0 (Tier 1)	PA MO
<i>voriconazole tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	\$0 (Tier 1)	MO
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	\$0 (Tier 1)	MO
<i>chloroquine phosphate tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
COARTEM TABLET 20MG; 120MG	\$0 (Tier 1)	MO
<i>mefloquine hydrochloride tablet 250mg</i>	\$0 (Tier 1)	MO
<i>primaquine phosphate tablet 26.3mg</i>	\$0 (Tier 1)	
<i>quinine sulfate capsule 324mg</i>	\$0 (Tier 1)	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir solution 20mg/ml</i>	\$0 (Tier 1)	MO
<i>abacavir tablet 300mg</i>	\$0 (Tier 1)	MO
APTIVUS CAPSULE 250MG	\$0 (Tier 1)	MO
<i>atazanavir sulfate capsule 300mg</i>	\$0 (Tier 1)	MO
<i>atazanavir capsule 150mg, 200mg</i>	\$0 (Tier 1)	MO
<i>darunavir tablet 600mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>darunavir tablet 800mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EDURANT PED TABLET SOLUBLE 2.5MG	\$0 (Tier 1)	MO
EDURANT TABLET 25MG	\$0 (Tier 1)	MO
<i>efavirenz tablet 600mg</i>	\$0 (Tier 1)	MO
<i>emtricitabine capsule 200mg</i>	\$0 (Tier 1)	MO
EMTRIVA SOLUTION 10MG/ML	\$0 (Tier 1)	MO
<i>etravirine tablet 100mg, 200mg</i>	\$0 (Tier 1)	MO
<i>fosamprenavir calcium tablet 700mg</i>	\$0 (Tier 1)	MO
FUZEON INJECTION 90MG	\$0 (Tier 1)	MO; LD
INTELENCE TABLET 25MG	\$0 (Tier 1)	
ISENTRESS HD TABLET 600MG	\$0 (Tier 1)	MO
ISENTRESS PACKET 100MG	\$0 (Tier 1)	MO
ISENTRESS TABLET CHEWABLE 25MG	\$0 (Tier 1)	MO

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ISENTRESS TABLET CHEWABLE 100MG	\$0 (Tier 1)	MO
ISENTRESS TABLET 400MG	\$0 (Tier 1)	MO
<i>lamivudine solution 10mg/ml</i>	\$0 (Tier 1)	MO
<i>lamivudine tablet 150mg, 300mg</i>	\$0 (Tier 1)	MO
<i>maraviroc tablet 150mg, 300mg</i>	\$0 (Tier 1)	MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	\$0 (Tier 1)	MO
<i>nevirapine suspension 50mg/5ml</i>	\$0 (Tier 1)	MO
<i>nevirapine tablet 200mg</i>	\$0 (Tier 1)	MO
NORVIR PACKET 100MG	\$0 (Tier 1)	MO
PIFELTRO TABLET 100MG	\$0 (Tier 1)	MO
PREZISTA SUSPENSION 100MG/ML	\$0 (Tier 1)	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	\$0 (Tier 1)	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	\$0 (Tier 1)	QL (480 EA per 30 days) MO
REYATAZ PACKET 50MG	\$0 (Tier 1)	MO
<i>ritonavir tablet 100mg</i>	\$0 (Tier 1)	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	\$0 (Tier 1)	MO
SELZENTRY SOLUTION 20MG/ML	\$0 (Tier 1)	MO
SUNLENCA INJECTION 463.5MG/1.5ML	\$0 (Tier 1)	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK 300MG	\$0 (Tier 1)	MO; LD
SUNLENCA TABLET 300MG	\$0 (Tier 1)	MO; LD
<i>tenofovir disoproxil fumarate tablet 300mg</i>	\$0 (Tier 1)	MO
TIVICAY PD TABLET SOLUBLE 5MG	\$0 (Tier 1)	MO
TIVICAY TABLET 50MG	\$0 (Tier 1)	MO
TROGARZO INJECTION 200MG/1.33ML	\$0 (Tier 1)	MO; LD
TYBOST TABLET 150MG	\$0 (Tier 1)	MO
VIRACEPT TABLET 250MG, 625MG	\$0 (Tier 1)	MO
VIREAD POWDER 40MG/GM	\$0 (Tier 1)	MO
VIREAD TABLET 150MG, 200MG, 250MG	\$0 (Tier 1)	MO
<i>zidovudine capsule 100mg</i>	\$0 (Tier 1)	MO
<i>zidovudine syrup 50mg/5ml</i>	\$0 (Tier 1)	MO
<i>zidovudine tablet 300mg</i>	\$0 (Tier 1)	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	\$0 (Tier 1)	MO



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BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	\$0 (Tier 1)	MO
CIMDUO TABLET 300MG; 300MG	\$0 (Tier 1)	MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	\$0 (Tier 1)	MO
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	\$0 (Tier 1)	MO
DOVATO TABLET 50MG; 300MG	\$0 (Tier 1)	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	\$0 (Tier 1)	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	\$0 (Tier 1)	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	\$0 (Tier 1)	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EVOTAZ TABLET 300MG; 150MG	\$0 (Tier 1)	MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	\$0 (Tier 1)	MO
JULUCA TABLET 50MG; 25MG	\$0 (Tier 1)	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	\$0 (Tier 1)	MO
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	\$0 (Tier 1)	MO
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	\$0 (Tier 1)	MO
ODEFSEY TABLET 200MG; 25MG; 25MG	\$0 (Tier 1)	MO
PREZCOBIX TABLET 150MG; 800MG	\$0 (Tier 1)	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	\$0 (Tier 1)	MO
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	\$0 (Tier 1)	MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	\$0 (Tier 1)	MO

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TRIUMEQ TABLET 600MG; 50MG; 300MG	\$0 (Tier 1)	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine capsule 250mg</i>	\$0 (Tier 1)	MO
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	\$0 (Tier 1)	MO
<i>isoniazid injection 100mg/ml</i>	\$0 (Tier 1)	
<i>isoniazid syrup 50mg/5ml</i>	\$0 (Tier 1)	MO
<i>isoniazid tablet 100mg, 300mg</i>	\$0 (Tier 1)	MO
PRETOMANID TABLET 200MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA
PRIFTIN TABLET 150MG	\$0 (Tier 1)	MO
<i>pyrazinamide tablet 500mg</i>	\$0 (Tier 1)	MO
<i>rifabutin capsule 150mg</i>	\$0 (Tier 1)	MO
<i>rifampin capsule 150mg, 300mg</i>	\$0 (Tier 1)	MO
<i>rifampin injection 600mg</i>	\$0 (Tier 1)	
SIRTURO TABLET 100MG, 20MG	\$0 (Tier 1)	PA; ACS LD
TRECATOR TABLET 250MG	\$0 (Tier 1)	MO
ANTIVIRALS		
<i>acyclovir sodium injection 50mg/ml</i>	\$0 (Tier 1)	B/D
<i>acyclovir capsule 200mg</i>	\$0 (Tier 1)	MO
<i>acyclovir suspension 200mg/5ml</i>	\$0 (Tier 1)	MO
<i>acyclovir tablet 400mg, 800mg</i>	\$0 (Tier 1)	MO
<i>adefovir dipivoxil tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION 0.05MG/ML	\$0 (Tier 1)	QL (630 ML per 30 days) MO
<i>entecavir tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EPCLUSA PACKET 150MG; 37.5MG, 200MG; 50MG	\$0 (Tier 1)	PA; ACS
EPCLUSA TABLET 200MG; 50MG, 400MG; 100MG	\$0 (Tier 1)	PA; ACS
<i>famciclovir tablet 500mg</i>	\$0 (Tier 1)	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ganciclovir injection 500mg/10ml, 500mg</i>	\$0 (Tier 1)	B/D
<i>lamivudine tablet 100mg</i>	\$0 (Tier 1)	MO
LIVTENCITY TABLET 200MG	\$0 (Tier 1)	QL (336 EA per 28 days) PA; LD
MAVYRET PACKET 50MG; 20MG	\$0 (Tier 1)	PA; ACS
MAVYRET TABLET 100MG; 40MG	\$0 (Tier 1)	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	\$0 (Tier 1)	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	\$0 (Tier 1)	QL (84 EA per 365 days) MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	\$0 (Tier 1)	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	\$0 (Tier 1)	QL (22 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	\$0 (Tier 1)	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	\$0 (Tier 1)	QL (60 EA per 180 days) MO
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	\$0 (Tier 1)	PA; ACS LD
PREVYMIS PACKET 120MG, 20MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA
PREVYMIS TABLET 240MG, 480MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	\$0 (Tier 1)	QL (120 EA per 365 days) MO
<i>ribavirin capsule 200mg</i>	\$0 (Tier 1)	ACS
<i>ribavirin tablet 200mg</i>	\$0 (Tier 1)	ACS
<i>rimantadine hydrochloride tablet 100mg</i>	\$0 (Tier 1)	MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	\$0 (Tier 1)	MO
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	\$0 (Tier 1)	MO
<i>valganciclovir tablet 450mg</i>	\$0 (Tier 1)	MO
VOSEVI TABLET 400MG; 100MG; 100MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS
CEPHALOSPORINS		
CEFACTOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	\$0 (Tier 1)	MO
<i>cefaclor capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>	\$0 (Tier 1)	
<i>cefadroxil capsule 500mg</i>	\$0 (Tier 1)	MO
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	\$0 (Tier 1)	MO
<i>cefadroxil tablet 1gm</i>	\$0 (Tier 1)	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	\$0 (Tier 1)	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	\$0 (Tier 1)	
<i>cefazolin sodium iv injection 1gm</i>	\$0 (Tier 1)	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	\$0 (Tier 1)	MO

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CEFAZOLIN/DEXTROSE INJECTION 3GM/150ML; 4%	\$0 (Tier 1)	
CEFAZOLIN INJECTION 2GM/100ML; 4%	\$0 (Tier 1)	
CEFAZOLIN IV INJECTION 2GM, 3GM	\$0 (Tier 1)	
<i>cefazolin injection 3gm</i>	\$0 (Tier 1)	
<i>cefazolin injection 2gm</i>	\$0 (Tier 1)	MO
<i>cefdinir capsule 300mg</i>	\$0 (Tier 1)	MO
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>cefepime injection 1gm, 2gm</i>	\$0 (Tier 1)	MO
<i>cefixime capsule 400mg</i>	\$0 (Tier 1)	MO
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	\$0 (Tier 1)	MO
<i>cefotetan injection 1gm, 2gm</i>	\$0 (Tier 1)	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	\$0 (Tier 1)	MO
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	\$0 (Tier 1)	MO
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>cefprozil tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>ceftazidime injection 2gm, 6gm</i>	\$0 (Tier 1)	
<i>ceftazidime injection 1gm</i>	\$0 (Tier 1)	MO
<i>ceftriaxone in iso-osmotic dextrose injection 1gm/50ml, 2gm/50ml</i>	\$0 (Tier 1)	
CEFTRIAXONE SODIUM INJECTION 100GM	\$0 (Tier 1)	
<i>ceftriaxone sodium injection 1gm</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium injection 10gm, 1gm im or iv, 250mg, 2gm, 500mg</i>	\$0 (Tier 1)	MO
<i>cefuroxime axetil tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>cefuroxime sodium injection 1.5gm</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>cephalexin capsule 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>cephalexin tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO



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<i>tazicef injection 1gm, 2gm, 6gm</i>	\$0 (Tier 1)	
TEFLARO INJECTION 400MG, 600MG	\$0 (Tier 1)	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin injection 500mg</i>	\$0 (Tier 1)	MO
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	\$0 (Tier 1)	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	\$0 (Tier 1)	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	\$0 (Tier 1)	MO
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>clarithromycin tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	\$0 (Tier 1)	
DIFICID TABLET 200MG	\$0 (Tier 1)	MO
<i>erythromycin base tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>erythromycin dr capsule delayed release particles 250mg</i>	\$0 (Tier 1)	MO
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	\$0 (Tier 1)	MO
<i>erythromycin ethylsuccinate tablet 400mg</i>	\$0 (Tier 1)	
<i>erythromycin lactobionate injection 500mg</i>	\$0 (Tier 1)	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 750mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	\$0 (Tier 1)	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	\$0 (Tier 1)	MO
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	\$0 (Tier 1)	
<i>levofloxacin injection 25mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 25mg/ml</i>	\$0 (Tier 1)	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	\$0 (Tier 1)	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	\$0 (Tier 1)	
MOXIFLOXACIN HYDROCHLORIDE INJECTION 400MG/250ML	\$0 (Tier 1)	
<i>moxifloxacin hydrochloride tablet 400mg</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>PENICILLINS</i>		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin tablet chewable 125mg, 250mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin tablet 500mg, 875mg</i>	\$0 (Tier 1)	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	\$0 (Tier 1)	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	\$0 (Tier 1)	MO
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	\$0 (Tier 1)	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	\$0 (Tier 1)	
<i>ampicillin capsule 500mg</i>	\$0 (Tier 1)	MO
<i>BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML</i>	\$0 (Tier 1)	MO
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>EXTENCILLINE INJECTION 1200000UNIT, 2400000UNIT</i>	\$0 (Tier 1)	
<i>LENTOCILIN INJECTION 1200000UNIT</i>	\$0 (Tier 1)	
<i>nafcillin sodium injection 1gm</i>	\$0 (Tier 1)	
<i>nafcillin sodium injection 2gm</i>	\$0 (Tier 1)	MO
<i>nafcillin sodium injection 10gm</i>	\$0 (Tier 1)	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	\$0 (Tier 1)	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	\$0 (Tier 1)	MO
<i>penicillin g sodium injection 5000000unit</i>	\$0 (Tier 1)	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>penicillin v potassium tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	\$0 (Tier 1)	
TETRACYCLINES		
<i>doxy 100 injection 100mg</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate capsule 100mg, 50mg</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate injection 100mg</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate tablet 100mg, 20mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate capsule 50mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tablet 150mg</i>	\$0 (Tier 1)	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	\$0 (Tier 1)	MO
<i>minocycline hcl capsule 75mg</i>	\$0 (Tier 1)	MO
<i>minocycline hcl tablet 75mg</i>	\$0 (Tier 1)	ST MO
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	\$0 (Tier 1)	MO
<i>minocycline hydrochloride tablet 50mg</i>	\$0 (Tier 1)	ST MO
<i>mondoxyne nl capsule 100mg</i>	\$0 (Tier 1)	
NUZYRA INJECTION 100MG	\$0 (Tier 1)	ACS LD
NUZYRA TABLET 150MG	\$0 (Tier 1)	ACS LD
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>tigecycline injection 50mg</i>	\$0 (Tier 1)	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide capsule 25mg, 50mg</i>	\$0 (Tier 1)	PA MO
CYCLOPHOSPHAMIDE TABLET 25MG, 50MG	\$0 (Tier 1)	PA

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GLEOSTINE CAPSULE 10MG, 40MG	\$0 (Tier 1)	ACS
GLEOSTINE CAPSULE 100MG	\$0 (Tier 1)	ACS
LEUKERAN TABLET 2MG	\$0 (Tier 1)	MO
ANTIMETABOLITES		
INQOVI TABLET 100MG; 35MG	\$0 (Tier 1)	QL (5 EA per 28 days) PA; ACS LD
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	\$0 (Tier 1)	PA; ACS LD
<i>mercaptopurine suspension 2000mg/100ml</i>	\$0 (Tier 1)	ACS
<i>mercaptopurine tablet 50mg</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection 1gm/40ml</i>	\$0 (Tier 1)	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection 1gm</i>	\$0 (Tier 1)	
<i>methotrexate injection 50mg/2ml</i>	\$0 (Tier 1)	MO
ONUREG TABLET 200MG, 300MG	\$0 (Tier 1)	QL (14 EA per 28 days) PA; ACS LD
PURIXAN SUSPENSION 2000MG/100ML	\$0 (Tier 1)	ACS LD
TABLOID TABLET 40MG	\$0 (Tier 1)	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tablet 250mg, 500mg</i>	\$0 (Tier 1)	PA; ACS
<i>abirtega tablet 250mg</i>	\$0 (Tier 1)	PA; ACS
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
<i>anastrozole tablet 1mg</i>	\$0 (Tier 1)	MO
<i>bicalutamide tablet 50mg</i>	\$0 (Tier 1)	MO
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	\$0 (Tier 1)	PA; ACS
ERLEADA TABLET 240MG, 60MG	\$0 (Tier 1)	PA; ACS LD
EULEXIN CAPSULE 125MG	\$0 (Tier 1)	
<i>exemestane tablet 25mg</i>	\$0 (Tier 1)	MO
FIRMAGON INJECTION 80MG	\$0 (Tier 1)	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	\$0 (Tier 1)	PA; ACS
<i>letrozole tablet 2.5mg</i>	\$0 (Tier 1)	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	\$0 (Tier 1)	PA; ACS



