

# 2021

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

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

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934**

or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit  
**[AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary](http://AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary)**

**Formulary ID Number: 21111 Version 20**



# 2021 Aetna Assure Premier Plus (HMO D-SNP) ***List of Covered Drugs (Formulary)***

## Introduction

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

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

## A. Disclaimers

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

- ❖ Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal.
- ❖ Aetna Assure Premier Plus (HMO D-SNP) es un plan totalmente integrado de necesidades especiales de doble elegibilidad con un contrato de Medicare y un contrato con el programa de Medicaid de Nueva Jersey. La inscripción en Aetna Assure Premier Plus depende de la renovación del contrato.
- ❖ You can always check Aetna Assure Premier Plus (HMO D-SNP)'s up-to-date *List of Covered Drugs* online at [AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary](http://AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary) or call Member Services at the number listed at the bottom of this page.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call Aetna Assure Premier Plus (HMO D-SNP) Member Services at the number listed at the bottom of this page. The call is free.
- ❖ ATENCIÓN: Si habla español o somalí, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-844-362-0934 (TTY: 711)** de 8:00 a. m. a 8:00 p. m., hora estándar del este, los 7 días de la semana. Esta llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the number listed at the bottom of this page.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free.
- ❖ If you wish to make or change a standing request to receive materials in a language other than English or in an alternate format, you can call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.



## B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 11 are the drugs covered by Aetna Assure Premier Plus (HMO D-SNP). These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

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

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

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

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

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

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

For more information on these drug rules, see question B4.

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

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

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

- You can always check Aetna Assure Premier Plus (HMO D-SNP)'s current Drug List online at [AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary](http://AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary).
- You can also call Member Services at **1-844-362-0934 (TTY:711)** to check the current Drug List.

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

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

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

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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

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

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables on page 11 - 97. You can also get more information by visiting our website at [AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary](http://AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The *List of Covered Drugs* on page 11 has a column labeled "Necessary actions, restrictions, or limits on use."

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

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. See 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.

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

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by drug type.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it on page 97. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Both brand name drugs and generic drugs are listed in the index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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

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

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

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

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

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

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

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

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

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

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

### **Current members with a change in level of care**

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

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

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

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

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

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### **B11. How can I ask for an exception?**

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8 of the *Evidence of Coverage* to learn more about exceptions.

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

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

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

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### **B13. What are generic drugs?**

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

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

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

OTC stands for “over-the-counter.” Aetna Assure Premier Plus (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan’s coverage at no cost to you. You need a prescription for OTC drugs to be covered. These OTC drugs are listed in this Drug List starting on page 120.

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

Yes. Aetna Assure Premier Plus (HMO D-SNP) covers some non-drug OTC products when they are prescribed for you by your provider. These non-drug OTC products are listed in this Drug List starting on page 120.

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

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

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

- Mail-Order Program. We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home.
- Long-Term Supply. We offer a way to get a long-term supply of “maintenance” drugs on our plan’s Drug List. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

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

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## **B17. What is my copay?**

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

Tiers are groups of drugs on our Drug List.

- Tier 1 Preferred Generic drugs have \$0 copay
- Tier 2 Generic drugs \$0 copay
- Tier 3 Preferred Brand name drugs \$0 copay
- Tier 4 Non-Preferred drugs \$0 copay
- Tier 5 Specialty drugs \$0 copay

OTCs have a \$0 copay.

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

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

The following List of Covered Drugs gives you information about the drugs covered by Aetna Assure Premier Plus (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 97. The index alphabetically lists all drugs covered by Aetna Assure Premier Plus (HMO D-SNP).

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

<b>QL:</b> Quantity Limits: For certain drugs, our plan limits the amount of the drug that we will cover.
<b>PA:</b> Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
<b>ST:</b> Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
<b>LA:</b> Limited Access: These prescriptions may be available only at certain pharmacies.
<b>MO:</b> 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>B/D:</b> 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.
<b>EA:</b> Each
<b>ML:</b> Milliliter

## C1. List of Drugs by Drug Type

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tabs</i>	\$0 (Tier 1)	MO
<i>colchicine tabs</i>	\$0 (Tier 3)	QL (120 EA per 30 days) MO
<i>febuxostat</i>	\$0 (Tier 3)	ST MO
MITIGARE	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>probenecid</i>	\$0 (Tier 3)	MO
<i>probenecid/colchicine</i>	\$0 (Tier 3)	MO
<b>NSAIDS</b>		
<i>cataflam</i>	\$0 (Tier 2)	QL (120 EA per 30 days)
<i>celecoxib caps 400mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>diclofenac potassium</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	\$0 (Tier 2)	MO
<i>diclofenac sodium er</i>	\$0 (Tier 2)	MO
<i>diclofenac sodium/misoprostol</i>	\$0 (Tier 4)	MO
<i>diflunisal</i>	\$0 (Tier 4)	MO
DUEXIS	\$0 (Tier 5)	MO
<i>ec-naproxen tbec 375mg</i>	\$0 (Tier 2)	
<i>ec-naproxen tbec 500mg</i>	\$0 (Tier 2)	MO
<i>etodolac</i>	\$0 (Tier 3)	MO
<i>etodolac er</i>	\$0 (Tier 4)	MO
FENOPROFEN CALCIUM CAPS 400MG	\$0 (Tier 4)	MO
<i>fenoprofen calcium tabs</i>	\$0 (Tier 4)	MO

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
flurbiprofen tabs 100mg	\$0 (Tier 2)	MO
ibu tabs 600mg, 800mg	\$0 (Tier 2)	
ibuprofen	\$0 (Tier 2)	MO
ibuprofen/famotidine	\$0 (Tier 4)	MO
ketoprofen er	\$0 (Tier 4)	MO
ketoprofen caps 50mg	\$0 (Tier 4)	
ketoprofen caps 25mg, 75mg	\$0 (Tier 4)	MO
ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml	\$0 (Tier 4)	QL (20 ML per 30 days) PA MO
ketorolac tromethamine tabs 10mg	\$0 (Tier 2)	QL (20 EA per 30 days) PA MO
meclofenamate sodium	\$0 (Tier 4)	MO
meloxicam	\$0 (Tier 1)	MO
nabumetone	\$0 (Tier 2)	MO
NAPROXEN SODIUM CR 375MG	\$0 (Tier 4)	MO
naproxen sodium er 500mg	\$0 (Tier 4)	MO
NAPROXEN SODIUM TB24	\$0 (Tier 4)	MO
naproxen sodium tabs 275mg, 550mg	\$0 (Tier 2)	MO
naproxen/esomeprazole magnesium	\$0 (Tier 5)	MO
naproxen tabs	\$0 (Tier 1)	MO
naproxen susp, tbec	\$0 (Tier 2)	MO
oxaprozin	\$0 (Tier 4)	MO
piroxicam	\$0 (Tier 3)	MO
relafen	\$0 (Tier 2)	
sulindac	\$0 (Tier 2)	MO
VIMOVO	\$0 (Tier 5)	MO
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
buprenorphine transdermal patch	\$0 (Tier 4)	QL (4 EA per 28 days) PA MO
fentanyl transdermal patch	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO
hydrocodone bitartrate er t24a	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
HYSINGLA ER	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
METHADONE HCL INJ	\$0 (Tier 5)	PA
methadone hcl oral soln	\$0 (Tier 3)	QL (450 ML per 30 days) PA MO
methadone hcl tabs	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
methadone hydrochloride conc	\$0 (Tier 3)	QL (90 ML per 30 days) PA MO

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 15mg TRAMADOL HCL ER CP24 100MG, 200MG, 300MG</i>	\$0 (Tier 3) \$0 (Tier 4)	QL (90 EA per 30 days) PA MO QL (30 EA per 30 days) PA MO
<i>tramadol hcl er tb24</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen/codeine tabs</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	\$0 (Tier 3)	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	\$0 (Tier 4)	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	\$0 (Tier 4)	
<i>butorphanol tartrate inj 2mg/ml</i>	\$0 (Tier 4)	MO
<i>CODEINE SULFATE TABS</i>	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	\$0 (Tier 3)	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	\$0 (Tier 3)	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	\$0 (Tier 4)	QL (600 ML per 30 days) MO
<i>HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ ML</i>	\$0 (Tier 4)	B/D MO
<i>hydromorphone hcl inj 10mg/ml</i>	\$0 (Tier 4)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML	\$0 (Tier 4)	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	\$0 (Tier 4)	B/D MO
<i>hydromorphone hydrochloride pf inj 2mg/ml, 50mg/5ml</i>	\$0 (Tier 4)	B/D
<i>hydromorphone hydrochloride inj 2mg/ml</i>	\$0 (Tier 4)	B/D MO
<i>lorcet</i>	\$0 (Tier 4)	QL (180 EA per 30 days)
<i>lorcet hd</i>	\$0 (Tier 4)	QL (180 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	\$0 (Tier 4)	QL (180 EA per 30 days)
<i>morphine sulfate tabs</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJ 10MG/ML PF, 25MG/ML PF, 2MG/ML PF, 4MG/ML PF, 50MG/ML, 5MG/ML PF, 8MG/ML PF	\$0 (Tier 4)	B/D
<i>morphine sulfate iv inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 8mg/ml</i>	\$0 (Tier 4)	B/D
<i>morphine sulfate pf inj 1mg/ml</i>	\$0 (Tier 4)	B/D MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	\$0 (Tier 3)	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 100mg/5ml</i>	\$0 (Tier 4)	QL (180 ML per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	\$0 (Tier 3)	MO
<i>oxycodone hcl caps</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride soln</i>	\$0 (Tier 3)	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride oral conc</i>	\$0 (Tier 4)	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride immediate release tabs</i>	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	\$0 (Tier 2)	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	\$0 (Tier 4)	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride tabs 100mg</i>	\$0 (Tier 2)	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
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	\$0 (Tier 4)	
<i>lidocaine hydrochloride pf inj 1%, 2%</i>	\$0 (Tier 4)	
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole</i>	\$0 (Tier 5)	MO
<i>amikacin sulfate</i>	\$0 (Tier 4)	MO
<i>atovaquone</i>	\$0 (Tier 4)	PA MO
<i>aztreonam</i>	\$0 (Tier 4)	MO
<b>CAYSTON</b>	\$0 (Tier 5)	PA LA
<i>chloramphenicol inj 1gm</i>	\$0 (Tier 4)	
<i>clindamycin hcl caps 300mg, 75mg</i>	\$0 (Tier 2)	MO
<i>clindamycin hydrochloride caps 150mg</i>	\$0 (Tier 2)	MO
<i>clindamycin palmitate hcl</i>	\$0 (Tier 4)	MO
<i>clindamycin phosphate/dextrose</i>	\$0 (Tier 4)	
<i>clindamycin phosphate inj 300mg/2ml, 9000mg/60ml</i>	\$0 (Tier 4)	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	\$0 (Tier 4)	MO
<b>CLINDAMYCIN/SODIUM CHLORIDE</b>	\$0 (Tier 4)	
<i>colistimethate inj</i>	\$0 (Tier 4)	PA MO
<i>dapsone tabs 100mg, 25mg</i>	\$0 (Tier 3)	MO
<b>DAPTOMYCIN INJ 350MG</b>	\$0 (Tier 5)	
<i>daptomycin inj 500mg</i>	\$0 (Tier 5)	MO
<b>EMVERM</b>	\$0 (Tier 5)	QL (12 EA per 365 days) MO
<i>ertapenem</i>	\$0 (Tier 4)	MO
<i>gentamicin sulfate pediatric</i>	\$0 (Tier 4)	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 (Tier 4)	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	\$0 (Tier 4)	MO
<i>gentamicin sulfate inj 40mg/ml</i>	\$0 (Tier 4)	MO
<i>imipenem/cilastatin</i>	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isotonic gentamicin</i>	\$0 (Tier 4)	MO
<i>ivermectin tabs 3mg</i>	\$0 (Tier 3)	PA MO
<i>linezolid tabs</i>	\$0 (Tier 4)	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	\$0 (Tier 5)	QL (1800 ML per 28 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	\$0 (Tier 4)	PA
<i>linezolid inj 600mg/300ml</i>	\$0 (Tier 4)	PA
<i>meropenem inj 500mg</i>	\$0 (Tier 4)	
<i>meropenem inj 1gm</i>	\$0 (Tier 4)	MO
<i>methenamine hippurate</i>	\$0 (Tier 4)	MO
METHENAMINE MANDELATE	\$0 (Tier 4)	MO
<i>metronidazole in nacl 0.79%</i>	\$0 (Tier 4)	
<i>metronidazole caps 375mg</i>	\$0 (Tier 3)	MO
<i>metronidazole tabs 250mg, 500mg</i>	\$0 (Tier 3)	MO
<i>neomycin tabs</i>	\$0 (Tier 2)	MO
<i>nitazoxanide</i>	\$0 (Tier 5)	MO
<i>nitrofurantoin macrocrystals</i>	\$0 (Tier 3)	MO
<i>nitrofurantoin monohydrate</i>	\$0 (Tier 3)	MO
<i>nitrofurantoin oral suspension</i>	\$0 (Tier 4)	MO
<i>paromomycin caps</i>	\$0 (Tier 4)	MO
<i>pentamidine isethionate inj</i>	\$0 (Tier 4)	
<i>pentamidine isethionate inhalation solr</i>	\$0 (Tier 4)	B/D MO
<i>praziquantel</i>	\$0 (Tier 3)	MO
SIVEXTRO INJ	\$0 (Tier 5)	
SIVEXTRO TABS	\$0 (Tier 5)	MO
<i>streptomycin sulfate inj</i>	\$0 (Tier 4)	MO
SULFADIAZINE	\$0 (Tier 4)	MO
<i>sulfamethoxazole(trimethoprim ds</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole(trimethoprim tabs</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole(trimethoprim inj, susp</i>	\$0 (Tier 4)	MO
SYNERCID	\$0 (Tier 5)	
<i>tinidazole</i>	\$0 (Tier 4)	MO
<i>tobramycin nebu 300mg/5ml</i>	\$0 (Tier 3)	QL (280 ML per 56 days) PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	\$0 (Tier 4)	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	\$0 (Tier 4)	MO
<i>trimethoprim tabs</i>	\$0 (Tier 1)	MO
VANCOMYCIN INJ 500MG/100ML, 750MG/150ML, 2000MG/400ML	\$0 (Tier 4)	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	\$0 (Tier 4)	
<i>vancomycin hcl inj 100gm, 10gm</i>	\$0 (Tier 4)	
<i>vancomycin hydrochloride caps 125mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	\$0 (Tier 5)	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 250MG, 500MG/100ML, 750MG/150ML	\$0 (Tier 4)	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	\$0 (Tier 4)	
<i>vancomycin hydrochloride inj 500mg</i>	\$0 (Tier 4)	MO
<b>ANTIFUNGALS</b>		
ABELCET	\$0 (Tier 4)	B/D
AMBISOME	\$0 (Tier 5)	B/D
<i>amphotericin b</i>	\$0 (Tier 4)	B/D MO
<i>caspofungin acetate inj 70mg</i>	\$0 (Tier 4)	
<i>caspofungin acetate inj 50mg</i>	\$0 (Tier 5)	
<i>fluconazole in nacl 200mg; 0.9%</i>	\$0 (Tier 4)	
<i>fluconazole in sodium chloride 400mg; 0.9%</i>	\$0 (Tier 4)	
<i>fluconazole/sodium chloride</i>	\$0 (Tier 4)	
<i>fluconazole tabs</i>	\$0 (Tier 2)	MO
<i>fluconazole oral susp</i>	\$0 (Tier 3)	MO
<i>flucytosine</i>	\$0 (Tier 5)	MO
<i>griseofulvin microsize</i>	\$0 (Tier 4)	MO
<i>griseofulvin ultramicrosize</i>	\$0 (Tier 4)	MO
<i>itraconazole caps</i>	\$0 (Tier 4)	PA MO
<i>ketoconazole tabs 200mg</i>	\$0 (Tier 2)	PA MO
<i>micafungin inj 50mg</i>	\$0 (Tier 4)	
<i>micafungin inj 100mg</i>	\$0 (Tier 5)	
MYCAMINE INJ 50MG	\$0 (Tier 4)	MO