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LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	\$0 (Tier 1)	PA; ACS
LYSODREN TABLET 500MG	\$0 (Tier 1)	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>nilutamide tablet 150mg</i>	\$0 (Tier 1)	MO
NUBEQA TABLET 300MG	\$0 (Tier 1)	PA; ACS LD
ORGOVYX TABLET 120MG	\$0 (Tier 1)	PA; LD
ORSERDU TABLET 345MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
SOLTAMOX SOLUTION 10MG/5ML	\$0 (Tier 1)	MO
<i>tamoxifen citrate tablet 10mg, 20mg</i>	\$0 (Tier 1)	MO
<i>toremifene citrate tablet 60mg</i>	\$0 (Tier 1)	PA MO
XTANDI CAPSULE 40MG	\$0 (Tier 1)	PA; ACS LD
XTANDI TABLET 40MG, 80MG	\$0 (Tier 1)	PA; ACS LD
YONSA TABLET 125MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	\$0 (Tier 1)	QL (224 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
ASPARLAS INJECTION 3750UNIT/5ML	\$0 (Tier 1)	PA; LD
BESREMI INJECTION 500MCG/ML	\$0 (Tier 1)	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	\$0 (Tier 1)	PA; ACS
<i>hydroxyurea capsule 500mg</i>	\$0 (Tier 1)	MO
IWILFIN TABLET 192MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	\$0 (Tier 1)	MO
MATULANE CAPSULE 50MG	\$0 (Tier 1)	LD
<i>mesna tablet 400mg</i>	\$0 (Tier 1)	MO
ONCASPAR INJECTION 750UNIT/ML	\$0 (Tier 1)	PA; LD

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<i>tretinoin capsule 10mg</i>	\$0 (Tier 1)	MO
WELIREG TABLET 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA CAPSULE 150MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	\$0 (Tier 1)	PA; LD
ALUNBRIG TABLET 30MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
AUGTYRO CAPSULE 160MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	\$0 (Tier 1)	QL (66 EA per 28 days) PA
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	\$0 (Tier 1)	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA CAPSULE 80MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
CABOMETYX TABLET 20MG, 40MG, 60MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS LD



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COMETRIQ KIT 100MG DAILY	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA CAPSULE 15MG, 25MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
COTELLIC TABLET 20MG	\$0 (Tier 1)	QL (63 EA per 28 days) PA; ACS LD
DANZITEN TABLET 71MG, 95MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ERIVEDGE CAPSULE 150MG	\$0 (Tier 1)	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 150mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
FOTIVDA CAPSULE 0.89MG, 1.34MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
GAVRETO CAPSULE 100MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
<i>gefitinib tablet 250mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
GILOTRIF TABLET 20MG, 30MG, 40MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
GOMEKLI CAPSULE 1MG	\$0 (Tier 1)	QL (126 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
GOMEKLI TABLET SOLUBLE 1MG	\$0 (Tier 1)	QL (168 EA per 28 days) PA; LD
IBRANCE CAPSULE 100MG, 125MG, 75MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD

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ICLUSIG TABLET 10MG, 30MG	\$0 (Tier 1)	PA; LD
ICLUSIG TABLET 15MG, 45MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IDHIFA TABLET 100MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
IMBRUVICA CAPSULE 70MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
IMBRUVICA SUSPENSION 70MG/ML	\$0 (Tier 1)	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET 140MG, 280MG, 420MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IMKELDI SOLUTION 80MG/ML	\$0 (Tier 1)	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
INREBIC CAPSULE 100MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	\$0 (Tier 1)	PA; ACS
KISQALI TABLET THERAPY PACK 200MG	\$0 (Tier 1)	PA; ACS
KOSELUGO CAPSULE 10MG, 25MG	\$0 (Tier 1)	PA; LD
KRAZATI TABLET 200MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate tablet 250mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD



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LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	\$0 (Tier 1)	PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 (Tier 1)	PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 (Tier 1)	PA; ACS LD
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 (Tier 1)	PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	\$0 (Tier 1)	PA; ACS LD
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 (Tier 1)	PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 (Tier 1)	PA; ACS LD
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 (Tier 1)	PA; ACS LD
LORBRENA TABLET 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA TABLET 100MG, 150MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	\$0 (Tier 1)	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	\$0 (Tier 1)	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MEKTOVI TABLET 15MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
NERLYNX TABLET 40MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
NILOTINIB CAPSULE 150MG, 200MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA
NILOTINIB CAPSULE 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA
NINLARO CAPSULE 2.3MG, 3MG, 4MG	\$0 (Tier 1)	PA; ACS LD
ODOMZO CAPSULE 200MG	\$0 (Tier 1)	PA; ACS LD
OGSIVEO TABLET 50MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	\$0 (Tier 1)	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	\$0 (Tier 1)	QL (24 EA per 28 days) PA; LD
OJJAARA TABLET 100MG, 150MG, 200MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS
QINLOCK TABLET 50MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 40MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS
RETEVMO TABLET 120MG, 160MG, 80MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
REZLIDHIA CAPSULE 150MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
<i>romidepsin injection 10mg</i>	\$0 (Tier 1)	ACS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	\$0 (Tier 1)	QL (8 EA per 28 days) PA; LD



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ROZLYTREK CAPSULE 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
ROZLYTREK PACKET 50MG	\$0 (Tier 1)	QL (336 EA per 28 days) PA; ACS LD
RUBRACA TABLET 200MG, 250MG, 300MG	\$0 (Tier 1)	PA; ACS LD
RYDAPT CAPSULE 25MG	\$0 (Tier 1)	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 100MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	\$0 (Tier 1)	QL (300 EA per 30 days) PA; LD
SCEMBLIX TABLET 20MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
<i>sorafenib tosylate tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
STIVARGA TABLET 40MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
TABRECTA TABLET 150MG, 200MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE 50MG, 75MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	\$0 (Tier 1)	QL (840 EA per 28 days) PA; ACS LD
TAGRISSO TABLET 40MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
TAZVERIK TABLET 200MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	\$0 (Tier 1)	PA; LD
TEPMETKO TABLET 225MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
TIBSOVO TABLET 250MG	\$0 (Tier 1)	PA; LD
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
TRUQAP TABLET THERAPY PACK 160MG, 200MG	\$0 (Tier 1)	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 160MG, 200MG	\$0 (Tier 1)	QL (64 EA per 28 days) PA; LD
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	\$0 (Tier 1)	PA; ACS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TUKYSA TABLET 150MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
TURALIO CAPSULE 125MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VANFLYTA TABLET 17.7MG, 26.5MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10MG; 100MG; 50MG	\$0 (Tier 1)	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	\$0 (Tier 1)	PA; ACS LD
VITRAKVI CAPSULE 25MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
VITRAKVI SOLUTION 20MG/ML	\$0 (Tier 1)	QL (300 ML per 30 days) PA; ACS LD
VIZIMPRO TABLET 15MG, 30MG, 45MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
VONJO CAPSULE 100MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE SPRINKLE 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
XALKORI CAPSULE 200MG, 250MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	\$0 (Tier 1)	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	\$0 (Tier 1)	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	\$0 (Tier 1)	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	\$0 (Tier 1)	QL (16 EA per 28 days) PA; LD



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (4 TABLET PACK), 60MG ONCE WEEKLY	\$0 (Tier 1)	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	\$0 (Tier 1)	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET 100MG, 200MG, 300MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	\$0 (Tier 1)	PA; ACS LD
ZOLINZA CAPSULE 100MG	\$0 (Tier 1)	PA; ACS
ZYDELIG TABLET 100MG, 150MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA TABLET 150MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	\$0 (Tier 1)	MO
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	\$0 (Tier 1)	MO
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	\$0 (Tier 1)	MO
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	\$0 (Tier 1)	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	\$0 (Tier 1)	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	\$0 (Tier 1)	MO
ACE INHIBITORS		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	\$0 (Tier 1)	MO
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	\$0 (Tier 1)	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tablet 25mg, 50mg</i>	\$0 (Tier 1)	MO
KERENDIA TABLET 10MG, 20MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	\$0 (Tier 1)	MO
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	\$0 (Tier 1)	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	\$0 (Tier 1)	MO
<i>terazosin hydrochloride capsule 2mg</i>	\$0 (Tier 1)	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	\$0 (Tier 1)	MO
ENTRESTO TABLET 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	\$0 (Tier 1)	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBI TABLET 40MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olmesartan medoxomil tablet 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hydrochloride injection 150mg/3ml, 50mg/ml, 900mg/18ml</i>	\$0 (Tier 1)	
<i>amiodarone hydrochloride tablet 100mg, 200mg, 400mg</i>	\$0 (Tier 1)	MO
<i>disopyramide phosphate capsule 100mg, 150mg</i>	\$0 (Tier 1)	PA MO
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	\$0 (Tier 1)	ACS
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	MO
LIDOCAINE HCL IN D5W INJECTION 5%; 4MG/ML	\$0 (Tier 1)	
LIDOCAINE HCL INJECTION 100MG/5ML	\$0 (Tier 1)	
<i>lidocaine hcl injection prefilled syringe 100mg/5ml, 50mg/5ml</i>	\$0 (Tier 1)	
MULTAQ TABLET 400MG	\$0 (Tier 1)	MO
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	\$0 (Tier 1)	MO
<i>pacerone tablet 100mg, 200mg, 400mg</i>	\$0 (Tier 1)	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	\$0 (Tier 1)	MO
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	\$0 (Tier 1)	MO
<i>propafenone hydrochloride tablet 225mg, 300mg</i>	\$0 (Tier 1)	MO
<i>quinidine sulfate tablet 200mg, 300mg</i>	\$0 (Tier 1)	MO
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	\$0 (Tier 1)	MO
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	\$0 (Tier 1)	MO
<i>sotalol hydrochloride tablet 80mg</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate capsule 130mg, 150mg, 43mg, 50mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	\$0 (Tier 1)	MO
<i>gemfibrozil tablet 600mg</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg, 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light packet 4gm</i>	\$0 (Tier 1)	MO
<i>cholestyramine light powder 4gm/dose</i>	\$0 (Tier 1)	MO
<i>cholestyramine packet 4gm</i>	\$0 (Tier 1)	MO
<i>cholestyramine powder 4gm/dose</i>	\$0 (Tier 1)	MO
<i>colesevelam hydrochloride packet 3.75gm</i>	\$0 (Tier 1)	MO
<i>colesevelam hydrochloride tablet 625mg</i>	\$0 (Tier 1)	MO
<i>colestipol hydrochloride granules 5gm</i>	\$0 (Tier 1)	MO
<i>colestipol hydrochloride packet 5gm</i>	\$0 (Tier 1)	MO
<i>colestipol hydrochloride tablet 1gm</i>	\$0 (Tier 1)	MO
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ezetimibe tablet 10mg</i>	\$0 (Tier 1)	MO
NEXLETOL TABLET 180MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	\$0 (Tier 1)	MO
<i>niacin er tablet extended release 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>niacin tablet 500mg</i>	\$0 (Tier 1)	MO
<i>niacor tablet 500mg</i>	\$0 (Tier 1)	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>prevalite packet 4gm</i>	\$0 (Tier 1)	
<i>prevalite powder 4gm/dose</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	\$0 (Tier 1)	PA
REPATHA SURECLICK INJECTION 140MG/ML	\$0 (Tier 1)	PA
REPATHA INJECTION 140MG/ML	\$0 (Tier 1)	PA
VASCEPA CAPSULE 0.5GM, 1GM	\$0 (Tier 1)	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	\$0 (Tier 1)	MO
<i>metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	\$0 (Tier 1)	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	\$0 (Tier 1)	MO
<i>atenolol tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate tablet 2.5mg</i>	\$0 (Tier 1)	MO
<i>carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	\$0 (Tier 1)	MO
<i>labetalol hydrochloride injection 5mg/ml</i>	\$0 (Tier 1)	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg</i>	\$0 (Tier 1)	MO
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate injection 5mg/5ml</i>	\$0 (Tier 1)	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>pindolol tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>propranolol hcl injection 1mg/ml</i>	\$0 (Tier 1)	
<i>propranolol hcl oral solution 40mg/5ml</i>	\$0 (Tier 1)	MO
<i>propranolol hcl tablet 40mg</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	\$0 (Tier 1)	MO
<i>propranolol hydrochloride solution 20mg/5ml</i>	\$0 (Tier 1)	MO
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	\$0 (Tier 1)	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 1)	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac) 120mg, 180mg, 240mg, 420mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl er tablet extended release 24 hour (generic Cardizem LA) 240mg, 300mg, 360mg, 420mg</i>	\$0 (Tier 1)	MO
DILTIAZEM HCL INJECTION 100MG	\$0 (Tier 1)	
<i>diltiazem hcl injection 50mg/10ml</i>	\$0 (Tier 1)	
<i>diltiazem hcl tablet 30mg, 60mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hydrochloride er capsule extended release 24 hour (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml</i>	\$0 (Tier 1)	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	\$0 (Tier 1)	MO
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>isradipine capsule 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	\$0 (Tier 1)	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nifedipine er tablet extended release 24 hour 30mg (generic Procardia XL), 60mg (generic Procardia XL), 90mg (generic Adalat CC and Procardia XL)</i>	\$0 (Tier 1)	MO
<i>nifedipine er tablet extended release 24 hour (generic Adalat CC) 30mg, 60mg</i>	\$0 (Tier 1)	MO
<i>nisoldipine er tablet extended release 24 hour 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg, 8.5mg</i>	\$0 (Tier 1)	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 1)	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl er capsule extended release 24 hour (generic Verelan PM and Verelan SR) 100mg, 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl er tablet extended release (generic Calan SR) 120mg</i>	\$0 (Tier 1)	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR (GENERIC VERELAN SR) 360MG	\$0 (Tier 1)	MO
<i>verapamil hcl sr capsule extended release 24 hour (generic Verelan SR) 120mg, 180mg, 240mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl tablet 40mg, 80mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride er capsule extended release 24 hour (generic Verelan PM) 100mg, 200mg, 300mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride er tablet extended release (generic Calan SR) 180mg, 240mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride injection 2.5mg/ml</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride tablet 120mg</i>	\$0 (Tier 1)	MO
DIURETICS		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	\$0 (Tier 1)	MO
<i>acetazolamide tablet 125mg, 250mg</i>	\$0 (Tier 1)	MO
<i>amiloride hcl tablet 5mg</i>	\$0 (Tier 1)	MO
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	\$0 (Tier 1)	MO
<i>bumetanide injection 0.25mg/ml</i>	\$0 (Tier 1)	MO
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>chlorthalidone tablet 25mg, 50mg</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>furosemide injection 10mg/ml</i>	\$0 (Tier 1)	MO
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	\$0 (Tier 1)	MO
<i>furosemide tablet 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide capsule 12.5mg</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>indapamide tablet 1.25mg, 2.5mg</i>	\$0 (Tier 1)	MO
<i>methazolamide tablet 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	\$0 (Tier 1)	MO
<i>torsemide tablet 100mg, 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	\$0 (Tier 1)	MO
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>aliskiren tablet 150mg, 300mg</i>	\$0 (Tier 1)	MO
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	\$0 (Tier 1)	MO
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	\$0 (Tier 1)	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
CORLANOR SOLUTION 5MG/5ML	\$0 (Tier 1)	
<i>digoxin injection 0.25mg/ml</i>	\$0 (Tier 1)	MO
<i>digoxin oral solution 0.05mg/ml</i>	\$0 (Tier 1)	MO
<i>digoxin tablet 125mcg, 250mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>digox tablet 125mcg, 250mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>droxidopa capsule 200mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
<i>droxidopa capsule 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 300mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	\$0 (Tier 1)	PA MO
<i>hydralazine hcl injection 20mg/ml</i>	\$0 (Tier 1)	MO
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	\$0 (Tier 1)	MO
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>metirosine capsule 250mg</i>	\$0 (Tier 1)	PA; ACS
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	\$0 (Tier 1)	MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	\$0 (Tier 1)	MO
VERQUVO TABLET 10MG, 2.5MG, 5MG	\$0 (Tier 1)	MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate tablet 40mg</i>	\$0 (Tier 1)	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	\$0 (Tier 1)	MO
NITRO-BID OINTMENT 2%	\$0 (Tier 1)	MO
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	\$0 (Tier 1)	MO
NITROGLYCERIN INJECTION 5MG/ML	\$0 (Tier 1)	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	\$0 (Tier 1)	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	\$0 (Tier 1)	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
<i>ambrisentan tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>bosentan tablet 62.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium injection 0.5mg</i>	\$0 (Tier 1)	B/D; ACS
<i>epoprostenol sodium injection 1.5mg</i>	\$0 (Tier 1)	B/D; ACS
OPSUMIT TABLET 10MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection 10mg/12.5ml</i>	\$0 (Tier 1)	QL (1125 ML per 30 days) PA; ACS
<i>tadalafil (generic Adcirca) tablet 20mg</i>	\$0 (Tier 1)	PA; ACS
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	\$0 (Tier 1)	QL (200 EA per 28 days) PA; ACS LD



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UPTRAVI INJECTION 1800MCG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 200MCG	\$0 (Tier 1)	QL (140 EA per 28 days) PA; ACS LD
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	\$0 (Tier 1)	QL (1 EA per 21 days) PA; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	\$0 (Tier 1)	QL (2 EA per 21 days) PA; ACS LD
CENTRAL NERVOUS SYSTEM		
<i>ANTI-ANXIETY</i>		
ALPRAZOLAM INTENSOL CONCENTRATE 1MG/ML	\$0 (Tier 1)	QL (300 ML per 30 days) PA MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) PA MO; HRM
<i>bupirone hcl tablet 15mg</i>	\$0 (Tier 1)	MO
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO; HRM
<i>lorazepam intensol concentrate 2mg/ml</i>	\$0 (Tier 1)	QL (150 ML per 30 days) PA; HRM
<i>lorazepam injection 2mg/ml, 4mg/ml</i>	\$0 (Tier 1)	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam tablet 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) PA MO; HRM
<i>oxazepam capsule 10mg, 15mg, 30mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution 4mg/ml</i>	\$0 (Tier 1)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak tablet 10mg; 5mg</i>	\$0 (Tier 1)	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	\$0 (Tier 1)	PA MO
<i>memantine hydrochloride solution 2mg/ml</i>	\$0 (Tier 1)	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	\$0 (Tier 1)	MO
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO; HRM
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide solution 10mg/5ml</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>citalopram hydrobromide tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl capsule 75mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>doxepin hcl concentrate 10mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride dr (generic Cymbalta) capsule delayed release particles 20mg, 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride dr (generic Irenka) capsule delayed release particles 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution 5mg/5ml</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG	\$0 (Tier 1)	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	\$0 (Tier 1)	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>	\$0 (Tier 1)	MO; HRM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>imipramine hcl tablet 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	\$0 (Tier 1)	PA MO; HRM
MARPLAN TABLET 10MG	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	\$0 (Tier 1)	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	\$0 (Tier 1)	MO; HRM
<i>nortriptyline hcl solution 10mg/5ml</i>	\$0 (Tier 1)	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	\$0 (Tier 1)	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO; HRM
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>phenelzine sulfate tablet 15mg</i>	\$0 (Tier 1)	MO
<i>protriptyline hcl tablet 10mg, 5mg</i>	\$0 (Tier 1)	PA MO; HRM
RALDESY SOLUTION 10MG/ML	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
<i>sertraline hcl concentrate 20mg/ml</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>tranlycypromine sulfate tablet 10mg</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 300mg</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trimipramine maleate capsule 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX TABLET 10MG, 20MG, 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO; HRM
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	\$0 (Tier 1)	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	\$0 (Tier 1)	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl capsule 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>amantadine hcl solution 50mg/5ml</i>	\$0 (Tier 1)	MO
<i>amantadine hcl tablet 100mg</i>	\$0 (Tier 1)	MO
<i>benztropine mesylate injection 1mg/ml</i>	\$0 (Tier 1)	MO
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>bromocriptine mesylate capsule 5mg</i>	\$0 (Tier 1)	MO
<i>bromocriptine mesylate tablet 2.5mg</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	\$0 (Tier 1)	MO
CARBIDOPA/LEVODOPA/ENTACAPONE TABLET 12.5MG; 200MG; 50MG, 18.75MG; 200MG; 75MG, 25MG; 200MG; 100MG, 31.25MG; 200MG; 125MG, 37.5MG; 200MG; 150MG, 50MG; 200MG; 200MG	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	\$0 (Tier 1)	MO
<i>carbidopa tablet 25mg</i>	\$0 (Tier 1)	MO
<i>entacapone tablet 200mg</i>	\$0 (Tier 1)	MO
INBRIJA CAPSULE 42MG	\$0 (Tier 1)	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	\$0 (Tier 1)	MO
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	\$0 (Tier 1)	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	\$0 (Tier 1)	MO
<i>selegiline hcl capsule 5mg</i>	\$0 (Tier 1)	MO
<i>selegiline hcl tablet 5mg</i>	\$0 (Tier 1)	MO
<i>trihexyphenidyl hcl solution 0.4mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	\$0 (Tier 1)	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA INJECTION 300MG, 400MG	\$0 (Tier 1)	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole solution 1mg/ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO; HRM
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
ARISTADA INITIO INJECTION 675MG/2.4ML	\$0 (Tier 1)	HRM
ARISTADA INJECTION 441MG/1.6ML	\$0 (Tier 1)	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	\$0 (Tier 1)	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	\$0 (Tier 1)	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorpromazine hcl injection 50mg/2ml</i>	\$0 (Tier 1)	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	\$0 (Tier 1)	HRM
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	\$0 (Tier 1)	PA; HRM
<i>clozapine odt tablet disintegrating 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 150mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	\$0 (Tier 1)	HRM
<i>clozapine tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days); HRM
COBENFY STARTER PACK CAPSULE THERAPY PACK 50MG; 20MG & 100MG; 20MG	\$0 (Tier 1)	QL (112 EA per 365 days) PA MO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
ERZOFRI INJECTION 39MG/0.25ML	\$0 (Tier 1)	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	\$0 (Tier 1)	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	\$0 (Tier 1)	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	\$0 (Tier 1)	QL (4.5 ML per 365 days)
FANAPT TITRATION PACK A TABLET 1MG; 2MG; 4MG; 6MG	\$0 (Tier 1)	PA; HRM
FANAPT TITRATION PACK C TABLET 1MG; 3MG; 6MG	\$0 (Tier 1)	PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>fluphenazine decanoate injection 25mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hcl concentrate 5mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO; HRM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol lactate injection 5mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol concentrate 2mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	\$0 (Tier 1)	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	\$0 (Tier 1)	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	\$0 (Tier 1)	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	\$0 (Tier 1)	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	\$0 (Tier 1)	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	\$0 (Tier 1)	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	\$0 (Tier 1)	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	\$0 (Tier 1)	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	\$0 (Tier 1)	QL (2.63 ML per 90 days); HRM
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	HRM
<i>molindone hydrochloride tablet 25mg</i>	\$0 (Tier 1)	HRM
NUPLAZID CAPSULE 34MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS HRM LD
NUPLAZID TABLET 10MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection 10mg</i>	\$0 (Tier 1)	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA
OPIPZA FILM 10MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paliperidone er tablet extended release 24 hour 6mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	\$0 (Tier 1)	MO; HRM
<i>pimozide tablet 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 0.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution 1mg/ml</i>	\$0 (Tier 1)	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	\$0 (Tier 1)	MO; HRM
VERSACLOZ SUSPENSION 50MG/ML	\$0 (Tier 1)	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ziprasidone mesylate injection 20mg</i>	\$0 (Tier 1)	QL (6 EA per 3 days) MO; HRM
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BRIVIACT INJECTION 50MG/5ML	\$0 (Tier 1)	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION 10MG/ML	\$0 (Tier 1)	QL (600 ML per 30 days) PA MO
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine suspension 100mg/5ml</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	\$0 (Tier 1)	MO
<i>carbamazepine tablet chewable 100mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine tablet 200mg</i>	\$0 (Tier 1)	MO; HRM
<i>clobazam suspension 2.5mg/ml</i>	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet 10mg, 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol concentrate 5mg/ml</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIAZEPAM RECTAL GEL GEL 10MG, 2.5MG, 20MG	\$0 (Tier 1)	QL (5 EA per 30 days) MO; HRM
<i>diazepam concentrate 5mg/ml</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam injection 5mg/ml</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam oral solution 5mg/5ml</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam tablet 10mg, 2mg, 5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
DILANTIN INFATABS TABLET CHEWABLE 50MG	\$0 (Tier 1)	MO
DILANTIN-125 SUSPENSION 125MG/5ML	\$0 (Tier 1)	MO
DILANTIN CAPSULE 100MG, 30MG	\$0 (Tier 1)	MO
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	\$0 (Tier 1)	MO
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	\$0 (Tier 1)	MO
EPIDIOLEX SOLUTION 100MG/ML	\$0 (Tier 1)	QL (600 ML per 30 days) PA; ACS LD
<i>epitol tablet 200mg</i>	\$0 (Tier 1)	HRM
EPRONTIA SOLUTION 25MG/ML	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO
<i>eslicarbazepine acetate tablet 200mg, 400mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ethosuximide capsule 250mg</i>	\$0 (Tier 1)	MO
<i>ethosuximide solution 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>felbamate suspension 600mg/5ml</i>	\$0 (Tier 1)	MO
<i>felbamate tablet 400mg, 600mg</i>	\$0 (Tier 1)	MO
FINTEPLA SOLUTION 2.2MG/ML	\$0 (Tier 1)	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	\$0 (Tier 1)	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	\$0 (Tier 1)	MO
FYCOMPA SUSPENSION 0.5MG/ML	\$0 (Tier 1)	QL (680 ML per 28 days) PA MO
FYCOMPA TABLET 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gabapentin (generic Neurontin) capsule 100mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution 250mg/5ml</i>	\$0 (Tier 1)	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>lacosamide injection 200mg/20ml</i>	\$0 (Tier 1)	
<i>lacosamide oral solution 10mg/ml</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	\$0 (Tier 1)	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	\$0 (Tier 1)	
<i>lamotrigine starter kit/green kit 100mg; 25mg</i>	\$0 (Tier 1)	
<i>lamotrigine starter kit/orange kit 100mg; 25mg</i>	\$0 (Tier 1)	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	\$0 (Tier 1)	MO
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	\$0 (Tier 1)	MO
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	\$0 (Tier 1)	MO
LEVETIRACETAM/SODIUM CHLORIDE INJECTION 1000MG/100ML; 750MG/100ML, 1500MG/100ML; 540MG/100ML, 500MG/100ML; 820MG/100ML	\$0 (Tier 1)	
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 500mg/100ml; 820mg/100ml</i>	\$0 (Tier 1)	
<i>levetiracetam injection 500mg/5ml</i>	\$0 (Tier 1)	
<i>levetiracetam oral solution 100mg/ml</i>	\$0 (Tier 1)	MO
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	\$0 (Tier 1)	MO
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>methsuximide capsule 300mg</i>	\$0 (Tier 1)	MO
NAYZILAM SOLUTION 5MG/0.1ML	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine suspension 300mg/5ml</i>	\$0 (Tier 1)	MO; HRM
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	\$0 (Tier 1)	MO; HRM



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>perampanel tablet 2mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	\$0 (Tier 1)	PA; HRM
<i>phenobarbital elixir 20mg/5ml</i>	\$0 (Tier 1)	QL (1500 ML per 30 days) PA MO; HRM
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>phenytek capsule 200mg, 300mg</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium injection 50mg/ml</i>	\$0 (Tier 1)	
<i>phenytoin suspension 125mg/5ml</i>	\$0 (Tier 1)	MO
<i>phenytoin tablet chewable 50mg</i>	\$0 (Tier 1)	MO
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pregabalin solution 20mg/ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>primidone tablet 125mg, 250mg, 50mg</i>	\$0 (Tier 1)	MO
<i>roweepira tablet 500mg</i>	\$0 (Tier 1)	
<i>rufinamide suspension 40mg/ml</i>	\$0 (Tier 1)	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	\$0 (Tier 1)	QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>subvenite starter kit/blue kit 25mg</i>	\$0 (Tier 1)	
<i>subvenite starter kit/green kit 100mg; 25mg</i>	\$0 (Tier 1)	
<i>subvenite starter kit/orange kit 100mg; 25mg</i>	\$0 (Tier 1)	
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	\$0 (Tier 1)	
SYMPAZAN FILM 5MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMPAZAN FILM 10MG, 20MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	\$0 (Tier 1)	MO
<i>topiramate er capsule er 24 hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>topiramate er capsule extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>topiramate tablet 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>valproate sodium injection 100mg/ml</i>	\$0 (Tier 1)	
<i>valproic acid capsule 250mg</i>	\$0 (Tier 1)	MO
<i>valproic acid solution 250mg/5ml</i>	\$0 (Tier 1)	MO
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>vigabatrin packet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
<i>vigabatrin tablet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
<i>vigadrone packet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
<i>vigadrone tablet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	\$0 (Tier 1)	QL (750 ML per 30 days) PA; LD
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG	\$0 (Tier 1)	QL (28 EA per 28 days)
XCOPRI TABLET TITRATION THERAPY PACK 150MG; 200MG, 50MG; 100MG	\$0 (Tier 1)	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	\$0 (Tier 1)	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ZONISADE SUSPENSION 100MG/5ML	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	\$0 (Tier 1)	MO
<i>zonisamide capsule 50mg</i>	\$0 (Tier 1)	MO; HRM



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ZTALMY SUSPENSION 50MG/ML	\$0 (Tier 1)	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate solution 5mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylphenidate hydrochloride er (cd) capsule extended release (generic Metadate CD) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE (GENERIC RELEXXI) 45MG, 63MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (osm) tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg, (generic Relexxi) 72mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO TABLET 10MG, 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon capsule 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>temazepam capsule 15mg, 22.5mg, 30mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg, 0.25mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM



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<i>zolpidem tartrate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	\$0 (Tier 1)	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate injection 1mg/ml</i>	\$0 (Tier 1)	PA MO
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	\$0 (Tier 1)	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide tablet 20mg, 40mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	\$0 (Tier 1)	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
NURTEC TABLET DISINTEGRATING 75MG	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO
QULIPTA TABLET 10MG, 30MG, 60MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection 4mg/0.5ml, 6mg/0.5ml</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
<i>sumatriptan solution 20mg/act, 5mg/act</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
UBRELVY TABLET 100MG, 50MG	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	\$0 (Tier 1)	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	\$0 (Tier 1)	MO
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	\$0 (Tier 1)	MO
<i>lithium carbonate tablet 300mg</i>	\$0 (Tier 1)	MO
<i>lithium solution 8meq/5ml</i>	\$0 (Tier 1)	MO
NUEDEXTA CAPSULE 20MG; 10MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide er tablet extended release 180mg</i>	\$0 (Tier 1)	MO
<i>pyridostigmine bromide tablet 60mg</i>	\$0 (Tier 1)	MO
<i>riluzole tablet 50mg</i>	\$0 (Tier 1)	MO
<i>tetrabenazine tablet 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
<i>tetrabenazine tablet 12.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
BETASERON INJECTION 0.3MG	\$0 (Tier 1)	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	\$0 (Tier 1)	PA; ACS
<i>fingolimod hydrochloride capsule 0.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	\$0 (Tier 1)	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	\$0 (Tier 1)	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	\$0 (Tier 1)	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	\$0 (Tier 1)	QL (30 ML per 30 days) PA; ACS
KESIMPTA INJECTION 20MG/0.4ML	\$0 (Tier 1)	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide tablet 14mg, 7mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>baclofen tablet 15mg</i>	\$0 (Tier 1)	MO
<i>chlorzoxazone tablet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO; HRM
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>tizanidine hcl tablet 2mg</i>	\$0 (Tier 1)	MO
<i>tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>	\$0 (Tier 1)	MO
<i>tizanidine hydrochloride tablet 4mg</i>	\$0 (Tier 1)	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE SOLUTION 500MG/ML	\$0 (Tier 1)	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	\$0 (Tier 1)	MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 8mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 2mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>disulfiram tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
KLOXXADO LIQUID 8MG/0.1ML	\$0 (Tier 1)	MO
<i>naloxone hcl injection 4mg/10ml</i>	\$0 (Tier 1)	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	\$0 (Tier 1)	MO
<i>naloxone hydrochloride injection 0.4mg/ml vial</i>	\$0 (Tier 1)	MO
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	\$0 (Tier 1)	MO
<i>naltrexone hydrochloride tablet 50mg</i>	\$0 (Tier 1)	MO
NICOTROL NS SOLUTION 10MG/ML	\$0 (Tier 1)	QL (360 ML per 365 days) MO

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<i>varenicline starting month tablet therapy pack 0.5mg; 1mg</i>	\$0 (Tier 1)	
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
VIVITROL INJECTION 380MG	\$0 (Tier 1)	ACS
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol capsule 100mg, 200mg, 50mg</i>	\$0 (Tier 1)	MO
<i>methyltestosterone capsule 10mg</i>	\$0 (Tier 1)	PA MO
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	\$0 (Tier 1)	MO
<i>testosterone enanthate injection 200mg/ml</i>	\$0 (Tier 1)	PA MO
<i>testosterone pump gel 1%</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone gel 10mg/act</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone solution 30mg/act</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	\$0 (Tier 1)	PA MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	\$0 (Tier 1)	PA MO
BD PEN MISCELLANEOUS	\$0 (Tier 1)	MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	\$0 (Tier 1)	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	\$0 (Tier 1)	PA MO
FIASP FLEXTOUCH INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
FIASP PENFILL INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
FIASP PUMPCART INJECTION 100UNIT/ML	\$0 (Tier 1)	B/D MO
FIASP INJECTION 100UNIT/ML	\$0 (Tier 1)	B/D MO
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	\$0 (Tier 1)	B/D MO