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MYCAMINE INJ 100MG	\$0 (Tier 5)	
NOXAFIL SUSP	\$0 (Tier 5)	QL (630 ML per 30 days) MO
<i>nystatin tabs 500000unit</i>	\$0 (Tier 4)	MO
<i>posaconazole dr</i>	\$0 (Tier 5)	QL (93 EA per 30 days) MO
<i>terbinafine hcl tabs</i>	\$0 (Tier 2)	QL (90 EA per 365 days) MO
<i>voriconazole tabs</i>	\$0 (Tier 4)	MO
<i>voriconazole inj</i>	\$0 (Tier 4)	PA
<i>voriconazole oral susp</i>	\$0 (Tier 4)	PA MO
<b>ANTIMALARIALS</b>		
<i>atovaquone/proguanil hcl</i>	\$0 (Tier 4)	MO
<i>chloroquine phosphate</i>	\$0 (Tier 2)	MO
COARTEM	\$0 (Tier 4)	MO
<i>mefloquine hcl</i>	\$0 (Tier 3)	MO
<i>primaquine phosphate</i>	\$0 (Tier 3)	
<i>quinine sulfate</i>	\$0 (Tier 4)	PA MO
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir</i>	\$0 (Tier 3)	MO
APTIVUS SOLN	\$0 (Tier 5)	
APTIVUS CAPS	\$0 (Tier 5)	MO
<i>atazanavir</i>	\$0 (Tier 4)	MO
<i>atazanavir sulfate</i>	\$0 (Tier 4)	MO
CRIXIVAN	\$0 (Tier 4)	MO
<i>didanosine caps 200mg, 250mg, 400mg</i>	\$0 (Tier 4)	MO
EDURANT	\$0 (Tier 5)	MO
<i>efavirenz caps 50mg</i>	\$0 (Tier 3)	MO
<i>efavirenz caps 200mg</i>	\$0 (Tier 4)	MO
<i>efavirenz tabs</i>	\$0 (Tier 5)	MO
<i>emtricitabine</i>	\$0 (Tier 3)	MO
EMTRIVA	\$0 (Tier 3)	MO
<i>etravirine</i>	\$0 (Tier 5)	MO
<i>fosamprenavir calcium</i>	\$0 (Tier 5)	MO
FUZEON	\$0 (Tier 5)	
INTELENCE TABS 25MG	\$0 (Tier 4)	
INTELENCE TABS 100MG, 200MG	\$0 (Tier 5)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVIRASE TABS	\$0 (Tier 5)	MO
ISENTRESS HD	\$0 (Tier 5)	MO
ISENTRESS PACK	\$0 (Tier 3)	MO
ISENTRESS TABS	\$0 (Tier 5)	MO
ISENTRESS CHEW 25MG	\$0 (Tier 3)	MO
ISENTRESS CHEW 100MG	\$0 (Tier 5)	MO
<i>lamivudine soln 10mg/ml</i>	\$0 (Tier 4)	MO
<i>lamivudine tabs 150mg, 300mg</i>	\$0 (Tier 4)	MO
LEXIVA SUSP	\$0 (Tier 4)	MO
<i>nevirapine er tb24 100mg</i>	\$0 (Tier 3)	
<i>nevirapine er tb24 400mg</i>	\$0 (Tier 3)	MO
<i>nevirapine tabs</i>	\$0 (Tier 3)	MO
<i>nevirapine susp</i>	\$0 (Tier 4)	
NORVIR PACK, ORAL SOLN	\$0 (Tier 4)	MO
PIFELTRO	\$0 (Tier 5)	MO
PREZISTA SUSP	\$0 (Tier 5)	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	\$0 (Tier 4)	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	\$0 (Tier 5)	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
RESCRIPTOR TABS 200MG	\$0 (Tier 4)	MO
REYATAZ CAPS 150MG, 200MG, PACK	\$0 (Tier 5)	MO
<i>ritonavir</i>	\$0 (Tier 3)	MO
RUKOBIA	\$0 (Tier 5)	MO
SELZENTRY SOLN	\$0 (Tier 5)	
SELZENTRY TABS 25MG	\$0 (Tier 3)	
SELZENTRY TABS 75MG	\$0 (Tier 5)	
SELZENTRY TABS 150MG, 300MG	\$0 (Tier 5)	MO
<i>stavudine</i>	\$0 (Tier 3)	MO
<i>tenofovir tabs</i>	\$0 (Tier 4)	MO
TIVICAY PD	\$0 (Tier 4)	MO
TIVICAY TABS 10MG	\$0 (Tier 3)	MO
TIVICAY TABS 25MG, 50MG	\$0 (Tier 5)	MO
TROGARZO	\$0 (Tier 5)	LA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYBOST	\$0 (Tier 4)	MO
VIDEX EC CAPS 125MG	\$0 (Tier 4)	MO
VIDEX PEDIATRIC	\$0 (Tier 4)	MO
VIRACEPT TABS	\$0 (Tier 5)	MO
VIREAD	\$0 (Tier 5)	MO
<i>zidovudine</i>	\$0 (Tier 3)	MO
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate/lamivudine</i>	\$0 (Tier 4)	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	\$0 (Tier 5)	MO
ATRIPLA	\$0 (Tier 5)	MO
BIKTARVY	\$0 (Tier 5)	MO
CIMDUO	\$0 (Tier 5)	MO
COMPLERA	\$0 (Tier 5)	MO
DELSTRIGO	\$0 (Tier 5)	MO
DESCOVY	\$0 (Tier 5)	MO
DOVATO	\$0 (Tier 5)	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	\$0 (Tier 5)	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	\$0 (Tier 5)	MO
<i>emtricitabine/tenofovir disoproxil</i>	\$0 (Tier 5)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate</i>	\$0 (Tier 5)	QL (30 EA per 30 days) MO
EVOTAZ	\$0 (Tier 5)	MO
GENVOYA	\$0 (Tier 5)	MO
JULUCA	\$0 (Tier 5)	MO
KALETRA TABS 100MG; 25MG	\$0 (Tier 4)	MO
KALETRA TABS 200MG; 50MG	\$0 (Tier 5)	MO
<i>lamivudine/zidovudine</i>	\$0 (Tier 4)	MO
<i>lopinavir/ritonavir soln</i>	\$0 (Tier 4)	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	\$0 (Tier 4)	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	\$0 (Tier 5)	MO
ODEFSEY	\$0 (Tier 5)	MO
PREZCOBIX	\$0 (Tier 5)	MO
STRIBILD	\$0 (Tier 5)	MO
SYMFI	\$0 (Tier 5)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMFI LO	\$0 (Tier 5)	MO
SYMTUZA	\$0 (Tier 5)	MO
TEMIXYS	\$0 (Tier 5)	MO
TRIUMEQ	\$0 (Tier 5)	MO
TRUVADA	\$0 (Tier 5)	QL (30 EA per 30 days) MO
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i>	\$0 (Tier 5)	MO
<i>ethambutol hydrochloride</i>	\$0 (Tier 4)	MO
<i>isoniazid tabs</i>	\$0 (Tier 1)	MO
<i>isoniazid syrup</i>	\$0 (Tier 2)	MO
<i>isoniazid inj</i>	\$0 (Tier 4)	
PASER	\$0 (Tier 4)	MO
PRETOMANID	\$0 (Tier 4)	QL (30 EA per 30 days) PA
PRIFTIN	\$0 (Tier 4)	MO
<i>pyrazinamide</i>	\$0 (Tier 4)	MO
<i>rifabutin</i>	\$0 (Tier 4)	MO
<i>rifampin caps</i>	\$0 (Tier 3)	MO
<i>rifampin inj</i>	\$0 (Tier 4)	
RIFATER	\$0 (Tier 4)	MO
SIRTURO TABS 20MG	\$0 (Tier 5)	PA
SIRTURO TABS 100MG	\$0 (Tier 5)	PA LA
TRECATOR	\$0 (Tier 4)	MO
<b>ANTIVIRALS</b>		
<i>acyclovir sodium inj 50mg/ml</i>	\$0 (Tier 4)	B/D
<i>acyclovir caps 200mg</i>	\$0 (Tier 2)	MO
<i>acyclovir susp 200mg/5ml</i>	\$0 (Tier 2)	MO
<i>acyclovir tabs 400mg, 800mg</i>	\$0 (Tier 2)	MO
<i>adefovir dipivoxil</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
BARACLUDE SOLN	\$0 (Tier 4)	MO
<i>entecavir</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
EPCLUSIA	\$0 (Tier 5)	PA
EPIVIR HBV SOLN	\$0 (Tier 4)	MO
<i>famciclovir tabs 500mg</i>	\$0 (Tier 2)	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO

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Medicare B or D   **LA** - Limited Access   **MO** - available at Mail order

**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ganciclovir inj 500mg/10ml, 500mg HARVONI</i>	\$0 (Tier 3) \$0 (Tier 5)	B/D PA
<i>lamivudine tabs 100mg MAVYRET</i>	\$0 (Tier 3) \$0 (Tier 5)	MO PA
<i>oseltamivir phosphate caps 30mg oseltamivir phosphate caps 45mg, 75mg oseltamivir phosphate oral susp PEGASYS</i>	\$0 (Tier 3) \$0 (Tier 3) \$0 (Tier 3) \$0 (Tier 5)	QL (168 EA per 365 days) MO QL (84 EA per 365 days) MO QL (1080 ML per 365 days) MO PA
<i>PREVYMIS TABS RELENZA DISKHALER</i>	\$0 (Tier 5) \$0 (Tier 3)	QL (28 EA per 28 days) MO QL (120 EA per 365 days) MO
<i>ribavirin caps, tabs ribavirin inh rimantadine hydrochloride valacyclovir hcl tabs 1gm valacyclovir hydrochloride tabs 500mg valganciclovir hydrochloride oral soln valganciclovir tabs VEMOLIDY VOSEVI</i>	\$0 (Tier 3) \$0 (Tier 5) \$0 (Tier 4) \$0 (Tier 3) \$0 (Tier 3) \$0 (Tier 5) \$0 (Tier 5) \$0 (Tier 5) \$0 (Tier 5) \$0 (Tier 5)	MO MO MO MO MO MO MO MO PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor CEFACLOR ER cefadroxil CEFAZOLIN INJ 2GM/100ML; 4% CEFAZOLIN SODIUM INJ 1GM/50ML; 4% CEFAZOLIN SODIUM INJ 100GM, 300GM cefazolin sodium iv inj 1gm cefazolin sodium inj 10gm, 1gm, 500mg cefdinir caps cefdinir oral susp cefepime inj 1gm, 2gm cefixime caps cefixime oral susp cefotetan</i>	\$0 (Tier 2) \$0 (Tier 4) \$0 (Tier 2) \$0 (Tier 3) \$0 (Tier 3) \$0 (Tier 4) \$0 (Tier 4) \$0 (Tier 4) \$0 (Tier 2) \$0 (Tier 3) \$0 (Tier 4) \$0 (Tier 3) \$0 (Tier 4) \$0 (Tier 4)	MO MO MO MO MO MO MO MO MO MO MO MO MO MO MO

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	\$0 (Tier 4)	
<i>cefpodoxime proxetil</i>	\$0 (Tier 4)	MO
<i>cefprozil</i>	\$0 (Tier 3)	MO
CEFTAZIDIME/DEXTROSE	\$0 (Tier 4)	
<i>ceftazidime inj 6gm</i>	\$0 (Tier 4)	
<i>ceftazidime inj 1gm, 2gm</i>	\$0 (Tier 4)	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	\$0 (Tier 4)	
CEFTRIAXONE SODIUM INJ 100GM	\$0 (Tier 4)	
<i>ceftriaxone sodium iv inj 1gm</i>	\$0 (Tier 4)	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	\$0 (Tier 4)	MO
<i>cefuroxime axetil tabs</i>	\$0 (Tier 3)	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm</i>	\$0 (Tier 4)	
<i>cefuroxime sodium inj 750mg</i>	\$0 (Tier 4)	MO
<i>cephalexin</i>	\$0 (Tier 2)	MO
SUPRAX ORAL SUSP 500MG/5ML	\$0 (Tier 3)	
SUPRAX CHEW 100MG	\$0 (Tier 4)	
SUPRAX CHEW 200MG	\$0 (Tier 4)	MO
<i>tazicef</i>	\$0 (Tier 4)	
TEFLARO	\$0 (Tier 5)	
<b>ERYTHROMYCINS/MACROLIDES</b>		
AZITHROMYCIN PACK	\$0 (Tier 3)	MO
<i>azithromycin oral susp, tabs</i>	\$0 (Tier 2)	MO
<i>azithromycin inj</i>	\$0 (Tier 4)	MO
<i>clarithromycin</i>	\$0 (Tier 3)	MO
<i>clarithromycin er</i>	\$0 (Tier 4)	MO
DIFICID SUSR	\$0 (Tier 5)	
DIFICID TABS	\$0 (Tier 5)	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	\$0 (Tier 4)	
<i>erythrocin stearate tabs 250mg</i>	\$0 (Tier 4)	MO
<i>erythromycin base</i>	\$0 (Tier 3)	MO
<i>erythromycin dr</i>	\$0 (Tier 4)	MO
<i>erythromycin ethylsuccinate tabs</i>	\$0 (Tier 3)	MO
<i>erythromycin stearate</i>	\$0 (Tier 3)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>erythromycin cpep 250mg</i>	\$0 (Tier 3)	MO
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin hcl</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	\$0 (Tier 4)	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	\$0 (Tier 4)	MO
<i>levofloxacin in d5w</i>	\$0 (Tier 4)	
<i>levofloxacin inj 25mg/ml</i>	\$0 (Tier 4)	
<i>levofloxacin oral soln 25mg/ml</i>	\$0 (Tier 3)	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	\$0 (Tier 2)	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride inj</i>	\$0 (Tier 4)	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	\$0 (Tier 4)	
<i>moxifloxacin hydrochloride tabs 400mg</i>	\$0 (Tier 4)	MO
<b>PENICILLINS</b>		
<i>amoxicillin</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium</i>	\$0 (Tier 2)	MO
<i>amoxicillin/clavulanate potassium er</i>	\$0 (Tier 4)	MO
<i>ampicillin caps 500mg</i>	\$0 (Tier 1)	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	\$0 (Tier 4)	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	\$0 (Tier 4)	MO
<i>ampicillin-sulbactam</i>	\$0 (Tier 4)	
<b>BICILLIN L-A</b>	\$0 (Tier 4)	MO
<i>dicloxacillin caps</i>	\$0 (Tier 3)	MO
<i>nafcillin sodium inj 1gm, 2gm iv</i>	\$0 (Tier 4)	
<i>nafcillin sodium inj 2gm</i>	\$0 (Tier 4)	MO
<i>nafcillin sodium inj 10gm</i>	\$0 (Tier 5)	
<i>oxacillin sodium inj 10gm, 1gm</i>	\$0 (Tier 4)	
<i>oxacillin sodium inj 2gm</i>	\$0 (Tier 4)	MO
<i>penicillin g potassium</i>	\$0 (Tier 4)	MO
<b>PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE</b>	\$0 (Tier 4)	
<b>PENICILLIN G PROCAINE</b>	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>penicillin g sodium</i>	\$0 (Tier 4)	
<i>penicillin v potassium</i>	\$0 (Tier 1)	MO
<i>piperacillin sodium/tazobactam sodium</i>	\$0 (Tier 4)	
<b>TETRACYCLINES</b>		
<i>doxy 100 inj</i>	\$0 (Tier 4)	MO
<i>doxycycline hyclate dr</i>	\$0 (Tier 4)	MO
<i>doxycycline hyclate caps, tabs</i>	\$0 (Tier 3)	MO
<i>doxycycline hyclate inj</i>	\$0 (Tier 4)	MO
<i>doxycycline monohydrate tabs</i>	\$0 (Tier 2)	MO
<i>doxycycline monohydrate caps</i>	\$0 (Tier 4)	MO
<i>doxycycline oral susp 25mg/5ml</i>	\$0 (Tier 3)	MO
<i>minocycline hcl caps 75mg</i>	\$0 (Tier 2)	MO
<i>minocycline hcl tabs</i>	\$0 (Tier 4)	ST MO
<i>minocycline hydrochloride caps 100mg, 50mg</i>	\$0 (Tier 2)	MO
<i>minocycline hydrochloride er</i>	\$0 (Tier 4)	ST MO
<i>monodoxine nl caps 100mg, 75mg</i>	\$0 (Tier 4)	
<i>morgidox 1x100mg</i>	\$0 (Tier 4)	
<i>morgidox 2x100mg</i>	\$0 (Tier 4)	
<i>okebo</i>	\$0 (Tier 4)	
<i>tetracycline hydrochloride</i>	\$0 (Tier 4)	MO
<i>tigecycline</i>	\$0 (Tier 5)	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>BENDEKA</i>	\$0 (Tier 5)	
<i>busulfan</i>	\$0 (Tier 5)	
<i>carboplatin</i>	\$0 (Tier 3)	
<i>carmustine</i>	\$0 (Tier 5)	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	\$0 (Tier 3)	
<i>CYCLOPHOSPHAMIDE TABS</i>	\$0 (Tier 3)	B/D
<i>cyclophosphamide caps</i>	\$0 (Tier 3)	B/D MO
<i>CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML</i>	\$0 (Tier 4)	
<i>cyclophosphamide inj 1gm, 2gm, 500mg</i>	\$0 (Tier 4)	

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GLEOSTINE CAPS 10MG	\$0 (Tier 4)	MO
GLEOSTINE CAPS 100MG, 40MG	\$0 (Tier 5)	MO
IFEX	\$0 (Tier 4)	
IFOSFAMIDE INJ 3GM	\$0 (Tier 4)	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	\$0 (Tier 4)	
LEUKERAN	\$0 (Tier 5)	MO
<i>melphalan hydrochloride inj</i>	\$0 (Tier 5)	
<i>melphalan tabs</i>	\$0 (Tier 4)	B/D MO
<i>oxaliplatin</i>	\$0 (Tier 4)	
<i>paraplatin</i>	\$0 (Tier 3)	
PEPAXTO	\$0 (Tier 5)	QL (2 EA per 28 days) PA
<i>thiotepa</i>	\$0 (Tier 5)	
ZEPZELCA	\$0 (Tier 5)	PA
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	\$0 (Tier 4)	B/D
<i>dactinomycin</i>	\$0 (Tier 5)	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	\$0 (Tier 4)	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	\$0 (Tier 4)	
<i>doxorubicin hydrochloride liposomal 20mg/10ml, 50mg/25ml, 2mg/ml</i>	\$0 (Tier 4)	
<i>epirubicin hcl</i>	\$0 (Tier 4)	
<i>idarubicin hcl</i>	\$0 (Tier 4)	
<i>mitomycin inj 20mg, 5mg</i>	\$0 (Tier 4)	
<i>mitomycin inj 40mg</i>	\$0 (Tier 5)	
<i>mutamycin inj 20mg, 5mg</i>	\$0 (Tier 4)	
<i>mutamycin inj 40mg</i>	\$0 (Tier 5)	
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	\$0 (Tier 3)	B/D
ALIMTA	\$0 (Tier 5)	
<i>azacitidine</i>	\$0 (Tier 5)	
<i>cladribine</i>	\$0 (Tier 4)	B/D
<i>clofarabine</i>	\$0 (Tier 5)	
<i>cytarabine</i>	\$0 (Tier 4)	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>cytarabine aqueous</i>	\$0 (Tier 4)	B/D
<i>decitabine</i>	\$0 (Tier 4)	
<i>fludarabine phosphate</i>	\$0 (Tier 4)	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	\$0 (Tier 3)	B/D
<i>gemcitabine hcl inj 1gm, 200mg, 2gm</i>	\$0 (Tier 4)	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	\$0 (Tier 4)	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml, 38mg/ ml</i>	\$0 (Tier 4)	
<i>mercaptopurine</i>	\$0 (Tier 4)	MO
<i>methotrexate sodium inj 1gm/40ml, 1gm</i>	\$0 (Tier 3)	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	\$0 (Tier 3)	MO
<i>methotrexate pf inj 50mg/2ml</i>	\$0 (Tier 3)	MO
ONUREG	\$0 (Tier 5)	QL (14 EA per 28 days) PA
PURIXAN	\$0 (Tier 5)	
TABLOID	\$0 (Tier 4)	MO
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	\$0 (Tier 5)	PA
<i>anastrozole</i>	\$0 (Tier 2)	MO
<i>bicalutamide</i>	\$0 (Tier 3)	MO
DEPO-PROVERA INJ 400MG/ML	\$0 (Tier 4)	
EMCYT	\$0 (Tier 4)	MO
ERLEADA	\$0 (Tier 5)	PA LA
<i>exemestane</i>	\$0 (Tier 4)	MO
<i>flutamide</i>	\$0 (Tier 4)	MO
<i>fulvestrant</i>	\$0 (Tier 5)	
<i>letrozole</i>	\$0 (Tier 2)	MO
<i>leuprolide acetate</i>	\$0 (Tier 3)	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	\$0 (Tier 5)	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	\$0 (Tier 5)	PA
LYSODREN	\$0 (Tier 3)	
<i>megestrol acetate tabs 20mg, 40mg</i>	\$0 (Tier 3)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nilutamide</i>	\$0 (Tier 5)	MO
NUBEQA	\$0 (Tier 5)	PA
ORGOVYX	\$0 (Tier 5)	PA MO
SOLTAMOX	\$0 (Tier 5)	MO
<i>tamoxifen citrate</i>	\$0 (Tier 2)	MO
<i>toremifene citrate</i>	\$0 (Tier 4)	PA MO
TRELSTAR MIXJECT	\$0 (Tier 5)	PA
XTANDI TABS	\$0 (Tier 5)	PA
XTANDI CAPS	\$0 (Tier 5)	PA LA
ZYTIGA	\$0 (Tier 5)	PA LA
<b>IMMUNOMODULATORS</b>		
POMALYST CAPS 1MG, 2MG	\$0 (Tier 5)	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	\$0 (Tier 5)	QL (21 EA per 28 days) PA LA
REVLIMID	\$0 (Tier 5)	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA
<b>MISCELLANEOUS</b>		
<i>arsenic trioxide</i>	\$0 (Tier 5)	
ASPARLAS	\$0 (Tier 5)	PA
<i>bexarotene</i>	\$0 (Tier 5)	PA
<i>dacarbazine</i>	\$0 (Tier 4)	
<i>hydroxyurea</i>	\$0 (Tier 2)	MO
IMLYGIC	\$0 (Tier 5)	PA
INQOVI	\$0 (Tier 5)	QL (5 EA per 28 days) PA
<i>irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml, 100mg/5ml</i>	\$0 (Tier 4)	
<i>irinotecan inj 500mg/25ml</i>	\$0 (Tier 4)	
KISQALI FEMARA 200MG-2.5MG CO-PACK	\$0 (Tier 5)	PA
KISQALI FEMARA 400MG-2.5MG CO-PACK	\$0 (Tier 5)	PA
KISQALI FEMARA 600MG-2.5MG CO-PACK	\$0 (Tier 5)	PA
LONSURF	\$0 (Tier 5)	PA
MATULANE	\$0 (Tier 5)	LA MO
<i>mitoxantrone hcl</i>	\$0 (Tier 3)	
NIPENT	\$0 (Tier 5)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ONCASPAR	\$0 (Tier 5)	PA
SYLATRON KIT 200MCG, 300MCG	\$0 (Tier 5)	PA
SYNRIBO	\$0 (Tier 5)	PA
TOPOTECAN HCL INJ 4MG/4ML	\$0 (Tier 5)	
<i>topotecan hcl inj 4mg</i>	\$0 (Tier 5)	
<i>tretinooin caps 10mg</i>	\$0 (Tier 5)	MO
WELIREG	\$0 (Tier 5)	QL (90 EA per 30 days) PA MO
<b>MITOTIC INHIBITORS</b>		
ABRAXANE	\$0 (Tier 5)	
DOCETAXEL INJ 160MG/16ML	\$0 (Tier 4)	
DOCETAXEL INJ 160MG/8ML, 200MG/10ML, 20MG/2ML, 80MG/8ML	\$0 (Tier 5)	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	\$0 (Tier 4)	
<i>etoposide inj</i>	\$0 (Tier 3)	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	\$0 (Tier 4)	
<i>toposar</i>	\$0 (Tier 3)	
<i>vinblastine sulfate</i>	\$0 (Tier 4)	B/D
<i>vincristine sulfate</i>	\$0 (Tier 4)	B/D
<i>vinorelbine tartrate</i>	\$0 (Tier 4)	
<b>MOLECULAR TARGET AGENTS</b>		
AFINITOR DISPERZ TBSO 2MG	\$0 (Tier 5)	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA
AFINITOR TABS 10MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA
ALECENSA	\$0 (Tier 5)	PA LA
ALUNBRIG	\$0 (Tier 5)	PA LA MO
AVASTIN	\$0 (Tier 5)	PA LA
AYVAKIT	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
BALVERSA TABS 5MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA
BALVERSA TABS 4MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA
BALVERSA TABS 3MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA
BELEODAQ	\$0 (Tier 5)	PA
BLENREP	\$0 (Tier 5)	PA

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**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BORTEZOMIB	\$0 (Tier 5)	PA
BOSULIF	\$0 (Tier 5)	PA
BRAFTOVI	\$0 (Tier 5)	PA LA
BRUKINSA	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO
CABOMETYX	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
CALQUENCE	\$0 (Tier 5)	PA LA MO
CAPRELSA	\$0 (Tier 5)	PA LA MO
COMETRIQ	\$0 (Tier 5)	PA LA
COPIKTRA	\$0 (Tier 5)	PA LA
COTELLIC	\$0 (Tier 5)	PA LA
DAURISMO	\$0 (Tier 5)	PA LA
ENHERTU	\$0 (Tier 5)	PA
ERIVEDGE	\$0 (Tier 5)	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA
<i>everolimus tbso 2mg</i>	\$0 (Tier 5)	QL (150 EA per 30 days) PA
<i>everolimus tbso 5mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA
<i>everolimus tbso 3mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA
EXKIVITY	\$0 (Tier 5)	QL (120 EA per 30 days) PA
FARYDAK CAPS 15MG	\$0 (Tier 5)	PA
FARYDAK CAPS 10MG, 20MG	\$0 (Tier 5)	PA LA
FOTIVDA	\$0 (Tier 5)	QL (21 EA per 28 days) PA MO
GAVRETO	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO
GILOTRIF	\$0 (Tier 5)	PA LA MO
HERCEPTIN	\$0 (Tier 5)	PA
HERCEPTIN HYLECTA	\$0 (Tier 5)	PA
IBRANCE TABS	\$0 (Tier 5)	QL (21 EA per 28 days) PA
IBRANCE CAPS	\$0 (Tier 5)	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 15MG, 45MG	\$0 (Tier 5)	PA LA MO
ICLUSIG TABS 10MG, 30MG	\$0 (Tier 5)	PA MO
IDHIFA	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA