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HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	\$0 (Tier 1)	MO
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
INSULIN ASPART INJECTION 100UNIT/ML	\$0 (Tier 1)	B/D MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
LANTUS INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	B/D MO
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
NOVOLOG RELION INJECTION 100UNIT/ML	\$0 (Tier 1)	B/D MO
NOVOLOG INJECTION 100UNIT/ML	\$0 (Tier 1)	B/D MO
SOLQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	\$0 (Tier 1)	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	\$0 (Tier 1)	MO
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	\$0 (Tier 1)	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
DAPAGLIFLOZIN PROPANEDIOL TABLET 10MG, 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
FARXIGA TABLET 10MG, 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUVIA TABLET 100MG, 25MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JARDIANCE TABLET 10MG, 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) ST MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 750mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>miglitol tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	\$0 (Tier 1)	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	\$0 (Tier 1)	QL (4 ML per 365 days) PA
<i>nateglinide tablet 120mg, 60mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	\$0 (Tier 1)	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>pioglitazone hcl tablet 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
RYBELSUS TABLET 3MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	\$0 (Tier 1)	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	\$0 (Tier 1)	QL (6 ML per 30 days) PA MO
TRADJENTA TABLET 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	\$0 (Tier 1)	QL (2 ML per 28 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution 70mg/75ml</i>	\$0 (Tier 1)	MO
<i>alendronate sodium tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
BONSITY INJECTION 560MCG/2.24ML	\$0 (Tier 1)	PA; ACS
<i>calcitonin-salmon solution 200unit/act</i>	\$0 (Tier 1)	MO
<i>ibandronate sodium injection 3mg/3ml</i>	\$0 (Tier 1)	QL (3 ML per 90 days) MO
<i>ibandronate sodium tablet 150mg</i>	\$0 (Tier 1)	QL (1 EA per 30 days) MO
PAMIDRONATE DISODIUM INJECTION 6MG/ML	\$0 (Tier 1)	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	\$0 (Tier 1)	
<i>risedronate sodium dr tablet delayed release 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>teriparatide injection (brand by Alvogen) 560mcg/2.24ml</i>	\$0 (Tier 1)	PA; ACS
WYOST INJECTION 120MG/1.7ML	\$0 (Tier 1)	PA; ACS LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	\$0 (Tier 1)	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	\$0 (Tier 1)	ACS
CHELATING AGENTS		
CHEMET CAPSULE 100MG	\$0 (Tier 1)	MO
<i>deferasirox packet 180mg, 360mg, 90mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet 90mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	\$0 (Tier 1)	PA; ACS
<i>kionex suspension 15gm/60ml</i>	\$0 (Tier 1)	
LOKELMA PACKET 10GM	\$0 (Tier 1)	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	\$0 (Tier 1)	QL (96 EA per 30 days) MO
<i>penicillamine tablet 250mg</i>	\$0 (Tier 1)	ACS



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sodium polystyrene sulfonate powder</i>	\$0 (Tier 1)	MO
<i>sps rectal suspension 15gm/60ml</i>	\$0 (Tier 1)	
<i>sps combination suspension 15gm/60ml</i>	\$0 (Tier 1)	MO
<i>trientine hydrochloride capsule 250mg, 500mg</i>	\$0 (Tier 1)	PA; ACS
CONTRACEPTIVES		
<i>afirmelle tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>altavera tablet 30mcg; 0.15mg</i>	\$0 (Tier 1)	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 1)	MO
<i>alyacen 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	\$0 (Tier 1)	
<i>amethyst tablet 20mcg; 90mcg</i>	\$0 (Tier 1)	
<i>apri tablet 0.15mg; 30mcg</i>	\$0 (Tier 1)	
<i>aranelle tablet 0.5mg; 1mg; 0.035mg</i>	\$0 (Tier 1)	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	\$0 (Tier 1)	
<i>aubra eq tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 1)	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 1)	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	MO
<i>aviane tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	MO
<i>ayuna tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	
<i>balziva tablet 35mcg; 0.4mg</i>	\$0 (Tier 1)	
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	MO
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>briellyn tablet 35mcg; 0.4mg</i>	\$0 (Tier 1)	
<i>camila tablet 0.35mg</i>	\$0 (Tier 1)	
<i>CAMRESE LO TABLET 0.1MG; 0.02MG; 0.01MG</i>	\$0 (Tier 1)	
<i>CAMRESE TABLET 0.15MG; 0.03MG; 0.01MG</i>	\$0 (Tier 1)	
<i>charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>chateal eq tablet 30mcg; 0.15mg</i>	\$0 (Tier 1)	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	\$0 (Tier 1)	MO
<i>cyred eq tablet 0.15mg; 30mcg</i>	\$0 (Tier 1)	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	\$0 (Tier 1)	
<i>daysee tablet 0.15mg; 0.03mg; 0.01mg</i>	\$0 (Tier 1)	
<i>deblitane tablet 0.35mg</i>	\$0 (Tier 1)	
<i>delyla tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	\$0 (Tier 1)	MO
<i>dolishale tablet 20mcg; 90mcg</i>	\$0 (Tier 1)	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 1)	MO
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg</i>	\$0 (Tier 1)	MO
<i>elimest tablet 30mcg; 0.3mg</i>	\$0 (Tier 1)	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 (Tier 1)	
<i>enzahh tablet 0.35mg</i>	\$0 (Tier 1)	MO
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 (Tier 1)	MO
<i>enskyce tablet 0.15mg; 0.03mg</i>	\$0 (Tier 1)	MO
<i>errin tablet 0.35mg</i>	\$0 (Tier 1)	
<i>estarylla tablet 35mcg; 0.25mg</i>	\$0 (Tier 1)	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	\$0 (Tier 1)	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 (Tier 1)	MO
<i>falmina tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>finzala tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>galbriela tablet chewable 25mcg; 75mg; 0.8mg</i>	\$0 (Tier 1)	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 1)	MO
<i>hailey 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 (Tier 1)	
<i>heather tablet 0.35mg</i>	\$0 (Tier 1)	MO
<i>iclevia tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	
<i>incassia tablet 0.35mg</i>	\$0 (Tier 1)	
<i>introvale tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isibloom tablet 0.15mg; 30mcg</i>	\$0 (Tier 1)	
<i>jaimiess tablet 0.15mg; 0.03mg; 0.01mg</i>	\$0 (Tier 1)	
<i>jasmiel tablet 3mg; 0.02mg</i>	\$0 (Tier 1)	
<i>jencycla tablet 0.35mg</i>	\$0 (Tier 1)	
JOLESSA TABLET 0.03MG; 0.15MG	\$0 (Tier 1)	
<i>juleber tablet 0.15mg; 30mcg</i>	\$0 (Tier 1)	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 1)	
<i>junel 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	MO
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg</i>	\$0 (Tier 1)	MO
<i>kalliga tablet 0.15mg; 30mcg</i>	\$0 (Tier 1)	
<i>kariva tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 1)	MO
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	\$0 (Tier 1)	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 1)	
<i>larin 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 1)	
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>lessina tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	MO
<i>levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	\$0 (Tier 1)	
<i>levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg</i>	\$0 (Tier 1)	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg</i>	\$0 (Tier 1)	MO
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	\$0 (Tier 1)	ACS LD
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	\$0 (Tier 1)	MO
<i>loestrin 1.5/30-21 tablet 30mcg; 1.5mg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>loestrin 1/20-21 tablet 20mcg; 1mg</i>	\$0 (Tier 1)	
<i>loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	
<i>loestrin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>lojaimiess tablet 0.1mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	MO
<i>loryna tablet 3mg; 0.02mg</i>	\$0 (Tier 1)	
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	\$0 (Tier 1)	
<i>lutra tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>lyleq tablet 0.35mg</i>	\$0 (Tier 1)	
<i>lyza tablet 0.35mg</i>	\$0 (Tier 1)	
<i>marlissa tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	\$0 (Tier 1)	MO
<i>meleya tablet 0.35mg</i>	\$0 (Tier 1)	
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 1)	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 1)	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>mili tablet 35mcg; 0.25mg</i>	\$0 (Tier 1)	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	\$0 (Tier 1)	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	\$0 (Tier 1)	
NEXPLANON INJECTION 68MG	\$0 (Tier 1)	ACS LD
<i>nikki tablet 3mg; 0.02mg</i>	\$0 (Tier 1)	
NORA-BE TABLET 0.35MG	\$0 (Tier 1)	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 1mg; 20mcg; 75mg, 1mg, 20mcg; 30mcg; 35mcg; 75mg</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	\$0 (Tier 1)	MO
<i>norethindrone tablet 0.35mg</i>	\$0 (Tier 1)	MO
<i>norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	\$0 (Tier 1)	MO
<i>norlyroc tablet 0.35mg</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nortrel 1/35 28-day regimen</i>	\$0 (Tier 1)	
<i>nortrel 1/35 21-day regimen</i>	\$0 (Tier 1)	MO
<i>nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	\$0 (Tier 1)	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 1)	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	\$0 (Tier 1)	MO
<i>OCELLA TABLET 3MG; 0.03MG</i>	\$0 (Tier 1)	
<i>orsythia tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>philith tablet 35mcg; 0.4mg</i>	\$0 (Tier 1)	
<i>pimtrea tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	
<i>reclipsen tablet 0.15mg; 0.03mg</i>	\$0 (Tier 1)	
<i>rosyrah tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg</i>	\$0 (Tier 1)	
<i>setlakin tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	
<i>sharobel tablet 0.35mg</i>	\$0 (Tier 1)	
<i>simliya tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	
<i>simpesse tablet 0.1mg; 0.03mg; 0.01mg</i>	\$0 (Tier 1)	MO
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	\$0 (Tier 1)	MO
<i>sronyx tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>syeda tablet 3mg; 0.03mg</i>	\$0 (Tier 1)	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>tilia fe tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 1)	MO
<i>tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	\$0 (Tier 1)	MO
<i>tri-linyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 1)	
<i>tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 1)	
<i>tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg</i>	\$0 (Tier 1)	MO
<i>tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg</i>	\$0 (Tier 1)	
<i>tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 1)	
<i>tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 1)	
<i>tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 1)	
<i>turqoz tablet 30mcg; 0.3mg</i>	\$0 (Tier 1)	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 1)	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	\$0 (Tier 1)	MO
<i>velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	\$0 (Tier 1)	MO
<i>vestura tablet 3mg; 0.02mg</i>	\$0 (Tier 1)	
<i>vienva tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>viorele tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	MO
<i>volnea tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	
<i>vyfemla tablet 35mcg; 0.4mg</i>	\$0 (Tier 1)	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	\$0 (Tier 1)	
<i>wera tablet 35mcg; 0.5mg</i>	\$0 (Tier 1)	
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	\$0 (Tier 1)	
<i>xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	\$0 (Tier 1)	MO
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 (Tier 1)	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 (Tier 1)	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 1)	
<i>zumandimine tablet 3mg; 0.03mg</i>	\$0 (Tier 1)	
ESTROGENS		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	\$0 (Tier 1)	
<i>abigale tablet 1mg; 0.5mg</i>	\$0 (Tier 1)	
<i>dotti patch twice weekly 0.025mg/24hr; 0.0375mg/24hr; 0.05mg/24hr; 0.075mg/24hr; 0.1mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days)
DUAVEE TABLET 20MG; 0.45MG	\$0 (Tier 1)	MO
<i>estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml</i>	\$0 (Tier 1)	MO
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	\$0 (Tier 1)	MO



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<i>estradiol cream 0.1mg/gm</i>	\$0 (Tier 1)	MO
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>estradiol vaginal tablet 10mcg</i>	\$0 (Tier 1)	MO
ESTRING RING 7.5MCG/24HR	\$0 (Tier 1)	QL (1 EA per 90 days) MO
<i>fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 1)	MO
<i>jinteli tablet 5mcg; 1mg</i>	\$0 (Tier 1)	
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days)
<i>mimvey tablet 1mg; 0.5mg</i>	\$0 (Tier 1)	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 1)	MO
PREMARIN CREAM 0.625MG/GM	\$0 (Tier 1)	MO
PREMARIN INJECTION 25MG	\$0 (Tier 1)	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	\$0 (Tier 1)	MO
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	\$0 (Tier 1)	MO
<i>yuvafem tablet 10mcg</i>	\$0 (Tier 1)	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	\$0 (Tier 1)	MO
<i>dexamethasone elixir 0.5mg/5ml</i>	\$0 (Tier 1)	MO
<i>dexamethasone solution 0.5mg/5ml</i>	\$0 (Tier 1)	MO
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	\$0 (Tier 1)	MO
<i>fludrocortisone acetate tablet 0.1mg</i>	\$0 (Tier 1)	MO
<i>hydrocortisone sodium succinate injection 100mg</i>	\$0 (Tier 1)	MO

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<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	\$0 (Tier 1)	MO
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone solution 15mg/5ml</i>	\$0 (Tier 1)	B/D MO
PREDNISON INTENSOL CONCENTRATE 5MG/ML	\$0 (Tier 1)	B/D MO
<i>prednisone solution 5mg/5ml</i>	\$0 (Tier 1)	B/D MO
<i>prednisone tablet therapy pack 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	\$0 (Tier 1)	B/D MO
SOLU-CORTEF INJECTION 1000MG, 100MG, 250MG, 500MG	\$0 (Tier 1)	MO
<i>triamcinolone acetonide injection 40mg/ml</i>	\$0 (Tier 1)	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide suspension 50mg/ml</i>	\$0 (Tier 1)	MO
ZEGALOGUE INJECTION 0.6MG/0.6ML	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	\$0 (Tier 1)	
<i>betaine anhydrous powder 1gm</i>	\$0 (Tier 1)	ACS
<i>cabergoline tablet 0.5mg</i>	\$0 (Tier 1)	MO
<i>carglumic acid tablet soluble 200mg</i>	\$0 (Tier 1)	PA; LD
CERDELGA CAPSULE 84MG	\$0 (Tier 1)	PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days); ACS
CYSTAGON CAPSULE 150MG, 50MG	\$0 (Tier 1)	PA; ACS LD
<i>desmopressin acetate injection 4mcg/ml</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>desmopressin acetate nasal solution 0.01%</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	\$0 (Tier 1)	MO
<i>fomepizole injection 1.5gm/1.5ml</i>	\$0 (Tier 1)	
GENOTROPIN MINIQUICK INJECTION 0.2MG	\$0 (Tier 1)	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 (Tier 1)	PA; ACS
GENOTROPIN INJECTION 12MG, 5MG	\$0 (Tier 1)	PA; ACS
INCRELEX INJECTION 40MG/4ML	\$0 (Tier 1)	PA; LD
<i>javygtor packet 100mg, 500mg</i>	\$0 (Tier 1)	PA; LD
<i>javygtor tablet 100mg</i>	\$0 (Tier 1)	PA; LD
JYNARQUE TABLET 15MG, 30MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
<i>levocarnitine injection 200mg/ml</i>	\$0 (Tier 1)	
<i>levocarnitine oral solution 1gm/10ml</i>	\$0 (Tier 1)	MO
<i>levocarnitine tablet 330mg</i>	\$0 (Tier 1)	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	\$0 (Tier 1)	PA; ACS
<i>methergine tablet 0.2mg</i>	\$0 (Tier 1)	
<i>methylergonovine maleate tablet 0.2mg</i>	\$0 (Tier 1)	MO
<i>mifepristone tablet 300mg</i>	\$0 (Tier 1)	PA; ACS
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	\$0 (Tier 1)	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	\$0 (Tier 1)	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	\$0 (Tier 1)	PA; ACS
<i>raloxifene hydrochloride tablet 60mg</i>	\$0 (Tier 1)	MO
REVCovi INJECTION 2.4MG/1.5ML	\$0 (Tier 1)	PA; LD
REZDIFFRA TABLET 100MG, 60MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	\$0 (Tier 1)	PA; ACS
<i>sapropterin dihydrochloride tablet 100mg</i>	\$0 (Tier 1)	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 (Tier 1)	PA; LD
<i>sodium phenylbutyrate powder 3gm/tsp</i>	\$0 (Tier 1)	PA; ACS

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<i>sodium phenylbutyrate tablet 500mg</i>	\$0 (Tier 1)	PA; ACS
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	\$0 (Tier 1)	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	\$0 (Tier 1)	PA; ACS LD
SYNAREL SOLUTION 2MG/ML	\$0 (Tier 1)	MO
<i>tolvaptan tablet therapy pack 0, 15mg</i>	\$0 (Tier 1)	QL (56 EA per 28 days) PA
VEOZAH TABLET 45MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
PROGESTINS		
<i>gallifrey tablet 5mg</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 40mg/ml</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 625mg/5ml</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate tablet 5mg</i>	\$0 (Tier 1)	MO
<i>progesterone capsule 100mg, 200mg</i>	\$0 (Tier 1)	MO
<i>progesterone injection 50mg/ml</i>	\$0 (Tier 1)	MO
THYROID AGENTS		
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	\$0 (Tier 1)	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 200MCG/5ML	\$0 (Tier 1)	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	MO
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	MO
<i>liothyronine sodium injection 10mcg/ml</i>	\$0 (Tier 1)	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	\$0 (Tier 1)	MO
<i>methimazole tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>propylthiouracil tablet 50mg</i>	\$0 (Tier 1)	MO



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SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	\$0 (Tier 1)	MO
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	\$0 (Tier 1)	MO
<i>calcitriol injection 1mcg/ml</i>	\$0 (Tier 1)	
<i>calcitriol oral solution 1mcg/ml</i>	\$0 (Tier 1)	MO
<i>doxercalciferol injection 4mcg/2ml</i>	\$0 (Tier 1)	
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	\$0 (Tier 1)	MO
<i>paricalcitol injection 2mcg/ml, 5mcg/ml</i>	\$0 (Tier 1)	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	\$0 (Tier 1)	B/D MO
<i>aprepitant capsule 125mg</i>	\$0 (Tier 1)	B/D MO
<i>compro suppository 25mg</i>	\$0 (Tier 1)	MO; HRM
DIMENHYDRINATE INJECTION 50MG/ML	\$0 (Tier 1)	
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	\$0 (Tier 1)	B/D
<i>granisetron hydrochloride tablet 1mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	\$0 (Tier 1)	MO; HRM
<i>meclizine hydrochloride tablet 50mg</i>	\$0 (Tier 1)	MO
<i>metoclopramide hcl solution 5mg/5ml</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride injection 5mg/ml</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>metoclopramide odt tablet disintegrating 5mg</i>	\$0 (Tier 1)	MO
<i>ondansetron hcl solution 4mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl tablet 24mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron hydrochloride injection 40mg/20ml, 4mg/2ml</i>	\$0 (Tier 1)	MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	\$0 (Tier 1)	B/D MO
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	\$0 (Tier 1)	B/D MO
<i>prochlorperazine edisylate injection 10mg/2ml</i>	\$0 (Tier 1)	MO; HRM

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<i>prochlorperazine maleate tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
<i>prochlorperazine suppository 25mg</i>	\$0 (Tier 1)	MO; HRM
<i>promethazine hcl injection 25mg/ml, 50mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hcl suppository 12.5mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride suppository 25mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride syrup 6.25mg/5ml</i>	\$0 (Tier 1)	PA
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethegan suppository 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	\$0 (Tier 1)	PA; HRM
<i>scopolamine patch 72 hour 1mg/3days</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule 300mg</i>	\$0 (Tier 1)	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl solution 10mg/5ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride capsule 10mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride injection 10mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride tablet 20mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	\$0 (Tier 1)	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	\$0 (Tier 1)	MO
<i>glycopyrrolate oral solution 1mg/5ml</i>	\$0 (Tier 1)	MO
<i>glycopyrrolate tablet 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet 200mg, 300mg, 400mg, 800mg</i>	\$0 (Tier 1)	MO
<i>famotidine premixed injection 0.4mg/ml; 0.9%</i>	\$0 (Tier 1)	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	\$0 (Tier 1)	
<i>famotidine suspension reconstituted 40mg/5ml</i>	\$0 (Tier 1)	MO
<i>famotidine tablet 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>nizatidine capsule 150mg, 300mg</i>	\$0 (Tier 1)	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium capsule 750mg</i>	\$0 (Tier 1)	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>budesonide capsule delayed release particles 3mg</i>	\$0 (Tier 1)	MO
<i>hydrocortisone enema 100mg/60ml</i>	\$0 (Tier 1)	MO
<i>mesalamine dr capsule delayed release 400mg</i>	\$0 (Tier 1)	MO
<i>mesalamine dr tablet delayed release 1.2gm, 800mg</i>	\$0 (Tier 1)	MO
<i>mesalamine enema 4gm</i>	\$0 (Tier 1)	MO
<i>mesalamine kit 4gm</i>	\$0 (Tier 1)	MO
<i>mesalamine suppository 1000mg</i>	\$0 (Tier 1)	MO
<i>sulfasalazine tablet delayed release 500mg</i>	\$0 (Tier 1)	MO
<i>sulfasalazine tablet 500mg</i>	\$0 (Tier 1)	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	\$0 (Tier 1)	MO
<i>constulose solution 10gm/15ml</i>	\$0 (Tier 1)	
<i>enulose solution 10gm/15ml</i>	\$0 (Tier 1)	MO
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	\$0 (Tier 1)	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	\$0 (Tier 1)	MO
<i>gavilyte-n/ flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	\$0 (Tier 1)	
<i>generlac solution 10gm/15ml</i>	\$0 (Tier 1)	
<i>kristalose packet 10gm, 20gm</i>	\$0 (Tier 1)	PA
<i>lactulose packet 10gm, 20gm</i>	\$0 (Tier 1)	PA MO
<i>lactulose solution 10gm/15ml</i>	\$0 (Tier 1)	MO
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	\$0 (Tier 1)	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	\$0 (Tier 1)	MO
PLENVU SOLUTION RECONSTITUTED 7.54GM; 140GM; 2.2GM; 48.11GM; 5.2GM; 9GM	\$0 (Tier 1)	MO
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	\$0 (Tier 1)	MO
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	\$0 (Tier 1)	MO
SUTAB TABLET 225MG; 188MG; 1479MG	\$0 (Tier 1)	MO

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MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	\$0 (Tier 1)	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	\$0 (Tier 1)	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	\$0 (Tier 1)	MO; HRM
<i>diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml</i>	\$0 (Tier 1)	MO; HRM
GATTEX INJECTION 5MG	\$0 (Tier 1)	PA; ACS LD
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>loperamide hydrochloride capsule 2mg</i>	\$0 (Tier 1)	MO
<i>misoprostol tablet 100mcg, 200mcg</i>	\$0 (Tier 1)	MO
MOVANTIK TABLET 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>sucralfate suspension 1gm/10ml</i>	\$0 (Tier 1)	MO
<i>sucralfate tablet 1gm</i>	\$0 (Tier 1)	MO
<i>ursodiol capsule 300mg</i>	\$0 (Tier 1)	MO
<i>ursodiol tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	\$0 (Tier 1)	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	\$0 (Tier 1)	QL (224 EA per 365 days) PA MO
VOWST CAPSULE	\$0 (Tier 1)	PA; LD
XERMELO TABLET 250MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	\$0 (Tier 1)	PA MO



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ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	\$0 (Tier 1)	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole capsule delayed release 30mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection 40mg</i>	\$0 (Tier 1)	
<i>lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	\$0 (Tier 1)	QL (42 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>omeprazole capsule delayed release 20mg, 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>pantoprazole sodium injection 40mg</i>	\$0 (Tier 1)	
<i>pantoprazole sodium tablet delayed release 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rabeprazole sodium tablet delayed release 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dutasteride capsule 0.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg, 8mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>tadalafil (generic Cialis) tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride capsule 0.4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% solution 0.25%</i>	\$0 (Tier 1)	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	\$0 (Tier 1)	MO

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<i>potassium citrate er tablet extended release 540mg</i>	\$0 (Tier 1)	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	\$0 (Tier 1)	MO
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
GEMTESA TABLET 75MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution 5mg/5ml</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>solifenacin succinate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er capsule extended release 24 hour 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	\$0 (Tier 1)	MO
<i>metronidazole vaginal gel 0.75%</i>	\$0 (Tier 1)	MO
<i>miconazole 3 suppository 200mg</i>	\$0 (Tier 1)	MO
<i>terconazole cream 0.4%, 0.8%</i>	\$0 (Tier 1)	MO
<i>terconazole suppository 80mg</i>	\$0 (Tier 1)	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate capsule 110mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	\$0 (Tier 1)	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	\$0 (Tier 1)	QL (74 EA per 30 days) MO
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	\$0 (Tier 1)	MO



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<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	\$0 (Tier 1)	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	\$0 (Tier 1)	MO
FRAGMIN INJECTION 10000UNIT/4ML	\$0 (Tier 1)	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	\$0 (Tier 1)	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	\$0 (Tier 1)	MO
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	\$0 (Tier 1)	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML	\$0 (Tier 1)	
HEPARIN SODIUM/NAACL 0.45% INJECTION 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%	\$0 (Tier 1)	
HEPARIN SODIUM/SODIUM CHLORIDE INJECTION 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	\$0 (Tier 1)	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML PF	\$0 (Tier 1)	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000unit/ml</i>	\$0 (Tier 1)	MO
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	\$0 (Tier 1)	
<i>rivaroxaban tablet 2.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	\$0 (Tier 1)	MO
XARELTO STARTER PACK TABLET THERAPY PACK 15MG; 20MG	\$0 (Tier 1)	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	\$0 (Tier 1)	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (Tier 1)	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	\$0 (Tier 1)	PA; ACS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	\$0 (Tier 1)	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
BERINERT INJECTION 500UNIT	\$0 (Tier 1)	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol tablet 100mg, 50mg</i>	\$0 (Tier 1)	MO
HAEGARDA INJECTION 3000UNIT	\$0 (Tier 1)	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate injection 30mg/3ml</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine packet 5gm</i>	\$0 (Tier 1)	PA; ACS
<i>pentoxifylline er tablet extended release 400mg</i>	\$0 (Tier 1)	MO
<i>sajazir injection 30mg/3ml</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 100MG	\$0 (Tier 1)	PA MO
SIKLOS TABLET 1000MG	\$0 (Tier 1)	PA MO
TAVNEOS CAPSULE 10MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride injection 0.7%; 1000mg/100ml</i>	\$0 (Tier 1)	
<i>tranexamic acid injection 1000mg/10ml</i>	\$0 (Tier 1)	
<i>tranexamic acid tablet 650mg</i>	\$0 (Tier 1)	MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>clopidogrel tablet 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	\$0 (Tier 1)	QL (2 EA per 365 days) MO
<i>dipyridamole tablet 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	PA MO
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>ticagrelor tablet 60mg, 90mg</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

BIMZELX INJECTION 160MG/ML, 320MG/2ML	\$0 (Tier 1)	QL (4 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	\$0 (Tier 1)	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL MINI INJECTION 50MG/ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK INJECTION 50MG/ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
HADLIMA PUSH TOUCH INJECTION 40MG/0.4ML	\$0 (Tier 1)	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSH TOUCH INJECTION 40MG/0.8ML	\$0 (Tier 1)	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	\$0 (Tier 1)	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	\$0 (Tier 1)	QL (44.8 ML per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML	\$0 (Tier 1)	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML	\$0 (Tier 1)	QL (52 EA per 365 days) PA; ACS
KINERET INJECTION 100MG/0.67ML	\$0 (Tier 1)	QL (18.76 ML per 28 days) PA; LD
PYZCHIVA INJECTION 45MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS
RINVOQ LQ SOLUTION 1MG/ML	\$0 (Tier 1)	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	\$0 (Tier 1)	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN INJECTION 150MG/ML	\$0 (Tier 1)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	\$0 (Tier 1)	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	\$0 (Tier 1)	QL (120 ML per 365 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	\$0 (Tier 1)	QL (6 ML per 365 days) PA; ACS
SOTYKTU TABLET 6MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE INJECTION 200MG/2ML	\$0 (Tier 1)	QL (4 ML per 28 days) PA; ACS

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TREMFYA INJECTION 100MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	\$0 (Tier 1)	QL (20 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	\$0 (Tier 1)	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	\$0 (Tier 1)	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	\$0 (Tier 1)	QL (40 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 45MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS
VELSIPITY TABLET 2MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION 1MG/ML	\$0 (Tier 1)	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET 10MG, 5MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
YESINTEK INJECTION 45MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate tablet 200mg</i>	\$0 (Tier 1)	MO
JYLAMVO SOLUTION 2MG/ML	\$0 (Tier 1)	
<i>leflunomide tablet 10mg, 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	\$0 (Tier 1)	MO
XATMEP SOLUTION 2.5MG/ML	\$0 (Tier 1)	MO
<i>IMMUNOGLOBULINS</i>		
GAMASTAN INJECTION	\$0 (Tier 1)	B/D; ACS LD
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	\$0 (Tier 1)	PA; ACS LD
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	\$0 (Tier 1)	PA; ACS LD
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	\$0 (Tier 1)	PA; ACS LD
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	\$0 (Tier 1)	PA; ACS LD



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IMMUNOMODULATORS		
ACTIMMUNE INJECTION 100MCG/0.5ML	\$0 (Tier 1)	PA; ACS LD
ARCALYST INJECTION 220MG	\$0 (Tier 1)	PA; ACS LD
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	\$0 (Tier 1)	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	\$0 (Tier 1)	B/D MO
AZATHIOPRINE INJECTION 100MG	\$0 (Tier 1)	B/D
<i>azathioprine tablet 50mg</i>	\$0 (Tier 1)	B/D MO
BENLYSTA INJECTION 200MG/ML	\$0 (Tier 1)	PA; ACS LD
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	B/D MO
<i>cyclosporine modified solution 100mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	\$0 (Tier 1)	B/D MO
<i>everolimus tablet 0.25mg</i>	\$0 (Tier 1)	B/D MO
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	\$0 (Tier 1)	B/D MO
<i>gengraf capsule 100mg, 25mg</i>	\$0 (Tier 1)	B/D
<i>mycophenolate mofetil capsule 250mg</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil injection 500mg</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil tablet 500mg</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	\$0 (Tier 1)	B/D MO
NULOJIX INJECTION 250MG	\$0 (Tier 1)	B/D
PROGRAF PACKET 0.2MG, 1MG	\$0 (Tier 1)	B/D MO
REZUROCK TABLET 200MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
<i>sirolimus solution 1mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 1)	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	\$0 (Tier 1)	B/D MO
VACCINES		
ABRYSVO INJECTION 120MCG/0.5ML	\$0 (Tier 1)	QL (1 EA per 999 days) PA
ACTHIB INJECTION 10MCG/0.5ML	\$0 (Tier 1)	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	\$0 (Tier 1)	
AREXVY INJECTION 120MCG/0.5ML	\$0 (Tier 1)	QL (1 EA per 999 days) PA

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BCG VACCINE INJECTION 50MG	\$0 (Tier 1)	
BEXSERO INJECTION 0.5ML	\$0 (Tier 1)	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	\$0 (Tier 1)	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	\$0 (Tier 1)	
DENG VAXIA INJECTION	\$0 (Tier 1)	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	\$0 (Tier 1)	B/D
GARDASIL 9 INJECTION 0.5ML	\$0 (Tier 1)	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	\$0 (Tier 1)	
HEPLISAV-B INJECTION 20MCG/0.5ML	\$0 (Tier 1)	B/D
HIBERIX INJECTION 10MCG	\$0 (Tier 1)	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	\$0 (Tier 1)	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	\$0 (Tier 1)	
IPOL INACTIVATED IPV INJECTION	\$0 (Tier 1)	
IXCHIQ INJECTION	\$0 (Tier 1)	
IXCHIQ INJECTION	\$0 (Tier 1)	
JYNNEOS INJECTION 0.5ML	\$0 (Tier 1)	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	\$0 (Tier 1)	
M-M-R II INJECTION	\$0 (Tier 1)	
MENQUADFI INJECTION 0.5ML	\$0 (Tier 1)	
MENVEO INJECTION	\$0 (Tier 1)	
MRESVIA INJECTION 50MCG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 999 days) PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	\$0 (Tier 1)	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	\$0 (Tier 1)	
PENBRAYA INJECTION	\$0 (Tier 1)	
PENMENVY INJECTION	\$0 (Tier 1)	
PENTACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	\$0 (Tier 1)	
PRIORIX INJECTION	\$0 (Tier 1)	
PROQUAD INJECTION	\$0 (Tier 1)	