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IMBRUVICA	\$0 (Tier 5)	PA LA MO
INLYTA TABS 5MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
INREBIC	\$0 (Tier 5)	QL (120 EA per 30 days) PA
IRESSA	\$0 (Tier 5)	PA LA
JAKAFI	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
KADCYLA	\$0 (Tier 5)	
KEYTRUDA	\$0 (Tier 5)	PA
KISQALI	\$0 (Tier 5)	PA
<i>lapatinib ditosylate</i>	\$0 (Tier 5)	PA
LENVIMA 10 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 12MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 14 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 18 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 20 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 24 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 4 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 8 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LIBTAYO	\$0 (Tier 5)	PA
LORBRENA	\$0 (Tier 5)	PA LA
LUMAKRAS	\$0 (Tier 5)	QL (240 EA per 30 days) PA
LUMOXITI	\$0 (Tier 5)	PA
LYNPARZA	\$0 (Tier 5)	PA LA
MEKINIST	\$0 (Tier 5)	PA LA
MEKTOVI	\$0 (Tier 5)	PA LA
MONJUVI	\$0 (Tier 5)	PA
MYLOTARG	\$0 (Tier 5)	PA LA
NERLYNX	\$0 (Tier 5)	PA LA
NEXAVAR	\$0 (Tier 5)	PA LA
NINLARO	\$0 (Tier 5)	PA
ODOMZO	\$0 (Tier 5)	PA LA
PADCEV	\$0 (Tier 5)	PA
PEMAZYRE	\$0 (Tier 5)	QL (14 EA per 21 days) PA
PHESGO	\$0 (Tier 5)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PIQRAY 200MG DAILY DOSE	\$0 (Tier 5)	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	\$0 (Tier 5)	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	\$0 (Tier 5)	QL (56 EA per 28 days) PA
POLIVY	\$0 (Tier 5)	PA
POTELIGEO	\$0 (Tier 5)	PA
QINLOCK	\$0 (Tier 5)	QL (90 EA per 30 days) PA MO
RETEVMO CAPS 80MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA
RETEVMO CAPS 40MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA
RITUXAN	\$0 (Tier 5)	PA LA
RITUXAN HYCELA	\$0 (Tier 5)	PA LA
ROMIDEPSIN INJ 10MG	\$0 (Tier 5)	
<i>romidepsin inj 27.5mg/5.5ml</i>	\$0 (Tier 5)	
ROZLYTREK CAPS 100MG	\$0 (Tier 5)	QL (150 EA per 30 days) PA
ROZLYTREK CAPS 200MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA
RUBRACA	\$0 (Tier 5)	PA LA
RYDAPT	\$0 (Tier 5)	PA
SARCLISA	\$0 (Tier 5)	PA
SPRYCEL	\$0 (Tier 5)	PA
STIVARGA	\$0 (Tier 5)	PA LA
<i>sunitinib malate</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA
SUTENT	\$0 (Tier 5)	QL (30 EA per 30 days) PA
TABRECTA	\$0 (Tier 5)	QL (112 EA per 28 days) PA
TAFINLAR	\$0 (Tier 5)	PA LA
TAGRISSO	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
TALZENNA	\$0 (Tier 5)	PA LA
TASIGNA	\$0 (Tier 5)	PA
TAZVERIK	\$0 (Tier 5)	QL (240 EA per 30 days) PA
TECENTRIQ INJ 840MG/14ML	\$0 (Tier 5)	PA
TECENTRIQ INJ 1200MG/20ML	\$0 (Tier 5)	PA LA
<i>temsirolimus</i>	\$0 (Tier 5)	
TEPMETKO	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
TIBSOVO	\$0 (Tier 5)	PA LA
TRODELVY	\$0 (Tier 5)	PA
TRUSELTIQ CPPK 100MG	\$0 (Tier 5)	QL (21 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
TRUSELTIQ CPPK 125MG, 50MG	\$0 (Tier 5)	QL (42 EA per 28 days) PA MO
TRUSELTIQ CPPK 75MG	\$0 (Tier 5)	QL (63 EA per 28 days) PA MO
TUKYSA TABS 150MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO
TUKYSA TABS 50MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA MO
TURALIO	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO
TYKERB	\$0 (Tier 5)	PA LA
UKONIQ	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO
VELCADE	\$0 (Tier 5)	PA
VENCLEXTA STARTING PACK	\$0 (Tier 5)	PA LA
VENCLEXTA TABS 10MG	\$0 (Tier 4)	PA LA
VENCLEXTA TABS 100MG, 50MG	\$0 (Tier 5)	PA LA
VERZENIO	\$0 (Tier 5)	PA LA
VITRAKVI	\$0 (Tier 5)	PA LA
VIZIMPRO	\$0 (Tier 5)	PA LA
VOTRIENT	\$0 (Tier 5)	PA LA
XALKORI	\$0 (Tier 5)	PA LA
XOSPATA	\$0 (Tier 5)	PA LA MO
XPOVIO 100 MG ONCE WEEKLY	\$0 (Tier 5)	QL (20 EA per 28 days) PA
XPOVIO 40 MG ONCE WEEKLY	\$0 (Tier 5)	QL (8 EA per 28 days) PA
XPOVIO 40 MG TWICE WEEKLY	\$0 (Tier 5)	QL (16 EA per 28 days) PA
XPOVIO 60 MG ONCE WEEKLY	\$0 (Tier 5)	QL (12 EA per 28 days) PA
XPOVIO 60 MG TWICE WEEKLY	\$0 (Tier 5)	QL (24 EA per 28 days) PA
XPOVIO 80 MG ONCE WEEKLY	\$0 (Tier 5)	QL (16 EA per 28 days) PA
XPOVIO 80 MG TWICE WEEKLY	\$0 (Tier 5)	QL (32 EA per 28 days) PA
XPOVIO TBPK 40MG, 60MG	\$0 (Tier 5)	QL (4 EA per 28 days) PA MO
XPOVIO TBPK 40MG, 50MG	\$0 (Tier 5)	QL (8 EA per 28 days) PA MO
YERVOY	\$0 (Tier 5)	PA
ZEJULA	\$0 (Tier 5)	PA LA
ZELBORAF	\$0 (Tier 5)	PA LA
ZIRABEV	\$0 (Tier 5)	PA
ZOLINZA	\$0 (Tier 5)	PA
ZYDELIG	\$0 (Tier 5)	PA LA
ZYKADIA	\$0 (Tier 5)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane</i>	\$0 (Tier 4)	
<i>ELITEK</i>	\$0 (Tier 5)	
<i>KHAPZORY</i>	\$0 (Tier 5)	B/D
<i>leucovorin calcium tabs</i>	\$0 (Tier 3)	MO
<i>leucovorin calcium inj</i>	\$0 (Tier 4)	
<i>levoleucovorin calcium inj 175mg/17.5ml, 250mg/25ml</i>	\$0 (Tier 4)	
<i>levoleucovorin inj 50mg</i>	\$0 (Tier 5)	
<i>mesna</i>	\$0 (Tier 4)	
<i>MESNEX TABS</i>	\$0 (Tier 5)	MO
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate/benazepril hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>captopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>enalapril maleate/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>lisinopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>quinapril/hydrochlorothiazide</i>	\$0 (Tier 2)	MO
<i>trandolapril/verapamil hcl er</i>	\$0 (Tier 1)	MO
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>benazepril hydrochloride tabs 20mg</i>	\$0 (Tier 1)	MO
<i>captopril</i>	\$0 (Tier 2)	MO
<i>enalapril maleate</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium</i>	\$0 (Tier 1)	MO
<i>lisinopril</i>	\$0 (Tier 1)	MO
<i>moexipril hcl</i>	\$0 (Tier 1)	MO
<i>perindopril erbumine</i>	\$0 (Tier 2)	MO
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>quinapril hydrochloride</i>	\$0 (Tier 1)	MO
<i>ramipril</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
trandolapril	\$0 (Tier 1)	MO
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
eplerenone	\$0 (Tier 4)	MO
spironolactone	\$0 (Tier 1)	MO
<b>ALPHA BLOCKERS</b>		
doxazosin mesylate	\$0 (Tier 2)	MO
prazosin hcl caps 1mg, 5mg	\$0 (Tier 3)	MO
prazosin hydrochloride caps 2mg	\$0 (Tier 3)	MO
terazosin hcl caps 10mg, 1mg, 5mg	\$0 (Tier 1)	MO
terazosin hydrochloride caps 2mg	\$0 (Tier 1)	MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
amlodipine besylate/valsartan	\$0 (Tier 1)	QL (30 EA per 30 days) MO
amlodipine/olmesartan medoxomil	\$0 (Tier 4)	QL (30 EA per 30 days) MO
amlodipine/valsartan/hctz tabs 10mg/12.5mg/160mg, 10mg/25mg/160mg, 10mg/25mg/320mg, 5mg/25mg/160mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
amlodipine/valsartan/hydrochlorothiazide tabs 5mg/12.5mg/160mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBYCLOL	\$0 (Tier 4)	QL (30 EA per 30 days) MO
ENTRESTO	\$0 (Tier 3)	MO
irbesartan/hydrochlorothiazide	\$0 (Tier 1)	QL (30 EA per 30 days) MO
losartan potassium/hydrochlorothiazide	\$0 (Tier 1)	QL (30 EA per 30 days) MO
olmesartan medoxomil/amlodipine/ hydrochlorothiazide	\$0 (Tier 4)	QL (30 EA per 30 days) MO
olmesartan medoxomil/hydrochlorothiazide	\$0 (Tier 4)	QL (30 EA per 30 days) MO
telmisartan/amlodipine	\$0 (Tier 1)	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>valsartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>EDARBI</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>eprosartan mesylate</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>irbesartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>telmisartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl tabs 200mg, 400mg</i>	\$0 (Tier 2)	MO
<i>amiodarone hcl inj 50mg/ml</i>	\$0 (Tier 4)	
<i>amiodarone hydrochloride tabs 100mg</i>	\$0 (Tier 2)	MO
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	\$0 (Tier 4)	
<i>disopyramide phosphate</i>	\$0 (Tier 4)	PA MO
<i>dofetilide</i>	\$0 (Tier 4)	
<i>flecainide acetate</i>	\$0 (Tier 3)	MO
<i>LIDOCAINE HCL IN D5W</i>	\$0 (Tier 4)	
<i>LIDOCAINE HCL INJ 100MG/5ML</i>	\$0 (Tier 4)	
<i>lidocaine hcl inj 100mg/5ml (prefilled syringe), 50mg/5ml</i>	\$0 (Tier 4)	
<i>MULTAQ</i>	\$0 (Tier 4)	MO
<i>NORPACE CR</i>	\$0 (Tier 4)	MO
<i>pacerone</i>	\$0 (Tier 2)	
<i>propafenone hcl</i>	\$0 (Tier 3)	MO
<i>propafenone hydrochloride er</i>	\$0 (Tier 4)	MO
<i>quinidine sulfate</i>	\$0 (Tier 2)	MO
<i>sorine</i>	\$0 (Tier 2)	
<i>sotalol hcl</i>	\$0 (Tier 2)	MO
<i>sotalol hcl af</i>	\$0 (Tier 2)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate micronized</i>	\$0 (Tier 3)	MO
<i>fenofibrate caps</i>	\$0 (Tier 3)	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	\$0 (Tier 3)	MO
<i>fenofibrate tabs 120mg, 40mg</i>	\$0 (Tier 4)	MO
<i>fenofibric acid dr caps</i>	\$0 (Tier 4)	MO
<i>gemfibrozil</i>	\$0 (Tier 2)	MO
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluvastatin caps</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tabs</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lovastatin</i>	\$0 (Tier 1)	MO
<i>pravastatin sodium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>simvastatin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i>	\$0 (Tier 4)	MO
<i>cholestyramine light</i>	\$0 (Tier 4)	MO
<i>colesevelam hydrochloride</i>	\$0 (Tier 3)	MO
<i>colestipol hcl</i>	\$0 (Tier 4)	MO
<i>ezetimibe</i>	\$0 (Tier 4)	MO
<i>ezetimibe/simvastatin</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>FENOFIBRIC ACID TABS</i>	\$0 (Tier 3)	
<i>JUXTAPID</i>	\$0 (Tier 5)	PA LA
<i>niacin er tbcr 1000mg, 750mg</i>	\$0 (Tier 4)	MO
<i>niacin er tbcr 500mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>niacin tabs 500mg</i>	\$0 (Tier 4)	MO
<i>niacor</i>	\$0 (Tier 4)	MO
<i>omega-3-acid ethyl esters</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>PRALUENT</i>	\$0 (Tier 3)	PA MO
<i>prevalite</i>	\$0 (Tier 4)	MO
<i>VASCEPA</i>	\$0 (Tier 4)	MO
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol/chlorthalidone</i>	\$0 (Tier 3)	MO

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bisoprolol fumarate/hydrochlorothiazide	\$0 (Tier 2)	MO
metoprolol/hydrochlorothiazide	\$0 (Tier 3)	MO
propranolol/hydrochlorothiazide	\$0 (Tier 2)	MO
<b>BETA-BLOCKERS</b>		
acebutolol hydrochloride	\$0 (Tier 2)	MO
atenolol	\$0 (Tier 1)	MO
betaxolol hcl tabs 10mg, 20mg	\$0 (Tier 3)	MO
bisoprolol fumarate	\$0 (Tier 2)	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	\$0 (Tier 4)	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	\$0 (Tier 4)	QL (60 EA per 30 days) MO
carvedilol phosphate er caps	\$0 (Tier 4)	QL (30 EA per 30 days) MO
carvedilol tabs	\$0 (Tier 1)	MO
labetalol hydrochloride tabs	\$0 (Tier 3)	MO
labetalol hydrochloride inj 5mg/ml	\$0 (Tier 4)	MO
metoprolol succinate er	\$0 (Tier 2)	MO
metoprolol tartrate tabs	\$0 (Tier 1)	MO
metoprolol tartrate cartridge 5mg/5ml	\$0 (Tier 4)	
metoprolol tartrate vial 5mg/5ml	\$0 (Tier 4)	MO
nadolol	\$0 (Tier 4)	MO
pindolol	\$0 (Tier 3)	MO
propranolol hcl er caps 120mg, 160mg	\$0 (Tier 4)	MO
propranolol hcl oral soln, tabs 40mg, 80mg	\$0 (Tier 3)	MO
propranolol hcl inj	\$0 (Tier 4)	
propranolol hydrochloride er caps 60mg, 80mg	\$0 (Tier 4)	MO
propranolol hydrochloride tabs 10mg, 20mg, 60mg	\$0 (Tier 3)	MO
timolol maleate tabs 10mg, 20mg, 5mg	\$0 (Tier 1)	MO
<b>CALCIUM CHANNEL BLOCKERS</b>		
afeditab cr tb24 30mg	\$0 (Tier 3)	
amlodipine besylate	\$0 (Tier 1)	MO
cartia xt	\$0 (Tier 2)	
dilt-xr	\$0 (Tier 2)	MO
diltiazem hcl cd	\$0 (Tier 2)	MO
diltiazem hcl er caps, tabs	\$0 (Tier 2)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diltiazem hcl tabs	\$0 (Tier 2)	MO
DILTIAZEM HCL INJ 100MG	\$0 (Tier 4)	
diltiazem hcl inj 125mg/25ml, 50mg/10ml	\$0 (Tier 4)	
diltiazem hydrochloride inj 25mg/5ml	\$0 (Tier 4)	
felodipine er	\$0 (Tier 4)	MO
isradipine	\$0 (Tier 2)	MO
matzim la	\$0 (Tier 2)	MO
nicardipine hcl caps	\$0 (Tier 4)	MO
nifedical xl	\$0 (Tier 3)	
nifedipine er	\$0 (Tier 3)	MO
nimodipine	\$0 (Tier 4)	MO
nisoldipine er	\$0 (Tier 4)	MO
NYMALIZE	\$0 (Tier 5)	
taztia xt	\$0 (Tier 2)	
tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg	\$0 (Tier 2)	
tiadylt er cp24 420mg	\$0 (Tier 2)	MO
verapamil hcl 40mg, 80mg	\$0 (Tier 1)	MO
verapamil hcl er caps 100mg, 120mg, 180mg, 240mg, 300mg	\$0 (Tier 2)	MO
VERAPAMIL HCL SR CP24 360MG	\$0 (Tier 3)	MO
verapamil hcl sr cp24 120mg, 180mg, 240mg	\$0 (Tier 2)	MO
verapamil hcl sr tbcr 240mg	\$0 (Tier 2)	MO
verapamil hydrochloride er caps 200mg	\$0 (Tier 2)	MO
verapamil hydrochloride tabs 120mg	\$0 (Tier 1)	MO
verapamil hcl inj 2.5mg/ml	\$0 (Tier 4)	MO
<b>DIURETICS</b>		
acetazolamide er caps	\$0 (Tier 4)	MO
acetazolamide tabs	\$0 (Tier 3)	MO
amiloride hcl	\$0 (Tier 3)	MO
amiloride/hydrochlorothiazide	\$0 (Tier 2)	MO
bumetanide	\$0 (Tier 3)	MO
chlorthalidone	\$0 (Tier 2)	MO
furosemide oral soln, tabs	\$0 (Tier 1)	MO

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<i>furosemide inj</i>	\$0 (Tier 4)	MO
<i>hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>indapamide</i>	\$0 (Tier 2)	MO
<i>methazolamide</i>	\$0 (Tier 4)	MO
<i>metolazone</i>	\$0 (Tier 4)	MO
<i>spironolactone/hydrochlorothiazide</i>	\$0 (Tier 3)	MO
<i>torsemide</i>	\$0 (Tier 3)	MO
<i>triamterene/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<b>MISCELLANEOUS</b>		
<i>aliskiren</i>	\$0 (Tier 4)	MO
<i>amlodipine besylate/atorvastatin calcium</i>	\$0 (Tier 1)	MO
<i>BIDIL</i>	\$0 (Tier 4)	MO
<i>clonidine hcl weekly patch</i>	\$0 (Tier 3)	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride</i>	\$0 (Tier 2)	MO
<i>CORLANOR SOLN</i>	\$0 (Tier 4)	
<i>CORLANOR TABS</i>	\$0 (Tier 4)	MO
<i>DEMSER</i>	\$0 (Tier 5)	PA MO
<i>digitek</i>	\$0 (Tier 3)	QL (30 EA per 30 days)
<i>digox</i>	\$0 (Tier 3)	QL (30 EA per 30 days)
<i>digoxin oral soln</i>	\$0 (Tier 3)	MO
<i>digoxin tabs</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>digoxin inj</i>	\$0 (Tier 4)	MO
<i>droxidopa caps 200mg, 300mg</i>	\$0 (Tier 5)	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA
<i>epinephrine hcl inj soln inj 30mg/30ml</i>	\$0 (Tier 3)	
<i>guanfacine hcl</i>	\$0 (Tier 4)	PA MO
<i>hydralazine hcl tabs 10mg</i>	\$0 (Tier 2)	MO
<i>hydralazine hcl inj</i>	\$0 (Tier 4)	MO
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	\$0 (Tier 2)	MO
<i>methyldopa</i>	\$0 (Tier 4)	PA MO
<i>metyrosine</i>	\$0 (Tier 5)	PA MO
<i>midodrine hcl</i>	\$0 (Tier 4)	MO
<i>minoxidil</i>	\$0 (Tier 2)	MO

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NORTHERA CAPS 200MG, 300MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
NORTHERA CAPS 100MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA LA
<i>ranolazine er</i>	\$0 (Tier 3)	MO
<b>NITRATES</b>		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	\$0 (Tier 3)	MO
<i>isosorbide dinitrate immediate release tabs 40mg</i>	\$0 (Tier 4)	MO
<i>isosorbide mononitrate er tabs</i>	\$0 (Tier 2)	MO
<i>isosorbide mononitrate immediate release tabs minitran</i>	\$0 (Tier 1)	MO
NITRO-BID	\$0 (Tier 2)	MO
NITRO-DUR	\$0 (Tier 3)	MO
<i>nitroglycerin lingual spray 0.4mg</i>	\$0 (Tier 4)	MO
<i>nitroglycerin patch</i>	\$0 (Tier 2)	MO
NITROGLYCERIN INJ	\$0 (Tier 4)	MO
<i>nitroglycerin subl</i>	\$0 (Tier 3)	MO
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS	\$0 (Tier 5)	QL (90 EA per 30 days) PA LA
<i>alyq</i>	\$0 (Tier 5)	PA
<i>ambrisentan</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA
<i>bosentan tabs 62.5mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA
<i>bosentan tabs 125mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA
<i>epoprostenol sodium</i>	\$0 (Tier 4)	B/D LA
OPSUMIT	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
<i>sildenafil inj</i>	\$0 (Tier 5)	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA
<i>tadalafil (generic adcirca) tabs 20mg</i>	\$0 (Tier 5)	PA
TRACLEER TABS FOR ORAL SUSP	\$0 (Tier 5)	QL (120 EA per 30 days) PA
<i>treprostинil</i>	\$0 (Tier 5)	PA
VENTAVIS	\$0 (Tier 5)	PA
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTIANXIETY</b>		
<i>alprazolam er tb24 0.5mg</i>	\$0 (Tier 4)	MO