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QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	\$0 (Tier 1)	
RABAERT INJECTION	\$0 (Tier 1)	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	\$0 (Tier 1)	B/D
ROTARIX SUSPENSION	\$0 (Tier 1)	
ROTATEQ SOLUTION	\$0 (Tier 1)	
SHINGRIX INJECTION 50MCG/0.5ML	\$0 (Tier 1)	QL (2 EA per 999 days)
TENIVAC INJECTION 2LFU; 5LFU	\$0 (Tier 1)	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	\$0 (Tier 1)	
TRUMENBA INJECTION 0.5ML	\$0 (Tier 1)	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	\$0 (Tier 1)	
TYPHIM VI INJECTION 25MCG/0.5ML	\$0 (Tier 1)	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	\$0 (Tier 1)	
VARIVAX INJECTION 1350PFU/0.5ML	\$0 (Tier 1)	
VAXCHORA SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
VIMKUNYA INJECTION 40MCG/0.8ML	\$0 (Tier 1)	
VIVOTIF CAPSULE DELAYED RELEASE	\$0 (Tier 1)	MO
YF-VAX INJECTION	\$0 (Tier 1)	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	\$0 (Tier 1)	
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJECTION 10%; 0.2%	\$0 (Tier 1)	
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	\$0 (Tier 1)	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/LACTATED RINGERS INJECTION 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	\$0 (Tier 1)	MO
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	\$0 (Tier 1)	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	\$0 (Tier 1)	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	\$0 (Tier 1)	B/D
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	\$0 (Tier 1)	B/D
KCL 0.075%/D5W/NACL 0.45% INJECTION 5%; 10MEQ/L; 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.2% INJECTION 5%; 20MEQ/L; 0.2%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.45% INJECTION 5%; 20MEQ/L; 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.9% INJECTION 5%; 20MEQ/L; 0.9%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.45% INJECTION 5%; 40MEQ/L; 0.45%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	\$0 (Tier 1)	
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	\$0 (Tier 1)	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	\$0 (Tier 1)	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 4gm/50ml, 50%</i>	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE INJECTION 5%; 0.15%; 0.225%, 5%; 10MEQ/L; 0.45%, 5%; 20MEQ/L; 0.45%, 5%; 20MEQ/L; 0.9%, 5%; 30MEQ/L; 0.45%, 5%; 40MEQ/L; 0.45%, 5%; 40MEQ/L; 0.9%	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE INJECTION 5%; 10MEQ/L, 5%; 20MEQ/L	\$0 (Tier 1)	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	\$0 (Tier 1)	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	\$0 (Tier 1)	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	\$0 (Tier 1)	
<i>potassium chloride injection 2meq/ml</i>	\$0 (Tier 1)	MO
RINGERS INJECTION INJECTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	\$0 (Tier 1)	
SODIUM BICARBONATE INJECTION 7.5%	\$0 (Tier 1)	
<i>sodium bicarbonate injection 4.2%</i>	\$0 (Tier 1)	
<i>sodium bicarbonate injection 8.4%</i>	\$0 (Tier 1)	MO
<i>sodium chloride 0.45% injection 0.45%</i>	\$0 (Tier 1)	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	\$0 (Tier 1)	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	\$0 (Tier 1)	MO
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	\$0 (Tier 1)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effer-k tablet effervescent 25meq</i>	\$0 (Tier 1)	MO
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
<i>klor-con 10 tablet extended release 10meq</i>	\$0 (Tier 1)	
<i>klor-con 8 tablet extended release 8meq</i>	\$0 (Tier 1)	
<i>klor-con m10 tablet extended release 10meq</i>	\$0 (Tier 1)	MO
<i>klor-con m15 tablet extended release 15meq</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>klor-con m20 tablet extended release 20meq</i>	\$0 (Tier 1)	MO
<i>klor-con/ef tablet effervescent 25meq</i>	\$0 (Tier 1)	MO
<i>klor-con packet 20meq</i>	\$0 (Tier 1)	
M-NATAL PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	\$0 (Tier 1)	MO
<i>multi vitamin/fluoride tablet chewable 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	\$0 (Tier 1)	
<i>multi-vitamin/fluoride drops solution 35mg/ml; 400unit/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 5unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 5unit/ml</i>	\$0 (Tier 1)	MO
<i>multi-vitamin/fluoride/iron solution 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml</i>	\$0 (Tier 1)	MO
<i>multivitamin/fluoride tablet chewable 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	\$0 (Tier 1)	MO
NEONATAL PLUS TABLET 20MG; 0.2MG; 200MG; 10MCG; 2MG; 2MG; 12MCG; 27MG; 1000MCG; 5MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 9.2MG; 25MG	\$0 (Tier 1)	MO
NIVA-PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	\$0 (Tier 1)	MO
PNV PRENATAL PLUS MULTIVITAMIN TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG	\$0 (Tier 1)	MO
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride packet 20meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral solution 10%, 20%</i>	\$0 (Tier 1)	MO
PRENATAL PLUS VITAMIN ANDMINERAL TABLET 120MG; 200MG; 12MCG; 2MG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.9MG; 25MG	\$0 (Tier 1)	MO
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	\$0 (Tier 1)	MO
<i>sodium fluoride solution 0.5mg/ml</i>	\$0 (Tier 1)	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
<i>tri-vite/fluoride solution 35mg/ml; 0.25mg/ml; 1500unit/ml; 400unit/ml, 35mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml</i>	\$0 (Tier 1)	MO
WESTAB PLUS TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	\$0 (Tier 1)	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	\$0 (Tier 1)	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	\$0 (Tier 1)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	\$0 (Tier 1)	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	\$0 (Tier 1)	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	\$0 (Tier 1)	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	\$0 (Tier 1)	B/D
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	\$0 (Tier 1)	B/D



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clinisol sf 15% injection 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	\$0 (Tier 1)	B/D MO
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	\$0 (Tier 1)	B/D
<i>dextrose 10% injection 10%</i>	\$0 (Tier 1)	
<i>dextrose 5% injection 5%</i>	\$0 (Tier 1)	MO
DEXTROSE 50% INJECTION 50%	\$0 (Tier 1)	B/D
DEXTROSE 70% INJECTION 70%	\$0 (Tier 1)	B/D
GLUCOSE (DEXTROSE) 50% INJECTION 50%	\$0 (Tier 1)	B/D
GLUCOSE (DEXTROSE) 70% INJECTION 70%	\$0 (Tier 1)	B/D
NUTRILIPID INJECTION 20GM/100ML	\$0 (Tier 1)	B/D
<i>plenamine injection 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	\$0 (Tier 1)	B/D
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	\$0 (Tier 1)	B/D
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	\$0 (Tier 1)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	\$0 (Tier 1)	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	\$0 (Tier 1)	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	\$0 (Tier 1)	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	\$0 (Tier 1)	MO
TOBRADEX ST SUSPENSION 0.05%; 0.3%	\$0 (Tier 1)	MO
TOBRADEX OINTMENT 0.1%; 0.3%	\$0 (Tier 1)	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	\$0 (Tier 1)	MO
ZYLET SUSPENSION 0.5%; 0.3%	\$0 (Tier 1)	MO
ANTI-INFECTIVES		
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	\$0 (Tier 1)	MO
<i>bacitracin ointment 500unit/gm</i>	\$0 (Tier 1)	MO
BESIVANCE SUSPENSION 0.6%	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CILOXAN OINTMENT 0.3%	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>gatifloxacin solution 0.5%</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	\$0 (Tier 1)	
<i>neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	\$0 (Tier 1)	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium ointment 10%</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium solution 10%</i>	\$0 (Tier 1)	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>trifluridine solution 1%</i>	\$0 (Tier 1)	MO
XDEMVY SOLUTION 0.25%	\$0 (Tier 1)	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN GEL 0.15%	\$0 (Tier 1)	MO
ANTI-INFLAMMATORIES		
<i>bromfenac sodium solution 0.07%</i>	\$0 (Tier 1)	MO
<i>bromfenac sodium solution 0.075%</i>	\$0 (Tier 1)	MO
<i>bromfenac solution 0.09%</i>	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>difluprednate emulsion 0.05%</i>	\$0 (Tier 1)	MO
FLAREX SUSPENSION 0.1%	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluorometholone suspension 0.1%</i>	\$0 (Tier 1)	MO
<i>flurbiprofen sodium solution 0.03%</i>	\$0 (Tier 1)	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	\$0 (Tier 1)	MO
LOTEMAX SM GEL 0.38%	\$0 (Tier 1)	MO
LOTEMAX OINTMENT 0.5%	\$0 (Tier 1)	MO
<i>loteprednol etabonate gel 0.5%</i>	\$0 (Tier 1)	MO
<i>loteprednol etabonate suspension 0.5%</i>	\$0 (Tier 1)	MO
<i>loteprednol etabonate suspension 0.2%</i>	\$0 (Tier 1)	MO
<i>prednisolone acetate suspension 1%</i>	\$0 (Tier 1)	MO
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	\$0 (Tier 1)	MO
ANTIALLERGICS		
<i>azelastine hcl solution 0.05%</i>	\$0 (Tier 1)	MO
<i>cromolyn sodium solution 4%</i>	\$0 (Tier 1)	MO
<i>epinastine hcl solution 0.05%</i>	\$0 (Tier 1)	MO
ZERVIAE SOLUTION 0.24%	\$0 (Tier 1)	
ANTI GLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	\$0 (Tier 1)	MO
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	\$0 (Tier 1)	MO
<i>brimonidine tartrate solution 0.2%</i>	\$0 (Tier 1)	MO
<i>brimonidine tartrate solution 0.15%</i>	\$0 (Tier 1)	MO
<i>brinzolamide suspension 1%</i>	\$0 (Tier 1)	MO
<i>carteolol hcl solution 1%</i>	\$0 (Tier 1)	MO
COMBIGAN SOLUTION 0.2%; 0.5%	\$0 (Tier 1)	MO
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride solution 2%</i>	\$0 (Tier 1)	MO
<i>latanoprost solution 0.005%</i>	\$0 (Tier 1)	MO
<i>levobunolol hcl solution 0.5%</i>	\$0 (Tier 1)	MO
LUMIGAN SOLUTION 0.01%	\$0 (Tier 1)	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	\$0 (Tier 1)	ACS LD
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	\$0 (Tier 1)	MO
RHOPRESSA SOLUTION 0.02%	\$0 (Tier 1)	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	\$0 (Tier 1)	MO
SIMBRINZA SUSPENSION 0.2%; 1%	\$0 (Tier 1)	MO
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	\$0 (Tier 1)	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	\$0 (Tier 1)	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	\$0 (Tier 1)	MO
<i>travoprost solution 0.004%</i>	\$0 (Tier 1)	MO
VYZULTA SOLUTION 0.024%	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>atropine sulfate solution 1%</i>	\$0 (Tier 1)	MO
CYSTARAN SOLUTION 0.44%	\$0 (Tier 1)	PA; LD
EYSUVIS SUSPENSION 0.25%	\$0 (Tier 1)	MO
MIEBO SOLUTION 1.338GM/ML	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>proparacaine hcl solution 0.5%</i>	\$0 (Tier 1)	MO
RESTASIS MULTIDOSE EMULSION 0.05%	\$0 (Tier 1)	QL (5.5 ML per 30 days) MO
RESTASIS EMULSION 0.05%	\$0 (Tier 1)	QL (60 EA per 30 days) MO
XIIDRA SOLUTION 5%	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid solution 2%</i>	\$0 (Tier 1)	MO
CIPRO HC SUSPENSION 0.2%; 1%	\$0 (Tier 1)	MO
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin solution 0.2%</i>	\$0 (Tier 1)	MO
<i>flac oil 0.01%</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide oil 0.01%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>ofloxacin otic solution 0.3%</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	\$0 (Tier 1)	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	\$0 (Tier 1)	B/D MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	\$0 (Tier 1)	QL (60 EA per 30 days) MO

ANTICHOLINERGICS

ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	\$0 (Tier 1)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	\$0 (Tier 1)	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	\$0 (Tier 1)	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	\$0 (Tier 1)	QL (45 ML per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	\$0 (Tier 1)	QL (4 GM per 30 days) MO

ANTI-HISTAMINES

<i>azelastine hydrochloride solution 0.1%</i>	\$0 (Tier 1)	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate solution 4mg/5ml</i>	\$0 (Tier 1)	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	\$0 (Tier 1)	PA MO
<i>cetirizine hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO
<i>clemaprostine fumarate tablet 2.68mg</i>	\$0 (Tier 1)	PA MO
<i>cyproheptadine hcl syrup 2mg/5ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>cyproheptadine hydrochloride tablet 4mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>desloratadine odt tablet disintegrating 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>desloratadine tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	\$0 (Tier 1)	MO; HRM



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydroxyzine hcl injection 25mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine hcl tablet 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine hydrochloride injection 50mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	\$0 (Tier 1)	MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olopatadine hcl solution 0.6%</i>	\$0 (Tier 1)	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	\$0 (Tier 1)	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	\$0 (Tier 1)	MO
<i>albuterol sulfate tablet 2mg, 4mg</i>	\$0 (Tier 1)	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	\$0 (Tier 1)	B/D MO
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	\$0 (Tier 1)	B/D MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection 1mg/ml</i>	\$0 (Tier 1)	MO
<i>terbutaline sulfate tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium packet 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>zafirlukast tablet 10mg, 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	\$0 (Tier 1)	B/D MO
<i>aminophylline injection 25mg/ml</i>	\$0 (Tier 1)	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	\$0 (Tier 1)	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	\$0 (Tier 1)	QL (2 EA per 30 days) MO
FASENRA PEN INJECTION 30MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
KALYDECO TABLET 150MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
OFEV CAPSULE 100MG, 150MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS LD
<i>pirfenidone capsule 267mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C INJECTION 1000MG/20ML	\$0 (Tier 1)	PA; LD
PULMOZYME SOLUTION 2.5MG/2.5ML	\$0 (Tier 1)	PA; ACS LD
<i>roflumilast tablet 250mcg, 500mcg</i>	\$0 (Tier 1)	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	\$0 (Tier 1)	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	\$0 (Tier 1)	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	\$0 (Tier 1)	MO
<i>theophylline solution 80mg/15ml</i>	\$0 (Tier 1)	MO
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	\$0 (Tier 1)	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide solution 0.025%</i>	\$0 (Tier 1)	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	\$0 (Tier 1)	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	\$0 (Tier 1)	QL (34 GM per 30 days) MO
XHANCE EXHALER SUSPENSION 93MCG/ACT	\$0 (Tier 1)	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	\$0 (Tier 1)	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 (Tier 1)	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	\$0 (Tier 1)	QL (32.1 GM per 30 days) MO
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH, 25MCG/INH	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	\$0 (Tier 1)	QL (10.2 GM per 30 days) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	\$0 (Tier 1)	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL HFA (GENERIC ADVAIR HFA) AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	\$0 (Tier 1)	QL (12 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 (Tier 1)	PA
<i>amnesteem capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 (Tier 1)	PA
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 (Tier 1)	PA
<i>clindacin foam 1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>clindamycin phosphate foam 1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel tube 1%</i>	\$0 (Tier 1)	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	\$0 (Tier 1)	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>dapsone gel 5%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	\$0 (Tier 1)	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	\$0 (Tier 1)	MO
<i>erythromycin gel 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	\$0 (Tier 1)	PA
<i>sulfacetamide sodium lotion 10%</i>	\$0 (Tier 1)	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 (Tier 1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mupirocin cream 2%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mupirocin ointment 2%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream 1%</i>	\$0 (Tier 1)	MO
SSD CREAM 1%	\$0 (Tier 1)	
SULFAMYLON CREAM 85MG/GM	\$0 (Tier 1)	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ciclopirox gel 0.77%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO



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<i>ciclopirox shampoo 1%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>ciclopirox suspension 0.77%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>econazole nitrate cream 1%</i>	\$0 (Tier 1)	QL (85 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>ketodan foam 2%</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>klayesta powder 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>nyamyc powder 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>nystop powder 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>selenium sulfide lotion 2.5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	\$0 (Tier 1)	PA MO
<i>calcipotriene cream 0.005%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
<i>calcipotriene ointment 0.005%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution 0.005%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) PA MO
<i>calcitrene ointment 0.005%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	\$0 (Tier 1)	QL (800 GM per 28 days) PA MO
<i>methoxsalen capsule 10mg</i>	\$0 (Tier 1)	MO
<i>tazarotene cream 0.1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
<i>tazarotene cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
<i>tazarotene gel 0.05%, 0.1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>	\$0 (Tier 1)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>alclometasone dipropionate ointment 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate augmented ointment 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate cream 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate ointment 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>betamethasone valerate cream 0.1%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>betamethasone valerate lotion 0.1%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>betamethasone valerate ointment 0.1%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate gel 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate ointment 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo 0.05%</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution 0.05%</i>	\$0 (Tier 1)	QL (50 ML per 30 days) MO
<i>clodan shampoo 0.05%</i>	\$0 (Tier 1)	QL (118 ML per 30 days)
<i>desonide cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>desonide ointment 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>desoximetasone ointment 0.25%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body oil 0.01%</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil 0.01%</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide gel 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinonide ointment 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinonide solution 0.05%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>halobetasol propionate cream 0.05%</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment 0.05%</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocortisone valerate ointment 0.2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>hydrocortisone ointment 2.5%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone ointment 1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>mometasone furoate ointment 0.1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>mometasone furoate solution 0.1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (Tier 1)	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide ointment 0.5%</i>	\$0 (Tier 1)	QL (15 GM per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>lidocaine ointment 5%</i>	\$0 (Tier 1)	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch 5%</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>lidocaine patch 5%</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>tridacaine ii patch 5%</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>tridacaine patch 5%</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream 12%</i>	\$0 (Tier 1)	MO
<i>ammonium lactate lotion 12%</i>	\$0 (Tier 1)	MO
<i>azelaic acid gel 15%</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	\$0 (Tier 1)	QL (300 ML per 28 days) MO
<i>doxepin hydrochloride cream 5%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>doxycycline capsule delayed release 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
EUCRISA OINTMENT 2%	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	\$0 (Tier 1)	QL (40 GM per 30 days) MO
<i>fluorouracil solution 2%, 5%</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone perianal cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
IMIQUIMOD PUMP CREAM 3.75%	\$0 (Tier 1)	QL (15 GM per 28 days) MO