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alprazolam er tb24 1mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	\$0 (Tier 4)	QL (300 ML per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	\$0 (Tier 3)	QL (150 EA per 30 days) MO
<i>buspirone hcl</i>	\$0 (Tier 2)	MO
<i>buspirone hydrochloride</i>	\$0 (Tier 2)	MO
<i>chlordiazepoxide hcl tabs 10mg, 5mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>chlordiazepoxide hydrochloride tabs 25mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>fluvoxamine maleate er</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	\$0 (Tier 3)	MO
<i>lorazepam intensol</i>	\$0 (Tier 2)	QL (150 ML per 30 days) MO
<i>lorazepam conc</i>	\$0 (Tier 2)	QL (150 ML per 30 days) MO
<i>lorazepam inj</i>	\$0 (Tier 4)	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>lorazepam tabs 1mg, 2mg</i>	\$0 (Tier 2)	QL (150 EA per 30 days) MO
<i>meprobamate</i>	\$0 (Tier 4)	PA MO
<i>oxazepam</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<b>ANTICONVULSANTS</b>		
<i>APTIOM</i>	\$0 (Tier 5)	MO
<i>BANZEL</i>	\$0 (Tier 5)	PA MO
<i>BRIVIACT INJ</i>	\$0 (Tier 5)	PA
<i>BRIVIACT ORAL SOLN, TABS</i>	\$0 (Tier 5)	PA MO
<i>carbamazepine</i>	\$0 (Tier 2)	MO
<i>carbamazepine er</i>	\$0 (Tier 4)	MO
<i>CELONTIN</i>	\$0 (Tier 4)	MO
<i>clobazam tabs</i>	\$0 (Tier 4)	PA MO
<i>clobazam susp</i>	\$0 (Tier 5)	PA MO
<i>clonazepam odt tbdp 2mg</i>	\$0 (Tier 3)	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	\$0 (Tier 2)	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg, 1mg</i>	\$0 (Tier 2)	QL (90 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
clorazepate dipotassium tabs 15mg	\$0 (Tier 3)	QL (180 EA per 30 days) PA MO
clorazepate dipotassium tabs 3.75mg, 7.5mg	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
DIACOMIT CAPS 500MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA
DIACOMIT CAPS 250MG	\$0 (Tier 5)	QL (360 EA per 30 days) PA
DIACOMIT PACK 500MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA
DIACOMIT PACK 250MG	\$0 (Tier 5)	QL (360 EA per 30 days) PA
DIAZEPAM RECTAL GEL	\$0 (Tier 4)	MO
diazepam tabs	\$0 (Tier 3)	QL (120 EA per 30 days) PA MO
diazepam oral conc 5mg/ml	\$0 (Tier 3)	QL (240 ML per 30 days) PA MO
diazepam oral soln	\$0 (Tier 4)	QL (1200 ML per 30 days) PA MO
diazepam inj	\$0 (Tier 4)	QL (240 ML per 30 days) PA MO
DILANTIN	\$0 (Tier 4)	MO
DILANTIN INFATABS	\$0 (Tier 4)	MO
DILANTIN-125	\$0 (Tier 4)	MO
divalproex sodium dr	\$0 (Tier 3)	MO
divalproex sodium er	\$0 (Tier 4)	MO
divalproex sodium sprinkle caps	\$0 (Tier 3)	MO
EPIDIOLEX	\$0 (Tier 5)	QL (600 ML per 30 days) PA LA
epitol	\$0 (Tier 4)	
ethosuximide caps	\$0 (Tier 3)	MO
ethosuximide soln	\$0 (Tier 4)	MO
felbamate	\$0 (Tier 4)	MO
FINTEPLA	\$0 (Tier 5)	QL (360 ML per 30 days) PA
fosphenytoin sodium inj 100mg pe/2ml	\$0 (Tier 4)	
fosphenytoin sodium inj 500mg pe/10ml	\$0 (Tier 4)	MO
FYCOMPA SUSP	\$0 (Tier 5)	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
gabapentin caps 300mg	\$0 (Tier 3)	QL (360 EA per 30 days) MO
gabapentin caps 100mg, 400mg	\$0 (Tier 3)	QL (90 EA per 30 days) MO
gabapentin soln	\$0 (Tier 3)	QL (2160 ML per 30 days) MO
gabapentin tabs 600mg	\$0 (Tier 3)	QL (180 EA per 30 days) MO
gabapentin tabs 800mg	\$0 (Tier 3)	QL (90 EA per 30 days) MO

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Medicare B or D   **LA** - Limited Access   **MO** - available at Mail order

**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lamotrigine</i>	\$0 (Tier 2)	MO
<i>lamotrigine er</i>	\$0 (Tier 4)	MO
<i>lamotrigine odt</i>	\$0 (Tier 4)	MO
<i>lamotrigine starter kit/blue</i>	\$0 (Tier 4)	MO
<i>lamotrigine starter kit/green</i>	\$0 (Tier 4)	MO
<i>lamotrigine starter kit/orange</i>	\$0 (Tier 4)	MO
<i>levetiracetam er</i>	\$0 (Tier 4)	MO
<i>levetiracetam/sodium chloride</i>	\$0 (Tier 4)	
<i>levetiracetam oral soln, tabs</i>	\$0 (Tier 2)	MO
<i>levetiracetam inj</i>	\$0 (Tier 4)	
NAYZILAM	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tabs</i>	\$0 (Tier 3)	MO
<i>oxcarbazepine susp</i>	\$0 (Tier 4)	MO
PEGANONE	\$0 (Tier 4)	MO
<i>phenobarbital sodium inj</i>	\$0 (Tier 4)	PA
<i>phenobarbital tabs</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	\$0 (Tier 4)	QL (1500 ML per 30 days) PA MO
PHENYTEK	\$0 (Tier 4)	MO
<i>phenytoin chew, susp</i>	\$0 (Tier 3)	MO
<i>phenytoin sodium extended</i>	\$0 (Tier 3)	MO
<i>phenytoin sodium inj</i>	\$0 (Tier 4)	
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	\$0 (Tier 3)	QL (900 ML per 30 days) PA MO
<i>primidone</i>	\$0 (Tier 2)	MO
<i>roweepra</i>	\$0 (Tier 2)	
<i>roweepra xr</i>	\$0 (Tier 4)	
<i>rufinamide</i>	\$0 (Tier 5)	PA MO
SPRITAM	\$0 (Tier 4)	PA MO
<i>subvenite</i>	\$0 (Tier 2)	
<i>subvenite starter kit/blue</i>	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>subvenite starter kit/green</i>	\$0 (Tier 4)	
<i>subvenite starter kit/orange</i>	\$0 (Tier 4)	
SYMPAZAN FILM 5MG	\$0 (Tier 4)	PA MO
SYMPAZAN FILM 10MG, 20MG	\$0 (Tier 5)	PA MO
<i>tiagabine hydrochloride tabs</i>	\$0 (Tier 4)	MO
<i>topiramate</i>	\$0 (Tier 2)	MO
TOPIRAMATE ER	\$0 (Tier 4)	MO
<i>valproate sodium inj 100mg/ml</i>	\$0 (Tier 4)	
<i>valproic acid caps, soln</i>	\$0 (Tier 2)	MO
VALTOCO	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	\$0 (Tier 5)	QL (180 EA per 30 days) PA
<i>vigadron</i>	\$0 (Tier 4)	QL (180 EA per 30 days) PA
VIMPAT INJ	\$0 (Tier 5)	
VIMPAT ORAL SOLN	\$0 (Tier 5)	MO
VIMPAT TABS 50MG	\$0 (Tier 4)	MO
VIMPAT TABS 100MG, 150MG, 200MG	\$0 (Tier 5)	MO
XCOPRI TABS	\$0 (Tier 5)	MO
XCOPRI TITRATION PACK 12.5MG-25MG	\$0 (Tier 4)	MO
XCOPRI MAINTENANCE PACK 150MG-200MG	\$0 (Tier 5)	
XCOPRI MAINTENANCE PACK 50MG-200MG, TITRATION PACK 50MG-100MG, TITRATION PACK 150MG-200MG	\$0 (Tier 5)	MO
XCOPRI MAINTENANCE PACK 100MG-150MG	\$0 (Tier 5)	QL (56 EA per 28 days) MO
<i>zonisamide</i>	\$0 (Tier 2)	MO
<b>ANTIDEMENTIA</b>		
<i>donepezil hcl odt tabs 5mg, 10mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	\$0 (Tier 4)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
MEMANTINE HCL TITRATION PAK	\$0 (Tier 3)	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	\$0 (Tier 4)	PA MO

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**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>memantine hydrochloride soln</i>	\$0 (Tier 3)	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
NAMZARIC	\$0 (Tier 4)	MO
<i>rivastigmine tartrate caps</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>rivastigmine patch</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i>	\$0 (Tier 3)	PA MO
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	\$0 (Tier 3)	PA MO
<i>amoxapine</i>	\$0 (Tier 3)	MO
<i>bupropion hcl tabs 100mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tabs 75mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	\$0 (Tier 4)	PA MO
<i>citalopram hydrobromide soln</i>	\$0 (Tier 3)	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>clomipramine hcl caps</i>	\$0 (Tier 4)	PA MO
<i>desipramine hcl</i>	\$0 (Tier 4)	MO
DESVENLAFAKINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>doxepin hcl caps 10mg, 50mg, 75mg, 100mg, 150mg, oral conc 10mg/ml</i>	\$0 (Tier 3)	PA MO
<i>doxepin hydrochloride caps 25mg</i>	\$0 (Tier 3)	PA MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	\$0 (Tier 4)	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride caps 20mg, 30mg, 60mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
EMSAM	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO

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<i>escitalopram oxalate soln</i>	\$0 (Tier 3)	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	\$0 (Tier 3)	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	\$0 (Tier 4)	PA MO
FETZIMA CP24 120MG, 80MG	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	\$0 (Tier 4)	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 10mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride soln</i>	\$0 (Tier 2)	MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg</i>	\$0 (Tier 2)	MO
<i>fluoxetine hydrochloride tabs 60mg</i>	\$0 (Tier 3)	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	\$0 (Tier 3)	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	\$0 (Tier 3)	PA MO
<i>imipramine pamoate</i>	\$0 (Tier 4)	PA MO
<i>maprotiline hcl</i>	\$0 (Tier 4)	MO
MARPLAN	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>mirtazapine</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>mirtazapine odt</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>nefazodone hcl tabs 100mg, 150mg</i>	\$0 (Tier 4)	MO
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	\$0 (Tier 4)	MO
<i>nortriptyline hcl</i>	\$0 (Tier 3)	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	\$0 (Tier 3)	MO
<i>paroxetine hcl er tb24 37.5mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>paroxetine hydrochloride susp</i>	\$0 (Tier 4)	QL (900 ML per 30 days)
PAXIL ORAL SUSP	\$0 (Tier 4)	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	\$0 (Tier 4)	PA MO
<i>phenelzine sulfate</i>	\$0 (Tier 3)	MO
<i>protriptyline hcl</i>	\$0 (Tier 4)	MO

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**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sertraline hcl oral conc	\$0 (Tier 3)	QL (300 ML per 30 days) MO
sertraline hcl tabs 25mg	\$0 (Tier 1)	QL (30 EA per 30 days) MO
sertraline hcl tabs 50mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
sertraline hydrochloride tabs	\$0 (Tier 1)	QL (60 EA per 30 days) MO
tranylcypromine sulfate	\$0 (Tier 4)	MO
trazodone hydrochloride tabs	\$0 (Tier 1)	MO
trimipramine maleate caps 50mg	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
trimipramine maleate caps 25mg	\$0 (Tier 4)	QL (240 EA per 30 days) PA MO
trimipramine maleate caps 100mg	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
TRINTELLIX TABS 5MG	\$0 (Tier 4)	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	\$0 (Tier 4)	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	\$0 (Tier 4)	QL (60 EA per 30 days) MO
venlafaxine hcl er cp24 37.5mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO
venlafaxine hcl er cp24 150mg	\$0 (Tier 2)	QL (60 EA per 30 days) MO
venlafaxine hcl er tb24 37.5mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO
venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0 (Tier 2)	MO
venlafaxine hydrochloride er cp24 75mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO
venlafaxine hydrochloride er tb24 225mg, 75mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO
venlafaxine hydrochloride er tb24 150mg	\$0 (Tier 2)	QL (60 EA per 30 days) MO
VIIBRYD	\$0 (Tier 4)	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	\$0 (Tier 4)	MO
ZOLOFT ORAL CONC	\$0 (Tier 4)	QL (300 ML per 30 days) MO
<b>ANTIPARKINSONIAN AGENTS</b>		
amantadine hcl tabs	\$0 (Tier 3)	MO
amantadine hcl soln	\$0 (Tier 4)	MO
amantadine hcl caps	\$0 (Tier 4)	QL (120 EA per 30 days) MO
APOKYN	\$0 (Tier 5)	QL (60 ML per 30 days) PA LA
benztropine mesylate inj	\$0 (Tier 2)	MO
benztropine mesylate tabs	\$0 (Tier 2)	PA MO
bromocriptine mesylate tabs, caps	\$0 (Tier 4)	MO
carbidopa tabs	\$0 (Tier 5)	MO
carbidopa/levodopa	\$0 (Tier 2)	MO
carbidopa/levodopa er	\$0 (Tier 4)	MO

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<i>carbidopa/levodopa odt</i>	\$0 (Tier 3)	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	\$0 (Tier 4)	MO
<i>entacapone</i>	\$0 (Tier 4)	MO
KYNMOBI	\$0 (Tier 5)	QL (150 EA per 30 days) PA
NEUPRO	\$0 (Tier 4)	MO
<i>pramipexole dihydrochloride er</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	\$0 (Tier 2)	MO
<i>rasagiline mesylate</i>	\$0 (Tier 3)	MO
<i>ropinirole er tb24 6mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	\$0 (Tier 4)	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	\$0 (Tier 2)	MO
<i>ropinirole hydrochloride immediate release tabs 0.25mg, 3mg</i>	\$0 (Tier 2)	MO
<i>selegiline hcl tabs, caps</i>	\$0 (Tier 2)	MO
<i>trihexyphenidyl hcl oral soln</i>	\$0 (Tier 2)	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	\$0 (Tier 2)	PA MO
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA	\$0 (Tier 5)	QL (1 EA per 28 days) MO
<i>ariPIPRAZOLE odt</i>	\$0 (Tier 5)	QL (60 EA per 30 days) MO
<i>ariPIPRAZOLE tabs</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>ariPIPRAZOLE soln</i>	\$0 (Tier 4)	QL (900 ML per 30 days) MO
ARISTADA INITIO	\$0 (Tier 5)	
ARISTADA INJ 441MG/1.6ML	\$0 (Tier 5)	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	\$0 (Tier 5)	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	\$0 (Tier 5)	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	\$0 (Tier 5)	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	\$0 (Tier 5)	QL (60 EA per 30 days) MO
CAPLYTA	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	\$0 (Tier 4)	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	\$0 (Tier 4)	

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

**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorpromazine hcl inj 25mg/ml</i>	\$0 (Tier 4)	MO
<i>chlorpromazine hydrochloride</i>	\$0 (Tier 4)	
<i>clozapine</i>	\$0 (Tier 3)	
CLOZAPINE ODT TBDP 200MG	\$0 (Tier 4)	QL (135 EA per 30 days) PA
CLOZAPINE ODT TBDP 150MG	\$0 (Tier 4)	QL (180 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	\$0 (Tier 4)	PA
<i>clozapine odt tbdp 100mg</i>	\$0 (Tier 4)	QL (270 EA per 30 days) PA
FANAPT TITRATION PACK	\$0 (Tier 4)	PA MO
FANAPT TABS 1MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
FANAPT TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>fluphenazine decanoate inj</i>	\$0 (Tier 4)	MO
<i>fluphenazine hcl oral conc, tabs</i>	\$0 (Tier 2)	MO
<i>fluphenazine hcl inj</i>	\$0 (Tier 4)	MO
<i>fluphenazine hydrochloride oral elixir</i>	\$0 (Tier 2)	MO
GEODON INJ	\$0 (Tier 4)	QL (6 EA per 3 days) MO
<i>haloperidol tabs, oral conc</i>	\$0 (Tier 3)	MO
<i>haloperidol decanoate inj</i>	\$0 (Tier 4)	MO
<i>haloperidol lactate inj</i>	\$0 (Tier 4)	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	\$0 (Tier 4)	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	\$0 (Tier 5)	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	\$0 (Tier 5)	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	\$0 (Tier 5)	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	\$0 (Tier 5)	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	\$0 (Tier 5)	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	\$0 (Tier 5)	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	\$0 (Tier 5)	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
<i>loxpipamine caps 10mg</i>	\$0 (Tier 3)	MO
<i>loxpipamine succinate</i>	\$0 (Tier 3)	MO
<i>molindone hydrochloride</i>	\$0 (Tier 3)	
NUPLAZID	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
olanzapine odt	\$0 (Tier 4)	QL (30 EA per 30 days) MO
olanzapine inj	\$0 (Tier 4)	QL (3 EA per 1 days) MO
olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg	\$0 (Tier 3)	QL (30 EA per 30 days) MO
olanzapine tabs 2.5mg	\$0 (Tier 3)	QL (60 EA per 30 days) MO
paliperidone er tb24 1.5mg, 3mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
paliperidone er tb24 6mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
paliperidone er tb24 9mg	\$0 (Tier 5)	QL (30 EA per 30 days) MO
perphenazine	\$0 (Tier 4)	MO
PERSERIS	\$0 (Tier 5)	QL (1 EA per 30 days)
pimozide	\$0 (Tier 4)	MO
quetiapine fumarate er tb24 150mg, 200mg	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
quetiapine fumarate er tb24 300mg, 400mg, 50mg	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
quetiapine fumarate tabs 200mg	\$0 (Tier 3)	QL (120 EA per 30 days) MO
quetiapine fumarate tabs 25mg	\$0 (Tier 3)	QL (180 EA per 30 days) MO
quetiapine fumarate tabs 300mg, 400mg	\$0 (Tier 3)	QL (60 EA per 30 days) MO
quetiapine fumarate tabs 100mg, 50mg	\$0 (Tier 3)	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	\$0 (Tier 4)	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	\$0 (Tier 5)	QL (2 EA per 28 days) MO
risperidone odt tbdp 1mg, 2mg, 3mg, 4mg	\$0 (Tier 4)	QL (60 EA per 30 days) MO
risperidone odt tbdp 0.25mg, 0.5mg	\$0 (Tier 4)	QL (90 EA per 30 days) MO
risperidone soln	\$0 (Tier 2)	MO
risperidone tabs 4mg	\$0 (Tier 2)	QL (120 EA per 30 days) MO
risperidone tabs 1mg, 2mg	\$0 (Tier 2)	QL (60 EA per 30 days) MO
risperidone tabs 0.25mg, 0.5mg, 3mg	\$0 (Tier 2)	QL (90 EA per 30 days) MO
SAPHRIS	\$0 (Tier 5)	QL (60 EA per 30 days) MO
SECUADO PT24 3.8MG/24HR, 7.6MG/24HR	\$0 (Tier 5)	QL (30 EA per 30 days)
SECUADO PT24 5.7MG/24HR	\$0 (Tier 5)	QL (30 EA per 30 days) MO
thioridazine hcl tabs	\$0 (Tier 3)	PA MO
thiothixene	\$0 (Tier 4)	MO
trifluoperazine hcl	\$0 (Tier 4)	MO
trifluoperazine hydrochloride	\$0 (Tier 4)	MO

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**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VERSACLOZ	\$0 (Tier 5)	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	\$0 (Tier 4)	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>ziprasidone hcl caps</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	\$0 (Tier 4)	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	\$0 (Tier 4)	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	\$0 (Tier 5)	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	\$0 (Tier 5)	QL (2 EA per 28 days) PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine/dextroamphetamine er cp24</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO
<i>atomoxetine caps 10mg, 18mg, 25mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs 5mg, 10mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs</i>	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	\$0 (Tier 4)	QL (1800 ML per 30 days) MO
<i>guanfacine er</i>	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>metadate er</i>	\$0 (Tier 4)	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 10mg, 20mg, 50mg, 60mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Aptensio XR) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methylphenidate hydrochloride er tb24 18mg, 27mg, 36mg, 54mg	\$0 (Tier 4)	QL (30 EA per 30 days)
methylphenidate hydrochloride cd er caps 10mg, 30mg, 40mg, 60mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	\$0 (Tier 4)	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er tbcr (generic Concerta) 18mg, 27mg, 36mg, 54mg	\$0 (Tier 4)	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er tbcr 10mg, 20mg	\$0 (Tier 4)	QL (90 EA per 30 days) MO
methylphenidate hydrochloride tabs	\$0 (Tier 3)	QL (90 EA per 30 days) MO
methylphenidate hydrochloride chewable tabs	\$0 (Tier 4)	QL (180 EA per 30 days) MO
methylphenidate hydrochloride oral soln 5mg/5ml	\$0 (Tier 4)	QL (1800 ML per 30 days) MO
methylphenidate hydrochloride oral soln 10mg/5ml	\$0 (Tier 4)	QL (900 ML per 30 days) MO
VYVANSE	\$0 (Tier 4)	QL (30 EA per 30 days) MO
zenzedi tabs 10mg, 5mg	\$0 (Tier 4)	QL (180 EA per 30 days)
<b>HYPNOTICS</b>		
BELSOMRA	\$0 (Tier 4)	QL (30 EA per 30 days) MO
doxepin hydrochloride tabs 3mg, 6mg	\$0 (Tier 3)	QL (30 EA per 30 days) MO
eszopiclone	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
HETLIOZ	\$0 (Tier 5)	PA LA
HETLIOZ LQ	\$0 (Tier 5)	QL (158 ML per 30 days) PA MO
temazepam	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
triazolam	\$0 (Tier 4)	QL (60 EA per 30 days) MO
zaleplon caps 5mg	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
zaleplon caps 10mg	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
zolpidem tartrate immediate release tabs	\$0 (Tier 2)	QL (30 EA per 30 days) PA MO
zolpidem tartrate subl	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<b>MIGRAINE</b>		
AIMOVIG	\$0 (Tier 3)	QL (1 ML per 30 days) PA
almotriptan malate	\$0 (Tier 4)	QL (8 EA per 30 days) MO
dihydroergotamine mesylate inj	\$0 (Tier 4)	PA MO
dihydroergotamine mesylate nasal soln	\$0 (Tier 5)	QL (8 ML per 30 days) PA MO

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**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eletriptan hydrobromide</i>	\$0 (Tier 3)	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	\$0 (Tier 3)	MO
<i>frovatriptan succinate</i>	\$0 (Tier 4)	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	\$0 (Tier 3)	QL (9 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	\$0 (Tier 3)	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	\$0 (Tier 3)	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	\$0 (Tier 4)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	\$0 (Tier 2)	QL (9 EA per 30 days) MO
<i>sumatriptan succinate prefilled syringe 6mg/0.5ml</i>	\$0 (Tier 4)	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	\$0 (Tier 4)	QL (4 ML per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	\$0 (Tier 4)	QL (9 EA per 30 days) MO
UBRELVY	\$0 (Tier 5)	QL (16 EA per 30 days) PA MO
<i>zolmitriptan odt</i>	\$0 (Tier 4)	QL (6 EA per 30 days) MO
<i>zolmitriptan tabs</i>	\$0 (Tier 4)	QL (6 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
AUSTEDO TABS 12MG, 9MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
GUANIDINE HCL	\$0 (Tier 4)	
<i>lithium carbonate caps, tabs</i>	\$0 (Tier 1)	MO
<i>lithium carbonate er</i>	\$0 (Tier 4)	MO
LITHIUM ORAL SOLN	\$0 (Tier 4)	MO
LYRICA CR	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
NUEDEXTA	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>pregabalin er</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>pyridostigmine bromide tabs 60mg, 30mg</i>	\$0 (Tier 3)	MO
<i>pyridostigmine bromide er</i>	\$0 (Tier 3)	MO
<i>riluzole</i>	\$0 (Tier 3)	MO
<i>tetrabenazine tabs 25mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX	\$0 (Tier 5)	QL (1 EA per 28 days) PA
AVONEX PEN	\$0 (Tier 5)	QL (1 EA per 28 days) PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BETASERON	\$0 (Tier 5)	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	\$0 (Tier 5)	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	\$0 (Tier 5)	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	\$0 (Tier 5)	PA
GILENYA CAPS 0.5MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA
REBIF	\$0 (Tier 5)	QL (6 ML per 28 days) PA
REBIF REBIDOSE	\$0 (Tier 5)	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	\$0 (Tier 5)	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	\$0 (Tier 5)	QL (8.4 ML per 365 days) PA
TECFIDERA STARTER PACK	\$0 (Tier 5)	QL (60 EA per 365 days) PA
TECFIDERA CPDR 120MG	\$0 (Tier 5)	QL (14 EA per 7 days) PA
TECFIDERA CPDR 240MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen tabs</i>	\$0 (Tier 3)	MO
CHLORZOXAZONE TABS 250MG	\$0 (Tier 3)	QL (180 EA per 30 days) PA
<i>chlorzoxazone tabs 500mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	\$0 (Tier 4)	MO
<i>tizanidine hcl tabs 2mg</i>	\$0 (Tier 2)	MO
<i>tizanidine hydrochloride tabs 4mg</i>	\$0 (Tier 2)	MO
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
XYREM	\$0 (Tier 5)	QL (540 ML per 30 days) PA LA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium dr</i>	\$0 (Tier 4)	MO
APO-VARENICLINE	\$0 (Tier 4)	PA MO
<i>buprenorphine hcl subl 2mg, 8mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO

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**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bupropion hydrochloride er (sr) tb12 150mg CHANTIX	\$0 (Tier 3) \$0 (Tier 4)	QL (60 EA per 30 days) MO PA MO
CHANTIX CONTINUING MONTH PAK	\$0 (Tier 4)	PA MO
CHANTIX STARTING MONTH PAK	\$0 (Tier 4)	PA MO
disulfiram tabs	\$0 (Tier 4)	MO
naloxone hcl cartridge 0.4mg/ml	\$0 (Tier 2)	
naloxone hcl inj 4mg/10ml	\$0 (Tier 2)	MO
naloxone hcl inj 2mg/2ml	\$0 (Tier 3)	
naloxone hydrochloride inj 0.4mg/ml	\$0 (Tier 2)	MO
naltrexone hcl tabs	\$0 (Tier 3)	MO
NARCAN	\$0 (Tier 3)	MO
NICOTROL INHALER	\$0 (Tier 4)	MO
NICOTROL NASAL SPRAY	\$0 (Tier 4)	MO
VARENICLINE TARTRATE	\$0 (Tier 4)	PA MO
VIVITROL	\$0 (Tier 5)	
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
ANADROL-50	\$0 (Tier 5)	PA MO
ANDRODERM	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
oxandrolone tabs 2.5mg	\$0 (Tier 3)	QL (120 EA per 30 days) PA MO
oxandrolone tabs 10mg	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
testosterone cypionate inj	\$0 (Tier 4)	PA MO
testosterone enanthate inj	\$0 (Tier 4)	PA MO
testosterone pump gel 1% (12.5mg/act)	\$0 (Tier 3)	QL (300 GM per 30 days) PA MO
testosterone topical solution	\$0 (Tier 3)	QL (180 ML per 30 days) PA MO
testosterone pump gel 2% (10mg/act)	\$0 (Tier 3)	QL (120 GM per 30 days) PA MO
testosterone gel 1% (25mg/2.5gm, 50mg/5gm)	\$0 (Tier 3)	QL (300 GM per 30 days) PA MO
testosterone topical soln 30mg/act	\$0 (Tier 3)	QL (180 ML per 30 days) PA MO
<b>ANTIDIABETICS, INSULINS</b>		
BD ALCOHOL SWABS	\$0 (Tier 1)	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC	\$0 (Tier 1)	MO
INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"		
BASAGLAR KWIKPEN	\$0 (Tier 3)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	\$0 (Tier 1)	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	\$0 (Tier 1)	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	\$0 (Tier 1)	MO
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN NEEDLE/ORIGINAL/ULTRA-FINE	\$0 (Tier 1)	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM	\$0 (Tier 1)	MO
CURITY GAUZE PADS 2"X2"	\$0 (Tier 1)	MO
FIASP	\$0 (Tier 3)	MO
FIASP FLEXTOUCH	\$0 (Tier 3)	MO
FIASP PENFILL	\$0 (Tier 3)	MO
HUMULIN R U-500 (CONCENTRATED)	\$0 (Tier 5)	B/D MO
HUMULIN R U-500 KWIKPEN	\$0 (Tier 5)	MO
LEVEMIR	\$0 (Tier 3)	MO
LEVEMIR FLEXTOUCH	\$0 (Tier 3)	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN 70/30 VIAL (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN N VIAL (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN R VIAL (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLOG MIX 70/30 VIAL (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLOG PENFILL (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLOG VIAL (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
SOLIQUA 100/33	\$0 (Tier 3)	QL (30 ML per 30 days) MO
TRESIBA	\$0 (Tier 3)	MO
TRESIBA FLEXTOUCH	\$0 (Tier 3)	MO
XULTOPHY 100/3.6	\$0 (Tier 3)	QL (15 ML per 30 days) MO
<b>ANTIDIABETICS</b>		
acarbose tabs	\$0 (Tier 1)	QL (90 EA per 30 days) MO
BYDUREON BCISE	\$0 (Tier 3)	QL (3.4 ML per 28 days) MO
BYDUREON PEN	\$0 (Tier 3)	QL (4 EA per 28 days)
BYETTA INJ 5MCG/0.02ML	\$0 (Tier 4)	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	\$0 (Tier 4)	QL (2.4 ML per 30 days) MO
FARXIGA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
glimepiride tabs 4mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
glimepiride tabs 1mg, 2mg	\$0 (Tier 1)	QL (90 EA per 30 days) MO
glipizide er tb24 10mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
glipizide er tb24 2.5mg, 5mg	\$0 (Tier 1)	QL (90 EA per 30 days) MO
glipizide xl tb24 10mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
glipizide xl tb24 2.5mg, 5mg	\$0 (Tier 1)	QL (90 EA per 30 days) MO
glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg	\$0 (Tier 1)	QL (120 EA per 30 days) MO
glipizide/metformin hydrochloride tabs 2.5mg; 250mg	\$0 (Tier 1)	QL (240 EA per 30 days) MO
glipizide tabs 10mg	\$0 (Tier 1)	QL (120 EA per 30 days) MO
glipizide tabs 5mg	\$0 (Tier 1)	QL (240 EA per 30 days) MO
GLYXAMBI	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JANUMET	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	\$0 (Tier 3)	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
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JANUVIA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JENTADUETO	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 750mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glumetza and Fortamet) 500mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tabs 500mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tabs 850mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>miglitol</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>nateglinide</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
OZEMPIC INJ 2MG/1.5ML (0.25MG AND 0.5MG DOSE)	\$0 (Tier 3)	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG DOSE), 4MG/3ML	\$0 (Tier 3)	QL (3 ML per 28 days) MO
<i>pioglitazone hcl tabs 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
RYBELSUS	\$0 (Tier 3)	QL (30 EA per 30 days) MO
SYMLINPEN 120	\$0 (Tier 5)	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	\$0 (Tier 5)	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO

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**B/D** - Covered under

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>CHELATING AGENTS</b>		
CHEMET	\$0 (Tier 5)	MO
<i>clovique</i>	\$0 (Tier 5)	PA
<i>deferasirox</i>	\$0 (Tier 5)	PA
<i>kionex</i>	\$0 (Tier 3)	
LOKELMA	\$0 (Tier 3)	MO
<i>penicillamine tabs</i>	\$0 (Tier 5)	
<i>sodium polystyrene sulfonate rectal susp</i>	\$0 (Tier 3)	
<i>sodium polystyrene sulfonate powd, oral susp</i>	\$0 (Tier 3)	MO
<i>sps oral susp 15gm/60ml</i>	\$0 (Tier 3)	MO
<i>trientine hydrochloride</i>	\$0 (Tier 5)	PA MO
VELTASSA PACK 16.8GM, 25.2GM	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	\$0 (Tier 4)	QL (90 EA per 30 days) PA MO
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	\$0 (Tier 2)	
<i>altavera</i>	\$0 (Tier 2)	
<i>alyacen 1/35</i>	\$0 (Tier 2)	MO
<i>alyacen 7/7/7</i>	\$0 (Tier 2)	MO
<i>amethia</i>	\$0 (Tier 2)	
AMETHIA LO	\$0 (Tier 3)	
<i>amethyst</i>	\$0 (Tier 2)	
<i>apri</i>	\$0 (Tier 2)	
<i>aranelle</i>	\$0 (Tier 2)	
<i>ashlyna</i>	\$0 (Tier 2)	
<i>aubra</i>	\$0 (Tier 2)	
<i>aubra eq</i>	\$0 (Tier 2)	
<i>aurovela 1.5/30</i>	\$0 (Tier 2)	
<i>aurovela 24 fe</i>	\$0 (Tier 2)	
<i>aurovela fe 1.5/30</i>	\$0 (Tier 2)	
<i>aurovela fe 1/20</i>	\$0 (Tier 2)	
<i>aviane</i>	\$0 (Tier 2)	
<i>ayuna</i>	\$0 (Tier 2)	
<i>azurette</i>	\$0 (Tier 2)	