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<i>imiquimod cream 5%</i>	\$0 (Tier 1)	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	\$0 (Tier 1)	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 1%</i>	\$0 (Tier 1)	MO
<i>metronidazole lotion 0.75%</i>	\$0 (Tier 1)	MO
<i>nitroglycerin ointment 0.4%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
NORITATE CREAM 1%	\$0 (Tier 1)	QL (60 GM per 30 days) MO
PANRETIN GEL 0.1%	\$0 (Tier 1)	QL (60 GM per 30 days) PA
<i>pimecrolimus cream 1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>podofilox solution 0.5%</i>	\$0 (Tier 1)	MO
<i>procto-med hc cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>proctocort cream 1%</i>	\$0 (Tier 1)	
<i>proctosol hc cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>proctozone-hc cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>tacrolimus ointment 0.03%, 0.1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
VALCHLOR GEL 0.016%	\$0 (Tier 1)	QL (60 GM per 30 days) PA; LD
ZYCLARA PUMP CREAM 2.5%	\$0 (Tier 1)	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	\$0 (Tier 1)	MO
<i>permethrin cream 5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL 0.01%	\$0 (Tier 1)	QL (30 GM per 30 days) PA MO
SANTYL OINTMENT 250UNIT/GM	\$0 (Tier 1)	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% solution 0.9%</i>	\$0 (Tier 1)	MO
<i>sterile water for irrigation solution</i>	\$0 (Tier 1)	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride capsule 30mg</i>	\$0 (Tier 1)	MO
<i>chlorhexidine gluconate solution 0.12%</i>	\$0 (Tier 1)	MO
<i>clinpro 5000 paste 1.1%</i>	\$0 (Tier 1)	MO
<i>clotrimazole troche 10mg</i>	\$0 (Tier 1)	MO
DETA 5000 PLUS SENSITIVE GEL 5%; 1.1%	\$0 (Tier 1)	MO
<i>dentagel gel 1.1%</i>	\$0 (Tier 1)	MO
<i>fluoridex daily defense paste 1.1%</i>	\$0 (Tier 1)	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE GEL 5%; 1.1%	\$0 (Tier 1)	



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FLUORIMAX 5000 SENSITIVE GEL 5%; 1.1%	\$0 (Tier 1)	
<i>fluorimax 5000 paste 1.1%</i>	\$0 (Tier 1)	
<i>fraiche 5000 dental gel 1.1%</i>	\$0 (Tier 1)	
<i>just right 5000 paste 1.1%</i>	\$0 (Tier 1)	
<i>kourzeq paste 0.1%</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride viscous solution 2%</i>	\$0 (Tier 1)	MO
<i>lidocaine viscous solution 2%</i>	\$0 (Tier 1)	MO
<i>nystatin suspension 100000unit/ml</i>	\$0 (Tier 1)	MO
<i>oralone dental paste paste 0.1%</i>	\$0 (Tier 1)	
<i>periogard solution 0.12%</i>	\$0 (Tier 1)	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	\$0 (Tier 1)	MO
PREVIDENT 5000 ENAMEL PROTECT GEL 5%; 1.1%	\$0 (Tier 1)	MO
<i>sf gel 1.1%</i>	\$0 (Tier 1)	MO
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	\$0 (Tier 1)	MO
SODIUM FLUORIDE 5000 PPM SENSITIVE GEL 5%; 1.1%	\$0 (Tier 1)	MO
<i>sodium fluoride 5000 ppm paste 1.1%</i>	\$0 (Tier 1)	MO
SODIUM FLUORIDE/POTASSIUM NITRATE/ SENSITIVE GEL 5%; 1.1%	\$0 (Tier 1)	MO
<i>triamcinolone acetonide dental paste paste 0.1%</i>	\$0 (Tier 1)	MO
NON-MEDICARE PART D		
<i>Non-Medicare Part D</i>		
<i>acetaminophen</i>	\$0 (Tier 1)	*
<i>acetaminophen er 8 hour arthritis pain relief</i>	\$0 (Tier 1)	*
<i>acetaminophen extra strength</i>	\$0 (Tier 1)	*
<i>acetaminophen junior strength</i>	\$0 (Tier 1)	*
<i>acetaminophen rapid tabs childrens</i>	\$0 (Tier 1)	*
<i>acetaminophen/aspirin/caffeine</i>	\$0 (Tier 1)	*
<i>acid gone</i>	\$0 (Tier 1)	*
<i>acidophilus lactobacilli</i>	\$0 (Tier 1)	*
<i>acidophilus probiotic blend</i>	\$0 (Tier 1)	*
<i>acidophilus/pectin</i>	\$0 (Tier 1)	*
<i>activnutrients</i>	\$0 (Tier 1)	*
<i>adapalene</i>	\$0 (Tier 1)	*
<i>alahist d</i>	\$0 (Tier 1)	*

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<i>alburstix</i>	\$0 (Tier 1)	*
<i>alcohol preps</i>	\$0 (Tier 1)	*
<i>aluminum/magnesium/simethicone</i>	\$0 (Tier 1)	*
<i>ammonium lactate</i>	\$0 (Tier 1)	*
<i>antacid & anti-gas maximum strength</i>	\$0 (Tier 1)	*
<i>antacid extra strength</i>	\$0 (Tier 1)	*
<i>antibiotic + pain relief maximum strength</i>	\$0 (Tier 1)	*
<i>anti-dandruff shampoo</i>	\$0 (Tier 1)	*
<i>artificial tears</i>	\$0 (Tier 1)	*
<i>aspirin regular strength</i>	\$0 (Tier 1)	*
<i>aspirin suppository</i>	\$0 (Tier 1)	*
<i>aspirin tablet chewable, tablet, tablet delayed release</i>	\$0 (Tier 1)	*
<i>atabex ob</i>	\$0 (Tier 1)	*
<i>aveeno baby soothing multi-purpose</i>	\$0 (Tier 1)	*
<i>ayr nasal drops</i>	\$0 (Tier 1)	*
<i>bacitracin</i>	\$0 (Tier 1)	*
<i>bacitracin zinc</i>	\$0 (Tier 1)	*
<i>bacitracin/neomycin/polymyxin</i>	\$0 (Tier 1)	*
<i>bacitracin/polymyxin</i>	\$0 (Tier 1)	*
<i>balmex multi-purpose</i>	\$0 (Tier 1)	*
<i>bayer advanced aspirin extra strength</i>	\$0 (Tier 1)	*
<i>bd glucose</i>	\$0 (Tier 1)	*
<i>benzoyl peroxide gel 10%, 5%</i>	\$0 (Tier 1)	*
<i>benzoyl peroxide gel 2.5%</i>	\$0 (Tier 1)	*
<i>benzoyl peroxide liquid, lotion</i>	\$0 (Tier 1)	*
<i>benzoyl peroxide wash</i>	\$0 (Tier 1)	*
<i>benzyl alcohol</i>	\$0 (Tier 1)	*
<i>benzyl benzoate</i>	\$0 (Tier 1)	*
<i>bion tears</i>	\$0 (Tier 1)	*
<i>bisacodyl</i>	\$0 (Tier 1)	*
<i>bismuth subsalicylate</i>	\$0 (Tier 1)	*
<i>budesonide nasal spray</i>	\$0 (Tier 1)	*
<i>butenafine hydrochloride</i>	\$0 (Tier 1)	*
<i>calamine</i>	\$0 (Tier 1)	*
<i>calcium + d3</i>	\$0 (Tier 1)	*



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<i>calcium 500 + d</i>	\$0 (Tier 1)	*
<i>calcium 500+d</i>	\$0 (Tier 1)	*
<i>calcium 500+d3 high potency</i>	\$0 (Tier 1)	*
<i>calcium 600 + minerals</i>	\$0 (Tier 1)	*
<i>calcium 600/vitamin d</i>	\$0 (Tier 1)	*
<i>calcium 600+d</i>	\$0 (Tier 1)	*
<i>calcium 600+d plus minerals</i>	\$0 (Tier 1)	*
<i>calcium acetate</i>	9	*
<i>calcium antacid extra strength</i>	\$0 (Tier 1)	*
<i>calcium antacid ultra</i>	\$0 (Tier 1)	*
<i>calcium carbonate suspension</i>	\$0 (Tier 1)	*
<i>calcium carbonate tablet chewable</i>	\$0 (Tier 1)	*
<i>calcium citrate</i>	\$0 (Tier 1)	*
<i>calcium oyster shell</i>	\$0 (Tier 1)	*
<i>calcium polycarbophil</i>	\$0 (Tier 1)	*
<i>calcium tablet 1500mg, 600mg</i>	\$0 (Tier 1)	*
<i>calcium tablet 500mg</i>	\$0 (Tier 1)	*
<i>calcium/vitamin d</i>	\$0 (Tier 1)	*
<i>capsaicin</i>	\$0 (Tier 1)	*
<i>carbamoxide ear drops</i>	\$0 (Tier 1)	*
<i>carboxymethylcellulose sodium</i>	\$0 (Tier 1)	*
<i>carboxymethylcellulose sodium</i>	\$0 (Tier 1)	*
<i>carboxymethylcellulose sodium ophthalmic gel</i>	\$0 (Tier 1)	*
<i>carboxymethylcellulose sodium ophthalmic solution eye drops</i>	\$0 (Tier 1)	*
<i>castor oil</i>	\$0 (Tier 1)	*
<i>castor oil stimulant laxative</i>	\$0 (Tier 1)	*
<i>cerave baby healing ointment</i>	\$0 (Tier 1)	*
<i>cetirizine hcl</i>	\$0 (Tier 1)	*
<i>cetirizine hydrochloride solution</i>	\$0 (Tier 1)	*
<i>cetirizine hydrochloride tablet</i>	\$0 (Tier 1)	*
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride</i>	\$0 (Tier 1)	*
<i>chemstrip 2 ln strips</i>	\$0 (Tier 1)	*
<i>chemstrip 9 strips</i>	\$0 (Tier 1)	*
<i>chemstrip ugk</i>	\$0 (Tier 1)	*

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<i>cherry syrup</i>	\$0 (Tier 1)	*
<i>chewable vitamin c</i>	\$0 (Tier 1)	*
<i>children’s chewable acetaminophen</i>	\$0 (Tier 1)	*
<i>childrens pepto</i>	\$0 (Tier 1)	*
<i>chlophedianol/dexchlorpheniramine./ pseudoephedrine</i>	\$0 (Tier 1)	*
<i>chloraseptic</i>	\$0 (Tier 1)	*
<i>chlorpheniramine maleate</i>	\$0 (Tier 1)	*
<i>chocolated laxative</i>	\$0 (Tier 1)	*
<i>cimetidine</i>	\$0 (Tier 1)	*
<i>clear eyes natural tears lubricant</i>	\$0 (Tier 1)	*
<i>clotrimazole 3</i>	\$0 (Tier 1)	*
<i>clotrimazole external cream</i>	\$0 (Tier 1)	*
<i>clotrimazole vaginal cream, solution</i>	\$0 (Tier 1)	*
<i>cold & cough childrens</i>	\$0 (Tier 1)	*
<i>cold/flu daytime relief</i>	\$0 (Tier 1)	*
<i>coleman 100 max insect repellent/continuous spray</i>	\$0 (Tier 1)	*
<i>coleman insect repellent/high & dry</i>	\$0 (Tier 1)	*
<i>coleman insect repellent/sportsmen</i>	\$0 (Tier 1)	*
<i>condoms</i>	\$0 (Tier 1)	*
<i>corn and callus remover</i>	\$0 (Tier 1)	*
<i>cortizone-10 feminine itch relief maximum strength</i>	\$0 (Tier 1)	*
<i>cottonseed oil</i>	\$0 (Tier 1)	*
<i>cromolyn sodium</i>	\$0 (Tier 1)	*
<i>culturelle adult ultimatebalance</i>	\$0 (Tier 1)	*
<i>culturelle digestive daily probiotic pro strength</i>	\$0 (Tier 1)	*
<i>culturelle digestive health</i>	\$0 (Tier 1)	*
<i>culturelle health & wellness</i>	\$0 (Tier 1)	*
<i>culturelle ultimate strength probiotic</i>	\$0 (Tier 1)	*
<i>cutter</i>	\$0 (Tier 1)	*
<i>cutter all family</i>	\$0 (Tier 1)	*
<i>cutter backwoods dry</i>	\$0 (Tier 1)	*
<i>cutter skinsations</i>	\$0 (Tier 1)	*
<i>cutter sport</i>	\$0 (Tier 1)	*
<i>cvs insect repellent</i>	\$0 (Tier 1)	*
<i>cvs natural tears pf</i>	\$0 (Tier 1)	*



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<i>cvs scalp relief</i>	\$0 (Tier 1)	*
<i>cvs sleep-aid nighttime</i>	\$0 (Tier 1)	*
<i>cvs total home insect repellent</i>	\$0 (Tier 1)	*
<i>cyanocobalamin</i>	\$0 (Tier 1)	*
<i>day-time pe cold/flu relief</i>	\$0 (Tier 1)	*
<i>desitin multi-purpose healing</i>	\$0 (Tier 1)	*
<i>dextromethorphan hbr</i>	\$0 (Tier 1)	*
<i>dextromethorphan hydrobromide/guaifenesin</i>	\$0 (Tier 1)	*
<i>dextromethorphan polistirex er</i>	\$0 (Tier 1)	*
<i>dextromethorphan/guaifenesin</i>	\$0 (Tier 1)	*
<i>dextromethorphan/guaifenesin/phenylephrine</i>	9	*
<i>dhs tar</i>	\$0 (Tier 1)	*
<i>diastix</i>	\$0 (Tier 1)	*
<i>diclofenac sodium</i>	\$0 (Tier 1)	*
<i>dimenhydrinate</i>	\$0 (Tier 1)	*
<i>diphenhydramine hcl</i>	\$0 (Tier 1)	*
<i>diphenhydramine hcl/zinc acetate</i>	\$0 (Tier 1)	*
<i>diphenhydramine hydrochloride</i>	\$0 (Tier 1)	*
<i>docosanol</i>	\$0 (Tier 1)	*
<i>docusate calcium</i>	\$0 (Tier 1)	*
<i>docusate sodium capsule, liquid, tablet</i>	\$0 (Tier 1)	*
<i>docusate sodium syrup</i>	\$0 (Tier 1)	*
<i>dry eye relief drops</i>	\$0 (Tier 1)	*
<i>durex realfeel non-latex</i>	\$0 (Tier 1)	*
<i>d-vi-sol</i>	\$0 (Tier 1)	*
<i>ed chlorped jr</i>	\$0 (Tier 1)	*
<i>effervescent pain relief</i>	\$0 (Tier 1)	*
<i>empty capsule size 1 blue/powder blue</i>	\$0 (Tier 1)	*
<i>encare</i>	\$0 (Tier 1)	*
<i>enema disposable</i>	\$0 (Tier 1)	*
<i>ergocalciferol</i>	\$0 (Tier 1)	*
<i>esomeprazole magnesium</i>	\$0 (Tier 1)	*
<i>esomeprazole magnesium dr24hr</i>	\$0 (Tier 1)	*
<i>ethyl oleate</i>	\$0 (Tier 1)	*
<i>ex-lax</i>	\$0 (Tier 1)	*
<i>eye allergy relief</i>	\$0 (Tier 1)	*

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>famotidine tablet 10mg</i>	\$0 (Tier 1)	*
<i>famotidine tablet 20mg</i>	\$0 (Tier 1)	*
<i>fc2 female condom</i>	\$0 (Tier 1)	*
<i>ferretts chewable iron</i>	\$0 (Tier 1)	*
<i>ferrous fumarate 324</i>	\$0 (Tier 1)	*
<i>ferrous gluconate tablet 240mg, 324mg</i>	\$0 (Tier 1)	*
<i>ferrous gluconate tablet 324mg</i>	\$0 (Tier 1)	*
<i>ferrous sulfate solution, tablet</i>	\$0 (Tier 1)	*
<i>ferrous sulfate tablet delayed release 324mg</i>	\$0 (Tier 1)	*
<i>ferrous sulfate tablet delayed release 325mg</i>	\$0 (Tier 1)	*
<i>fexofenadine hcl childrens allergy</i>	\$0 (Tier 1)	*
<i>fexofenadine hydrochloride</i>	\$0 (Tier 1)	*
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er</i>	\$0 (Tier 1)	*
<i>fiber</i>	\$0 (Tier 1)	*
<i>flanders buttocks</i>	\$0 (Tier 1)	*
<i>flavorx</i>	\$0 (Tier 1)	*
<i>fluticasone propionate</i>	\$0 (Tier 1)	*
<i>folic acid</i>	\$0 (Tier 1)	*
<i>folic acid/vitamin b-6/vitamin b-12</i>	\$0 (Tier 1)	*
<i>folplex 2.2</i>	\$0 (Tier 1)	*
<i>fora gtel blood ketone test strips</i>	\$0 (Tier 1)	*
<i>gaviscon</i>	\$0 (Tier 1)	*
<i>genteal severe tears</i>	\$0 (Tier 1)	*
<i>genteal tears liquid drops moderate</i>	\$0 (Tier 1)	*
<i>genteal tears mild</i>	\$0 (Tier 1)	*
<i>genteal tears moderate pf</i>	\$0 (Tier 1)	*
<i>genteal tears severe day/night</i>	\$0 (Tier 1)	*
<i>glucose gel</i>	\$0 (Tier 1)	*
<i>glucose tablet chewable</i>	\$0 (Tier 1)	*
<i>glycerin adult</i>	\$0 (Tier 1)	*
<i>glycerin does not apply liquid</i>	\$0 (Tier 1)	*
<i>glycerin external liquid</i>	\$0 (Tier 1)	*
<i>glycerin infant</i>	\$0 (Tier 1)	*
<i>glycerin infants & children</i>	\$0 (Tier 1)	*
<i>gnp probiotic extra strength</i>	\$0 (Tier 1)	*