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<i>balziva</i>	\$0 (Tier 2)	
<i>bekyree</i>	\$0 (Tier 2)	
<i>blisovi 24 fe</i>	\$0 (Tier 2)	MO
<i>blisovi fe 1.5/30</i>	\$0 (Tier 2)	MO
<i>blisovi fe 1/20</i>	\$0 (Tier 2)	
<i>briellyn</i>	\$0 (Tier 2)	
<i>camila</i>	\$0 (Tier 3)	MO
CAMRESE	\$0 (Tier 3)	
CAMRESE LO	\$0 (Tier 3)	
<i>caziant</i>	\$0 (Tier 2)	
<i>charlotte 24 fe</i>	\$0 (Tier 2)	
<i>chateal</i>	\$0 (Tier 2)	
<i>chateal eq</i>	\$0 (Tier 2)	
<i>cryselle-28</i>	\$0 (Tier 2)	MO
<i>cyclafem 1/35</i>	\$0 (Tier 2)	MO
<i>cyclafem 7/7/7</i>	\$0 (Tier 2)	MO
<i>cyred</i>	\$0 (Tier 2)	
<i>cyred eq</i>	\$0 (Tier 2)	
<i>dasetta 1/35</i>	\$0 (Tier 2)	
<i>dasetta 7/7/7</i>	\$0 (Tier 2)	
<i>daysee</i>	\$0 (Tier 2)	
<i>deblitane</i>	\$0 (Tier 3)	
<i>desogestrel/ethinyl estradiol</i>	\$0 (Tier 2)	MO
<i>dolishale</i>	\$0 (Tier 2)	
<i>drospirenone/ethinyl estradiol</i>	\$0 (Tier 2)	MO
<i>drospirenone/ethinyl estradiol/levomefolate</i>	\$0 (Tier 2)	MO
<i>calcium</i>		
<i>elinest</i>	\$0 (Tier 2)	
<i>eluryng</i>	\$0 (Tier 4)	
<i>emoquette</i>	\$0 (Tier 2)	
<i>enpresse-28</i>	\$0 (Tier 2)	
<i>enskyce</i>	\$0 (Tier 2)	MO
<i>errin</i>	\$0 (Tier 3)	MO
<i>estarylla</i>	\$0 (Tier 2)	MO

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<i>ethynodiol diacetate/ethinyl estradiol</i>	\$0 (Tier 2)	MO
ETONOGESTREL/ETHINYL ESTRADIOL	\$0 (Tier 4)	MO
<i>falmina</i>	\$0 (Tier 2)	
<i>fayosim</i>	\$0 (Tier 2)	
<i>femynor</i>	\$0 (Tier 2)	
GIANVI	\$0 (Tier 3)	
<i>hailey 1.5/30</i>	\$0 (Tier 2)	MO
<i>hailey 24 fe</i>	\$0 (Tier 2)	
<i>hailey fe 1.5/30</i>	\$0 (Tier 2)	
<i>hailey fe 1/20</i>	\$0 (Tier 2)	
<i>heather</i>	\$0 (Tier 3)	
<i>iclevia</i>	\$0 (Tier 2)	
<i>incassia</i>	\$0 (Tier 3)	
<i>introvale</i>	\$0 (Tier 2)	
<i>isibloom</i>	\$0 (Tier 2)	
<i>jaimiess</i>	\$0 (Tier 2)	MO
<i>jasmiel</i>	\$0 (Tier 2)	
<i>jencycla</i>	\$0 (Tier 3)	
JOLESSA	\$0 (Tier 3)	
JOLIVETTE	\$0 (Tier 3)	
<i>juleber</i>	\$0 (Tier 2)	
<i>junel 1.5/30</i>	\$0 (Tier 2)	
<i>junel 1/20</i>	\$0 (Tier 2)	
<i>junel fe 1.5/30</i>	\$0 (Tier 2)	MO
<i>junel fe 1/20</i>	\$0 (Tier 2)	MO
<i>junel fe 24</i>	\$0 (Tier 2)	
<i>kaitlib fe</i>	\$0 (Tier 2)	MO
<i>kalliga</i>	\$0 (Tier 2)	
<i>kariva</i>	\$0 (Tier 2)	
<i>kelnor 1/35</i>	\$0 (Tier 2)	MO
<i>kelnor 1/50</i>	\$0 (Tier 2)	MO
<i>kurvelo</i>	\$0 (Tier 2)	
<i>larin 1.5/30</i>	\$0 (Tier 2)	

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<i>larin</i> 1/20	\$0 (Tier 2)	
<i>larin</i> 24 fe	\$0 (Tier 2)	
<i>larin fe</i> 1.5/30	\$0 (Tier 2)	
<i>larin fe</i> 1/20	\$0 (Tier 2)	
<i>larissia</i>	\$0 (Tier 2)	
LEENA	\$0 (Tier 3)	MO
<i>lessina</i>	\$0 (Tier 2)	
<i>levonest</i>	\$0 (Tier 2)	
<i>levonorgestrel/ethynodiol estradiol</i>	\$0 (Tier 2)	MO
<i>levora</i> 0.15/30-28	\$0 (Tier 2)	
<i>lillow</i>	\$0 (Tier 2)	
<i>lo-zumandimine</i>	\$0 (Tier 2)	
<i>loestrin</i> 1.5/30-21	\$0 (Tier 2)	
<i>loestrin</i> 1/20-21	\$0 (Tier 2)	
<i>loestrin fe</i> 1.5/30	\$0 (Tier 2)	
<i>loestrin fe</i> 1/20	\$0 (Tier 2)	
<i>lojaimiess</i>	\$0 (Tier 2)	MO
<i>loryna</i>	\$0 (Tier 2)	
<i>low-ogestrel</i>	\$0 (Tier 2)	
<i>lutera</i>	\$0 (Tier 2)	MO
<i>lyeq</i>	\$0 (Tier 3)	
<i>lyza</i>	\$0 (Tier 3)	
<i>marlissa</i>	\$0 (Tier 2)	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	\$0 (Tier 4)	MO
<i>melodetta</i> 24 fe	\$0 (Tier 2)	
<i>mibelas</i> 24 fe	\$0 (Tier 2)	
MICROGESTIN 1.5/30	\$0 (Tier 3)	
MICROGESTIN 1/20	\$0 (Tier 3)	
<i>microgestin</i> 24 fe	\$0 (Tier 2)	
MICROGESTIN FE 1.5/30	\$0 (Tier 3)	
MICROGESTIN FE 1/20	\$0 (Tier 3)	
<i>mili</i>	\$0 (Tier 2)	
<i>mono-linyah</i>	\$0 (Tier 2)	

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<i>necon</i> 0.5/35-28	\$0 (Tier 2)	
<i>nikki</i>	\$0 (Tier 2)	
<i>NORA-BE</i>	\$0 (Tier 3)	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	\$0 (Tier 2)	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>norethindrone tabs 0.35mg</i>	\$0 (Tier 3)	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	\$0 (Tier 2)	MO
<i>norgestimate/ethinyl estradiol</i>	\$0 (Tier 2)	MO
<i>norlyda</i>	\$0 (Tier 3)	
<i>nortrel 0.5/35 (28)</i>	\$0 (Tier 2)	MO
<i>nortrel 1/35</i>	\$0 (Tier 2)	MO
<i>nortrel 7/7/7</i>	\$0 (Tier 2)	MO
<i>nylia 7/7/7</i>	\$0 (Tier 2)	
<i>nymyo</i>	\$0 (Tier 2)	
<i>OCELLA</i>	\$0 (Tier 3)	
<i>orsythia</i>	\$0 (Tier 2)	
<i>philith</i>	\$0 (Tier 2)	
<i>pimtrea</i>	\$0 (Tier 2)	
<i>pirmella 1/35</i>	\$0 (Tier 2)	MO
<i>pirmella 7/7/7</i>	\$0 (Tier 2)	MO
<i>portia-28</i>	\$0 (Tier 2)	
<i>previfem</i>	\$0 (Tier 2)	
<i>reclipsen</i>	\$0 (Tier 2)	
<i>RIVELSA</i>	\$0 (Tier 3)	
<i>setlakin</i>	\$0 (Tier 2)	
<i>sharobel</i>	\$0 (Tier 3)	
<i>simliya</i>	\$0 (Tier 2)	
<i>simpesse</i>	\$0 (Tier 2)	
<i>sprintec 28</i>	\$0 (Tier 2)	
<i>sronyx</i>	\$0 (Tier 2)	MO
<i>syeda</i>	\$0 (Tier 2)	

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<i>tarina fe 1/20</i>	\$0 (Tier 2)	
<i>tarina fe 1/20 eq</i>	\$0 (Tier 2)	
TILIA FE	\$0 (Tier 3)	
<i>tri-femynor</i>	\$0 (Tier 2)	
<i>tri-estarylla</i>	\$0 (Tier 2)	MO
<i>tri-legest fe</i>	\$0 (Tier 2)	MO
<i>tri-linyah</i>	\$0 (Tier 2)	
<i>tri-lo-estarylla</i>	\$0 (Tier 2)	
<i>tri-lo-marzia</i>	\$0 (Tier 2)	
<i>tri-lo-mili</i>	\$0 (Tier 2)	
<i>tri-lo-sprintec</i>	\$0 (Tier 2)	MO
<i>tri-mili</i>	\$0 (Tier 2)	
<i>tri-nymyo</i>	\$0 (Tier 2)	
<i>tri-previfem</i>	\$0 (Tier 2)	
<i>tri-sprintec</i>	\$0 (Tier 2)	
<i>tri-vylibra</i>	\$0 (Tier 2)	
<i>tri-vylibra lo</i>	\$0 (Tier 2)	
<i>trivora-28</i>	\$0 (Tier 2)	MO
<i>tulana</i>	\$0 (Tier 3)	
<i>tydemy</i>	\$0 (Tier 2)	
<i>velivet</i>	\$0 (Tier 2)	MO
<i>vestura</i>	\$0 (Tier 2)	MO
<i>vienva</i>	\$0 (Tier 2)	
<i>viorele</i>	\$0 (Tier 2)	MO
<i>volnea</i>	\$0 (Tier 2)	
<i>vyfemla</i>	\$0 (Tier 2)	MO
<i>vylibra</i>	\$0 (Tier 2)	
<i>wera</i>	\$0 (Tier 2)	
<i>wymzya fe</i>	\$0 (Tier 2)	MO
<i>zarah</i>	\$0 (Tier 2)	
<i>zovia 1/35e</i>	\$0 (Tier 2)	
<i>zumandimine</i>	\$0 (Tier 2)	

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<b>ENDOMETRIOSIS</b>		
<i>danazol caps</i>	\$0 (Tier 4)	MO
SYNAREL	\$0 (Tier 5)	MO
<b>ESTROGENS</b>		
<i>amabelz</i>	\$0 (Tier 3)	MO
DELESTROGEN INJ 10MG/ML	\$0 (Tier 4)	MO
<i>dotti</i>	\$0 (Tier 3)	QL (8 EA per 28 days) MO
DUAVEE	\$0 (Tier 4)	MO
<i>estradiol valerate inj</i>	\$0 (Tier 4)	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	\$0 (Tier 3)	MO
<i>estradiol oral tabs, vaginal tabs</i>	\$0 (Tier 3)	MO
<i>estradiol patch weekly</i>	\$0 (Tier 3)	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	\$0 (Tier 3)	QL (8 EA per 28 days) MO
<i>estradiol vaginal crea</i>	\$0 (Tier 4)	MO
ESTRING	\$0 (Tier 4)	QL (1 EA per 90 days) MO
<i>fyavolv</i>	\$0 (Tier 3)	MO
<i>jinteli</i>	\$0 (Tier 3)	
LOPREEZA	\$0 (Tier 3)	
<i>lyllana</i>	\$0 (Tier 3)	QL (8 EA per 28 days)
<i>mimvey</i>	\$0 (Tier 3)	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 3)	MO
PREMARIN	\$0 (Tier 4)	MO
PREMPRO	\$0 (Tier 4)	MO
<i>yuvafem</i>	\$0 (Tier 3)	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate tabs</i>	\$0 (Tier 3)	MO
<i>dexamethasone</i>	\$0 (Tier 2)	MO
DEXAMETHASONE INTENSOL	\$0 (Tier 4)	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	\$0 (Tier 4)	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	\$0 (Tier 4)	MO
<i>fludrocortisone acetate tabs</i>	\$0 (Tier 2)	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 tabs 10mg, 20mg, 5mg</i>	\$0 (Tier 3)	MO
<i>methylprednisolone acetate inj</i>	\$0 (Tier 2)	B/D MO
<i>methylprednisolone dose pack</i>	\$0 (Tier 2)	MO
<i>methylprednisolone sodium succinate inj 500mg</i>	\$0 (Tier 4)	B/D
<i>methylprednisolone sodium succinate inj 1000mg</i>	\$0 (Tier 4)	B/D MO
<i>methylprednisolone sodium succinate inj 125mg, 40mg</i>	\$0 (Tier 4)	B/D MO
<i>methylprednisolone tabs</i>	\$0 (Tier 2)	B/D MO
<i>prednisolone oral soln 15mg/5ml</i>	\$0 (Tier 2)	B/D MO
<i>prednisolone sodium phosphate odt</i>	\$0 (Tier 4)	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	\$0 (Tier 2)	B/D MO
PREDNISONE INTENSOL	\$0 (Tier 4)	B/D MO
<i>prednisone soln, tabs</i>	\$0 (Tier 1)	B/D MO
<i>prednisone tab therapy pack</i>	\$0 (Tier 1)	MO
SOLU-CORTEF INJ 1000MG	\$0 (Tier 4)	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	\$0 (Tier 4)	MO
<i>triamcinolone acetonide inj 200mg/5ml, 400mg/10ml, 40mg/ml</i>	\$0 (Tier 4)	MO
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide oral susp</i>	\$0 (Tier 4)	MO
GVOKE HYPOOPEN 1-PACK	\$0 (Tier 3)	MO
GVOKE HYPOOPEN 2-PACK	\$0 (Tier 3)	MO
GVOKE PFS	\$0 (Tier 3)	MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inj 200mg/ml</i>	\$0 (Tier 4)	
ALDURAZYME	\$0 (Tier 5)	PA LA
<i>cabergoline</i>	\$0 (Tier 3)	MO
CARBAGLU	\$0 (Tier 5)	PA LA
CERDELGA	\$0 (Tier 5)	PA
CEREZYME	\$0 (Tier 5)	PA LA
<i>cinacalcet hydrochloride tabs 30mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cinacalcet hydrochloride tabs 90mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days)
CYSTADANE	\$0 (Tier 5)	LA
CYSTAGON	\$0 (Tier 4)	PA LA
<i>desmopressin acetate nasal soln, tabs</i>	\$0 (Tier 3)	MO
<i>desmopressin acetate inj</i>	\$0 (Tier 4)	MO
FABRAZYME	\$0 (Tier 5)	PA LA
<i>fomepizole</i>	\$0 (Tier 5)	
GENOTROPIN	\$0 (Tier 5)	PA
GENOTROPIN MINIQUICK INJ 0.2MG	\$0 (Tier 3)	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 (Tier 5)	PA
INCRELEX	\$0 (Tier 5)	PA LA
KORLYM	\$0 (Tier 5)	PA LA
KUVAN	\$0 (Tier 5)	PA LA
LEVOCARNITINE TABS	\$0 (Tier 4)	MO
<i>levocarnitine soln</i>	\$0 (Tier 4)	MO
LUMIZYME	\$0 (Tier 5)	PA LA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	\$0 (Tier 5)	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	\$0 (Tier 5)	PA
<i>methergine</i>	\$0 (Tier 4)	
<i>methylergonovine maleate tabs</i>	\$0 (Tier 4)	MO
<i>miglustat</i>	\$0 (Tier 5)	PA
NAGLAZYME	\$0 (Tier 5)	PA LA
<i>nitisinone</i>	\$0 (Tier 5)	PA
NITYR	\$0 (Tier 5)	PA LA
<i>octreotide acetate</i>	\$0 (Tier 4)	PA
ORFADIN	\$0 (Tier 5)	PA LA
<i>raloxifene hydrochloride</i>	\$0 (Tier 3)	MO
<i>sapropterin dihydrochloride</i>	\$0 (Tier 5)	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ ML	\$0 (Tier 5)	PA LA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sodium phenylbutyrate tabs, oral powder	\$0 (Tier 5)	PA
SOMATULINE DEPOT	\$0 (Tier 5)	PA
SOMAVERT INJ	\$0 (Tier 5)	PA LA
STIMATE	\$0 (Tier 5)	
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	\$0 (Tier 5)	QL (360 EA per 30 days) PA MO
calcium acetate caps, tabs 667mg	\$0 (Tier 3)	QL (360 EA per 30 days) MO
<b>PROGESTINS</b>		
medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg	\$0 (Tier 2)	MO
megestrol acetate susp 40mg/ml	\$0 (Tier 3)	MO
megestrol acetate susp 625mg/5ml	\$0 (Tier 4)	MO
norethindrone acetate tabs 5mg	\$0 (Tier 2)	MO
progesterone caps	\$0 (Tier 3)	MO
progesterone inj	\$0 (Tier 4)	MO
<b>THYROID AGENTS</b>		
euthyrox	\$0 (Tier 1)	MO
LEVO-T	\$0 (Tier 4)	
levothyroxine sodium tabs	\$0 (Tier 1)	MO
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	\$0 (Tier 4)	
levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg	\$0 (Tier 4)	MO
LEVOXYL	\$0 (Tier 3)	MO
liothyronine sodium tabs	\$0 (Tier 3)	MO
liothyronine sodium inj	\$0 (Tier 5)	
methimazole tabs	\$0 (Tier 2)	MO
propylthiouracil tabs	\$0 (Tier 3)	MO
SYNTHROID	\$0 (Tier 4)	MO
UNITHROID	\$0 (Tier 3)	
<b>VITAMIN D ANALOGS</b>		
calcitriol caps 0.25mcg, 0.5mcg	\$0 (Tier 3)	MO
calcitriol inj 1mcg/ml	\$0 (Tier 4)	
calcitriol oral soln 1mcg/ml	\$0 (Tier 4)	MO