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp vitamin a/d</i>	\$0 (Tier 1)	*
<i>good start supreme sterile water</i>	\$0 (Tier 1)	*
<i>guaifenesin</i>	\$0 (Tier 1)	*
<i>guaifenesin er</i>	\$0 (Tier 1)	*
<i>guaifenesin/codeine</i>	\$0 (Tier 1)	*
<i>guaifenesin/dextromethorphan</i>	\$0 (Tier 1)	*
<i>guaifenesin/dextromethorphan hydrobromide</i>	\$0 (Tier 1)	*
<i>guaifenesin/pseudoephedrine hydrochloride</i>	\$0 (Tier 1)	*
<i>hemorrhoidal</i>	\$0 (Tier 1)	*
<i>histex</i>	\$0 (Tier 1)	*
<i>hydrocortisone cream 0.5%</i>	\$0 (Tier 1)	*
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	*
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	*
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	*
<i>hydrocortisone lotion</i>	\$0 (Tier 1)	*
<i>hydrocortisone ointment 0.5%, 1%</i>	\$0 (Tier 1)	*
<i>hydrocortisone ointment 1%</i>	\$0 (Tier 1)	*
<i>hydrocortisone/aloe</i>	\$0 (Tier 1)	*
<i>hydrolatum</i>	\$0 (Tier 1)	*
<i>ibuprofen</i>	\$0 (Tier 1)	*
<i>ibuprofen infants</i>	\$0 (Tier 1)	*
<i>ibuprofen junior strength</i>	\$0 (Tier 1)	*
<i>insta-glucose</i>	\$0 (Tier 1)	*
<i>iron 100 plus</i>	\$0 (Tier 1)	*
<i>iron chews pediatric</i>	\$0 (Tier 1)	*
<i>iron tablet</i>	\$0 (Tier 1)	*
<i>iron tablet extended release</i>	\$0 (Tier 1)	*
<i>isopropyl alcohol wipes</i>	\$0 (Tier 1)	*
<i>ivermectin</i>	\$0 (Tier 1)	*
<i>ivizia severe/night dry eyes</i>	\$0 (Tier 1)	*
<i>just tears eye drops</i>	\$0 (Tier 1)	*
<i>kaopectate</i>	\$0 (Tier 1)	*
<i>kaopectate extra strength</i>	\$0 (Tier 1)	*
<i>ketone test strips</i>	\$0 (Tier 1)	*
<i>ketostix</i>	\$0 (Tier 1)	*
<i>ketotifen fumarate</i>	\$0 (Tier 1)	*

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<i>konsyl daily fiber</i>	\$0 (Tier 1)	*
<i>kp omega-3 fish oil</i>	\$0 (Tier 1)	*
<i>lactobacillus</i>	\$0 (Tier 1)	*
<i>lactose monohydrate</i>	\$0 (Tier 1)	*
<i>lansoprazole</i>	\$0 (Tier 1)	*
<i>laxative maximum strength</i>	\$0 (Tier 1)	*
<i>levocetirizine dihydrochloride</i>	\$0 (Tier 1)	*
<i>levonorgestrel</i>	\$0 (Tier 1)	*
<i>lice killing shampoo</i>	\$0 (Tier 1)	*
<i>lice treatment</i>	\$0 (Tier 1)	*
<i>lidocaine</i>	\$0 (Tier 1)	*
<i>lidocaine hydrochloride</i>	\$0 (Tier 1)	*
<i>lohist-dm</i>	\$0 (Tier 1)	*
<i>loperamide hydrochloride capsule</i>	\$0 (Tier 1)	*
<i>loperamide hydrochloride solution, tablet</i>	\$0 (Tier 1)	*
<i>loperamide hydrochloride suspension</i>	\$0 (Tier 1)	*
<i>loratadine</i>	\$0 (Tier 1)	*
<i>loratadine childrens</i>	\$0 (Tier 1)	*
<i>loratadine-d 12hr</i>	\$0 (Tier 1)	*
<i>loratadine-d 24hr</i>	\$0 (Tier 1)	*
<i>lubricant eye</i>	\$0 (Tier 1)	*
<i>lubricant eye drops</i>	\$0 (Tier 1)	*
<i>lubricant eye drops/dual-action</i>	\$0 (Tier 1)	*
<i>lubricating eye drops</i>	\$0 (Tier 1)	*
<i>maalox childrens</i>	\$0 (Tier 1)	*
<i>magnesium</i>	\$0 (Tier 1)	*
<i>magnesium citrate</i>	\$0 (Tier 1)	*
<i>magnesium oxide</i>	\$0 (Tier 1)	*
<i>m-clear wc</i>	\$0 (Tier 1)	*
<i>meclizine hydrochloride tablet 12.5mg</i>	\$0 (Tier 1)	*
<i>meclizine hydrochloride tablet 25mg</i>	\$0 (Tier 1)	*
<i>meclizine hydrochloride tablet chewable</i>	\$0 (Tier 1)	*
<i>medi-paste</i>	\$0 (Tier 1)	*
<i>melatonin</i>	\$0 (Tier 1)	*
<i>miconazole</i>	\$0 (Tier 1)	*
<i>miconazole 1</i>	\$0 (Tier 1)	*



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>niacin tr capsule extended release 250mg</i>	\$0 (Tier 1)	*
<i>niacin tr capsule extended release 500mg</i>	\$0 (Tier 1)	*
<i>niacin tr tablet extended release</i>	\$0 (Tier 1)	*
<i>nicotine</i>	\$0 (Tier 1)	*
<i>nicotine polacrilex</i>	\$0 (Tier 1)	*
<i>nicotine transdermal system kit</i>	\$0 (Tier 1)	*
<i>nicotine transdermal system patch 24 hour</i>	\$0 (Tier 1)	*
<i>off active</i>	\$0 (Tier 1)	*
<i>off deep woods dry</i>	\$0 (Tier 1)	*
<i>off deep woods sportsmen</i>	\$0 (Tier 1)	*
<i>off familycare clean feel</i>	\$0 (Tier 1)	*
<i>off smooth & dry</i>	\$0 (Tier 1)	*
<i>olive oil</i>	\$0 (Tier 1)	*
<i>olopatadine hydrochloride</i>	\$0 (Tier 1)	*
<i>omega 3</i>	\$0 (Tier 1)	*
<i>omega-3 capsule 120mg; 180mg; 1000mg; 1unit</i>	\$0 (Tier 1)	*
<i>omega-3 capsule 308mg; 448mg; 1400mg; 910mg</i>	\$0 (Tier 1)	*
<i>omega-3 fish oil</i>	\$0 (Tier 1)	*
<i>omeprazole</i>	\$0 (Tier 1)	*
<i>omeprazole dr</i>	\$0 (Tier 1)	*
<i>omeprazole magnesium</i>	\$0 (Tier 1)	*
<i>onetouch ultra control</i>	\$0 (Tier 1)	*
<i>onetouch verio level 4 control solution</i>	\$0 (Tier 1)	*
<i>opill</i>	\$0 (Tier 1)	*
<i>options gynol ii vaginal contraceptive</i>	\$0 (Tier 1)	*
<i>oral suspend</i>	\$0 (Tier 1)	*
<i>oxymetazoline hydrochloride</i>	\$0 (Tier 1)	*
<i>oyster shell calcium/d</i>	\$0 (Tier 1)	*
<i>paladin</i>	\$0 (Tier 1)	*
<i>pataday extra strength</i>	\$0 (Tier 1)	*
<i>pcca sorbitol lollipop base</i>	\$0 (Tier 1)	*
<i>pedia-lax</i>	\$0 (Tier 1)	*
<i>petrolatum</i>	\$0 (Tier 1)	*
<i>phenazopyridine hydrochloride tablet 100mg, 200mg</i>	\$0 (Tier 1)	*
<i>phenazopyridine hydrochloride tablet 95mg</i>	\$0 (Tier 1)	*



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>phenylephrine hydrochloride</i>	9	*
<i>phosphorous</i>	\$0 (Tier 1)	*
<i>phospho-trin k500</i>	\$0 (Tier 1)	*
<i>phytonadione</i>	\$0 (Tier 1)	*
<i>pink bismuth</i>	\$0 (Tier 1)	*
<i>pink bismuth maximum strength</i>	\$0 (Tier 1)	*
<i>pinworm medicine</i>	\$0 (Tier 1)	*
<i>pinxav</i>	\$0 (Tier 1)	*
<i>polyethylene glycol 3350</i>	\$0 (Tier 1)	*
<i>polysaccharide-iron complex</i>	\$0 (Tier 1)	*
<i>polyvinyl alcohol</i>	\$0 (Tier 1)	*
<i>poly-vi-sol</i>	\$0 (Tier 1)	*
<i>pramoxine hcl</i>	\$0 (Tier 1)	*
<i>prenatabs fa</i>	\$0 (Tier 1)	*
<i>prenatabs rx</i>	\$0 (Tier 1)	*
<i>prenatal 19</i>	\$0 (Tier 1)	*
<i>prenatal tablet 100mg; 0; 200mg; 10mcg; 4mcg; 27mg; 800mcg; 18mg; 2.6mg; 0; 1.7mg; 1.5mg; 5mg; 1200mcg; 25mg, 120mg; 4000unit; 200mg; 400unit; 8mcg; 0; 0; 0; 28mg; 800mcg; 20mg; 2.6mg; 1.7mg; 0; 1.8mg; 30unit; 25mg</i>	\$0 (Tier 1)	*
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	\$0 (Tier 1)	*
<i>prenatal-u</i>	\$0 (Tier 1)	*
<i>primadophilus bifidus</i>	\$0 (Tier 1)	*
<i>probiotic digestive support extra strength</i>	\$0 (Tier 1)	*
<i>pseudoephedrine hydrochloride</i>	\$0 (Tier 1)	*
<i>pseudoephedrine hydrochloride er maximum strength</i>	\$0 (Tier 1)	*
<i>psyllium fiber</i>	\$0 (Tier 1)	*
<i>qc pink bismuth</i>	\$0 (Tier 1)	*
<i>qc psyllium fiber</i>	\$0 (Tier 1)	*
<i>ranger ready repellent</i>	\$0 (Tier 1)	*
<i>raspberry syrup</i>	\$0 (Tier 1)	*
<i>redness reliever eye drops</i>	\$0 (Tier 1)	*
<i>refresh</i>	\$0 (Tier 1)	*

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<i>refresh digital</i>	\$0 (Tier 1)	*
<i>refresh optive</i>	\$0 (Tier 1)	*
<i>refresh optive advanced</i>	\$0 (Tier 1)	*
<i>refresh optive preservative free</i>	\$0 (Tier 1)	*
<i>refresh relieva</i>	\$0 (Tier 1)	*
<i>refresh relieva pf</i>	\$0 (Tier 1)	*
<i>refresh tears pf</i>	\$0 (Tier 1)	*
<i>repel family</i>	\$0 (Tier 1)	*
<i>repel sportsmen dry</i>	\$0 (Tier 1)	*
<i>repel sportsmen max</i>	\$0 (Tier 1)	*
<i>saline nasal gel</i>	\$0 (Tier 1)	*
<i>saline nasal spray infants/childrens</i>	\$0 (Tier 1)	*
<i>sawyer insect repellent</i>	\$0 (Tier 1)	*
<i>sawyer premium insect repellent</i>	\$0 (Tier 1)	*
<i>scalpicin</i>	\$0 (Tier 1)	*
<i>senna smooth</i>	\$0 (Tier 1)	*
<i>senna syrup 176mg/5ml</i>	\$0 (Tier 1)	*
<i>senna syrup 8.8mg/5ml</i>	\$0 (Tier 1)	*
<i>senna tablet</i>	\$0 (Tier 1)	*
<i>sennosides/docusate sodium</i>	\$0 (Tier 1)	*
<i>sesame oil</i>	\$0 (Tier 1)	*
<i>simethicone</i>	\$0 (Tier 1)	*
<i>simple syrup</i>	\$0 (Tier 1)	*
<i>sleep aid</i>	\$0 (Tier 1)	*
<i>sleep-aid</i>	\$0 (Tier 1)	*
<i>sm foaming antacid</i>	\$0 (Tier 1)	*
<i>sm slow release iron</i>	\$0 (Tier 1)	*
<i>sodium bicarbonate powder</i>	\$0 (Tier 1)	*
<i>sodium bicarbonate tablet</i>	\$0 (Tier 1)	*
<i>sodium chloride</i>	\$0 (Tier 1)	*
<i>sodium fluoride</i>	\$0 (Tier 1)	*
<i>soothe hydration</i>	\$0 (Tier 1)	*
<i>soothe xp</i>	\$0 (Tier 1)	*
<i>soothe xp/xtra protection</i>	\$0 (Tier 1)	*
<i>sorbitol</i>	\$0 (Tier 1)	*
<i>sterile water for irrigation</i>	\$0 (Tier 1)	*



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<i>stevia</i>	\$0 (Tier 1)	*
<i>stevia extract powder 0</i>	\$0 (Tier 1)	*
<i>stevia extract powder 90%</i>	\$0 (Tier 1)	*
<i>steviol glycosides</i>	\$0 (Tier 1)	*
<i>stevioside</i>	\$0 (Tier 1)	*
<i>stye</i>	\$0 (Tier 1)	*
<i>suspension vehicle</i>	\$0 (Tier 1)	*
<i>syrspend sf</i>	\$0 (Tier 1)	*
<i>syrup vehicle</i>	\$0 (Tier 1)	*
<i>syrup vehicle sf</i>	\$0 (Tier 1)	*
<i>systane complete</i>	\$0 (Tier 1)	*
<i>systane contacts soothing drops</i>	\$0 (Tier 1)	*
<i>systane gel</i>	\$0 (Tier 1)	*
<i>terbinafine hydrochloride</i>	\$0 (Tier 1)	*
<i>thera-gesic plus</i>	\$0 (Tier 1)	*
<i>today sponge</i>	\$0 (Tier 1)	*
<i>tolnaftate</i>	\$0 (Tier 1)	*
<i>triamcinolone acetonide</i>	\$0 (Tier 1)	*
<i>triaminic fever reducer pain reliever infants</i>	\$0 (Tier 1)	*
<i>tri-buffered aspirin</i>	\$0 (Tier 1)	*
<i>trinate</i>	\$0 (Tier 1)	*
<i>triple antibiotic plus pain reliever maximum strength</i>	\$0 (Tier 1)	*
<i>triprolidine hci</i>	\$0 (Tier 1)	*
<i>triprolidine hydrochloride</i>	\$0 (Tier 1)	*
<i>tri-vi-sol a/c/d</i>	\$0 (Tier 1)	*
<i>tri-vite/fluoride</i>	\$0 (Tier 1)	*
<i>trustex lubricated/spermicide</i>	\$0 (Tier 1)	*
<i>trustex non-lubricated</i>	\$0 (Tier 1)	*
<i>tusnel c</i>	\$0 (Tier 1)	*
<i>tussin cough</i>	\$0 (Tier 1)	*
<i>tussin cough long-acting</i>	\$0 (Tier 1)	*
<i>tussin dm max</i>	\$0 (Tier 1)	*
<i>ultra-mega</i>	\$0 (Tier 1)	*
<i>ultrathon insect repellent 8</i>	\$0 (Tier 1)	*
<i>urea</i>	\$0 (Tier 1)	*

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<i>urinary pain relief</i>	\$0 (Tier 1)	*
<i>uristat ultra/cranberry</i>	\$0 (Tier 1)	*
<i>vagisil</i>	\$0 (Tier 1)	*
<i>vcf vaginal contraceptive film</i>	\$0 (Tier 1)	*
<i>vcf vaginal contraceptivegel</i>	\$0 (Tier 1)	*
<i>vicks dayquil cold & flu</i>	\$0 (Tier 1)	*
<i>vitamin a/c/d infant/toddler</i>	\$0 (Tier 1)	*
<i>vitamin b-12</i>	\$0 (Tier 1)	*
<i>vitamin b-6</i>	\$0 (Tier 1)	*
<i>vitamin c</i>	\$0 (Tier 1)	*
<i>vitamin d</i>	\$0 (Tier 1)	*
<i>vitamin d-3</i>	\$0 (Tier 1)	*
<i>vitamin d3 capsule, tablet chewable, liquid, tablet</i>	\$0 (Tier 1)	*
<i>vitamin d3 gummies</i>	\$0 (Tier 1)	*
<i>vitamin d3 tablet disintegrating</i>	\$0 (Tier 1)	*
<i>vitamins a/c/d/fluoride</i>	\$0 (Tier 1)	*
<i>wart remover maximum strength</i>	\$0 (Tier 1)	*
<i>xanthan gum</i>	\$0 (Tier 1)	*
<i>zinc oxide</i>	\$0 (Tier 1)	*



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: **711**), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)

D. Index of Covered Drugs

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