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<i>doxercalciferol inj</i>	\$0 (Tier 4)	
<i>paricalcitol</i>	\$0 (Tier 4)	MO
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i>	\$0 (Tier 4)	B/D MO
<i>compro</i>	\$0 (Tier 2)	MO
DIMENHYDRINATE INJ	\$0 (Tier 4)	
<i>dronabinol</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	\$0 (Tier 4)	B/D MO
<i>gransetron hcl tabs</i>	\$0 (Tier 3)	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs</i>	\$0 (Tier 2)	MO
<i>metoclopramide hcl tabs 5mg</i>	\$0 (Tier 1)	MO
<i>metoclopramide hcl inj, oral soln</i>	\$0 (Tier 4)	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	\$0 (Tier 1)	MO
METOCLOPRAMIDE ODT TBDP 10MG	\$0 (Tier 3)	MO
<i>metoclopramide odt tbdp 5mg</i>	\$0 (Tier 3)	MO
<i>ondansetron hcl tabs 24mg</i>	\$0 (Tier 2)	B/D
<i>ondansetron hcl oral soln</i>	\$0 (Tier 3)	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	\$0 (Tier 2)	B/D MO
<i>ondansetron hydrochloride inj</i>	\$0 (Tier 4)	MO
<i>ondansetron odt</i>	\$0 (Tier 3)	B/D MO
<i>phenadoz supp 25mg</i>	\$0 (Tier 4)	PA
<i>phenadoz supp 12.5mg</i>	\$0 (Tier 4)	PA MO
<i>prochlorperazine edisylate inj 50mg/10ml</i>	\$0 (Tier 4)	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	\$0 (Tier 4)	MO
<i>prochlorperazine maleate tabs</i>	\$0 (Tier 2)	MO
<i>prochlorperazine supp</i>	\$0 (Tier 2)	MO
<i>promethazine hcl plain syrup 6.25mg/5ml</i>	\$0 (Tier 4)	PA MO
<i>promethazine hcl tabs 12.5mg</i>	\$0 (Tier 2)	PA MO
<i>promethazine hcl inj, supp</i>	\$0 (Tier 4)	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	\$0 (Tier 2)	PA MO
<i>promethegan supp 25mg</i>	\$0 (Tier 4)	PA
<i>promethegan supp 12.5mg, 50mg</i>	\$0 (Tier 4)	PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SANCUSO	\$0 (Tier 5)	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	\$0 (Tier 4)	PA MO
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl oral soln</i>	\$0 (Tier 3)	MO
<i>dicyclomine hydrochloride caps, tabs</i>	\$0 (Tier 2)	MO
<i>dicyclomine hydrochloride inj</i>	\$0 (Tier 4)	MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	\$0 (Tier 3)	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml</i>	\$0 (Tier 4)	
<i>glycopyrrolate inj 1mg/5ml, 4mg/20ml</i>	\$0 (Tier 4)	MO
<i>methscopolamine bromide tabs</i>	\$0 (Tier 4)	PA MO
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine hcl oral soln</i>	\$0 (Tier 4)	MO
<i>cimetidine hydrochloride</i>	\$0 (Tier 4)	MO
<i>cimetidine tabs</i>	\$0 (Tier 4)	MO
<i>famotidine premixed inj 20mg/50ml</i>	\$0 (Tier 4)	
<i>famotidine tabs</i>	\$0 (Tier 2)	MO
<i>famotidine oral susp</i>	\$0 (Tier 3)	MO
<i>famotidine inj</i>	\$0 (Tier 4)	
<i>nizatidine</i>	\$0 (Tier 4)	MO
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i>	\$0 (Tier 3)	MO
<i>budesonide er tab 9mg</i>	\$0 (Tier 5)	MO
<i>budesonide cprep 3mg</i>	\$0 (Tier 4)	MO
<i>colocort</i>	\$0 (Tier 2)	
<i>hydrocortisone enem 100mg/60ml</i>	\$0 (Tier 2)	MO
<i>mesalamine dr caps, tabs</i>	\$0 (Tier 4)	MO
<i>mesalamine kit, supp</i>	\$0 (Tier 4)	MO
<i>mesalamine enem</i>	\$0 (Tier 4)	QL (1680 ML per 28 days) MO
<i>SULFASALAZINE TBEC</i>	\$0 (Tier 3)	MO
<i>sulfasalazine tabs</i>	\$0 (Tier 3)	MO
<b>LAXATIVES</b>		
<i>CLENPIQ</i>	\$0 (Tier 4)	MO
<i>constulose</i>	\$0 (Tier 2)	

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<i>enulose</i>	\$0 (Tier 2)	MO
<i>gavilyte-c</i>	\$0 (Tier 1)	MO
<i>gavilyte-g</i>	\$0 (Tier 1)	MO
<i>gavilyte-h</i>	\$0 (Tier 4)	
<i>gavilyte-n/flavor pack</i>	\$0 (Tier 1)	
<i>generlac</i>	\$0 (Tier 2)	
GOLYTELY	\$0 (Tier 3)	MO
<i>lactulose oral soln</i>	\$0 (Tier 2)	MO
NULYTLEY	\$0 (Tier 3)	MO
NULYTLEY/FLAVOR PACKS	\$0 (Tier 3)	MO
OSMOPREP	\$0 (Tier 4)	MO
<i>peg-3350/electrolytes</i>	\$0 (Tier 2)	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	\$0 (Tier 1)	MO
PLENVU	\$0 (Tier 4)	MO
SUPREP BOWEL PREP KIT	\$0 (Tier 4)	MO
SUTAB	\$0 (Tier 4)	MO
<i>trilyte</i>	\$0 (Tier 1)	
<b>MISCELLANEOUS</b>		
<i>alosetron hydrochloride</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
CARAFATE	\$0 (Tier 4)	MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	\$0 (Tier 4)	MO
<i>diphenoxylate/atropine</i>	\$0 (Tier 3)	MO
GATTEX	\$0 (Tier 5)	PA LA
<i>lansoprazole/amoxicillin/clarithromycin</i>	\$0 (Tier 4)	QL (224 EA per 365 days) MO
LINZESS	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	\$0 (Tier 3)	MO
<i>loperamide hydrochloride</i>	\$0 (Tier 3)	
<i>misoprostol tabs</i>	\$0 (Tier 3)	MO
MOVANTIK TABS 25MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
RELISTOR INJ	\$0 (Tier 5)	PA MO
SUCRALFATE SUSP	\$0 (Tier 4)	MO
<i>sucralfate tabs</i>	\$0 (Tier 2)	MO
<i>ursodiol caps</i>	\$0 (Tier 3)	MO

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<i>ursodiol tabs</i>	\$0 (Tier 4)	MO
XIFAXAN TABS 550MG	\$0 (Tier 5)	PA MO
<b>PANCREATIC ENZYMEs</b>		
CREON	\$0 (Tier 3)	MO
ZENPEP	\$0 (Tier 4)	MO
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	\$0 (Tier 3)	
<i>lansoprazole dr caps, odt</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>lansoprazole odt</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>omeprazole caps cpdr 10mg, 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>omeprazole caps cpdr 40mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium dr tabs 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	\$0 (Tier 4)	
<i>pantoprazole sodium tbec 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rabeprazole sodium dr tabs 20mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl er</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>dutasteride</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hcl</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>silodosin</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
ACETIC ACID 0.25% IRRIGATION SOLN	\$0 (Tier 3)	MO
<i>bethanechol chloride</i>	\$0 (Tier 3)	MO
ELMIRON	\$0 (Tier 4)	MO
<i>flavoxate hcl</i>	\$0 (Tier 4)	MO
<i>potassium citrate er</i>	\$0 (Tier 4)	MO

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<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide er</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
MYRBETRIQ TB24	\$0 (Tier 4)	QL (30 EA per 30 days) MO
MYRBETRIQ SRER	\$0 (Tier 4)	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrup</i>	\$0 (Tier 2)	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	\$0 (Tier 4)	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate</i>	\$0 (Tier 4)	QL (60 EA per 30 days) ST MO
<i>tolterodine tartrate er</i>	\$0 (Tier 4)	QL (30 EA per 30 days) ST MO
TOVIAZ	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>trospium chloride</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>trospium chloride er</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate crea 2%</i>	\$0 (Tier 4)	MO
<i>metronidazole vaginal</i>	\$0 (Tier 4)	MO
<i>miconazole 3</i>	\$0 (Tier 4)	MO
<i>terconazole crea</i>	\$0 (Tier 3)	MO
<i>terconazole supp</i>	\$0 (Tier 4)	MO
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>ELIQUIS STARTER PACK</i>	\$0 (Tier 3)	QL (74 EA per 30 days) MO
<i>ELIQUIS TABS 2.5MG</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>ELIQUIS TABS 5MG</i>	\$0 (Tier 3)	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	\$0 (Tier 4)	MO
<i>fondaparinux sodium</i>	\$0 (Tier 4)	MO
<i>FRAGMIN</i>	\$0 (Tier 4)	MO
<i>HEPARIN SODIUM/D5W INJ</i> 20000UNIT/500ML, 25000UNIT/500ML	\$0 (Tier 4)	
<i>HEPARIN SODIUM/DEXTROSE 100UNIT/ML</i>	\$0 (Tier 4)	
<i>HEPARIN SODIUM/NACL 0.45% INJ</i> 25000UNIT/250ML, 25000UNIT/500ML	\$0 (Tier 3)	
<i>HEPARIN SODIUM/SODIUM CHLORIDE</i> 25000UNIT/250ML; 0.45%	\$0 (Tier 3)	

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HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	\$0 (Tier 3)	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	\$0 (Tier 3)	MO
<i>jantoven</i>	\$0 (Tier 1)	MO
PRADAXA	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>warfarin sodium</i>	\$0 (Tier 1)	MO
XARELTO STARTER PACK	\$0 (Tier 3)	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (Tier 3)	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	\$0 (Tier 5)	PA
ZARXIO	\$0 (Tier 5)	PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hydrochloride</i>	\$0 (Tier 3)	MO
<i>cilostazol</i>	\$0 (Tier 1)	MO
DOPTELET	\$0 (Tier 5)	QL (30 EA per 30 days) PA
DROXIA	\$0 (Tier 3)	MO
ENDARI	\$0 (Tier 5)	PA LA
HAEGARDA INJ 3000UNIT	\$0 (Tier 5)	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	\$0 (Tier 5)	QL (27 ML per 30 days) PA
<i>pentoxifylline er</i>	\$0 (Tier 2)	MO
PROMACTA POWDER PACK 25MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA
PROMACTA POWDER PACK 12.5MG	\$0 (Tier 5)	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
<i>sajazir</i>	\$0 (Tier 5)	QL (27 ML per 30 days) PA
<i>tranexamic acid tabs</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>tranexamic acid inj</i>	\$0 (Tier 4)	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin/dipyridamole</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
BRILINTA	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clopidogrel tabs 300mg</i>	\$0 (Tier 1)	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dipyridamole</i>	\$0 (Tier 4)	PA MO
<i>prasugrel</i>	\$0 (Tier 4)	MO
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ENBREL MINI	\$0 (Tier 5)	QL (8 ML per 28 days) PA
ENBREL SURECLICK	\$0 (Tier 5)	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	\$0 (Tier 5)	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML VIAL, 50MG/ML	\$0 (Tier 5)	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	\$0 (Tier 5)	QL (8.16 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	\$0 (Tier 5)	PA
HUMIRA PEN-CD/UC/HS STARTER	\$0 (Tier 5)	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	\$0 (Tier 5)	PA
HUMIRA PEN-PS/UV STARTER	\$0 (Tier 5)	PA
HUMIRA PEN INJ 80MG/0.8ML	\$0 (Tier 5)	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	\$0 (Tier 5)	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	\$0 (Tier 5)	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	\$0 (Tier 5)	QL (6 EA per 28 days) PA
RENFLEXIS	\$0 (Tier 5)	PA
RINVOQ	\$0 (Tier 5)	QL (30 EA per 30 days) PA
SKYRIZI PEN	\$0 (Tier 5)	QL (6 ML per 365 days) PA
SKYRIZI INJ 150MG/ML	\$0 (Tier 5)	QL (6 ML per 365 days) PA
SKYRIZI INJ 75MG/0.83ML	\$0 (Tier 5)	QL (7 EA per 365 days) PA
STELARA INJ 45MG/0.5ML	\$0 (Tier 5)	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) PA
TALTZ	\$0 (Tier 5)	QL (3 ML per 28 days) PA
XELJANZ XR	\$0 (Tier 5)	QL (30 EA per 30 days) PA
XELJANZ SOLN	\$0 (Tier 5)	QL (240 ML per 24 days) PA
XELJANZ TABS	\$0 (Tier 5)	QL (60 EA per 30 days) PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)</b>		
<i>hydroxychloroquine sulfate</i>	\$0 (Tier 3)	MO

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**B/D** - Covered under

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<i>leflunomide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methotrexate tabs 2.5mg</i>	\$0 (Tier 1)	MO
XATMEP	\$0 (Tier 4)	MO
<b>IMMUNOGLOBULINS</b>		
BIVIGAM	\$0 (Tier 5)	PA
FLEBOGAMMA DIF INJ 5% (5GM/100ML)	\$0 (Tier 4)	PA
FLEBOGAMMA DIF INJ 0.5GM/10ML, 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/50ML	\$0 (Tier 5)	PA
GAMASTAN	\$0 (Tier 3)	B/D
GAMMAGARD LIQUID	\$0 (Tier 5)	PA
GAMMAGARD S/D INJ 5GM, 10GM	\$0 (Tier 5)	PA
GAMMAKED	\$0 (Tier 5)	PA
GAMMAPLEX	\$0 (Tier 5)	PA
GAMUNEX-C	\$0 (Tier 5)	PA
OCTAGAM	\$0 (Tier 5)	PA
PANZYGA	\$0 (Tier 5)	PA
PRIVIGEN	\$0 (Tier 5)	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	\$0 (Tier 5)	PA LA
ARCALYST	\$0 (Tier 5)	PA
INTRON A INJ 10MU	\$0 (Tier 4)	
INTRON A INJ 10MU/ML, 18MU, 50MU, 6000000UNIT/ML	\$0 (Tier 5)	
<b>IMMUNOSUPPRESSANTS</b>		
AZATHIOPRINE INJ	\$0 (Tier 4)	B/D
<i>azathioprine tabs</i>	\$0 (Tier 3)	B/D MO
BENLYSTA	\$0 (Tier 5)	PA
<i>cyclosporine</i>	\$0 (Tier 3)	B/D MO
<i>cyclosporine modified caps, soln</i>	\$0 (Tier 3)	B/D MO
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg</i>	\$0 (Tier 5)	B/D MO
<i>gengraf caps</i>	\$0 (Tier 3)	B/D
<i>gengraf soln</i>	\$0 (Tier 3)	B/D MO
<i>mycophenolate mofetil caps, tabs</i>	\$0 (Tier 3)	B/D MO
<i>mycophenolate mofetil inj</i>	\$0 (Tier 4)	B/D MO

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<i>mycophenolate mofetil oral susp</i>	\$0 (Tier 5)	B/D MO
<i>mycophenolic acid dr</i>	\$0 (Tier 4)	B/D MO
NULOJIX	\$0 (Tier 5)	B/D
PROGRAF GRANULES	\$0 (Tier 4)	B/D MO
REZUROCK	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA MO
SANDIMMUNE ORAL SOLN	\$0 (Tier 3)	B/D MO
<i>sirolimus tabs</i>	\$0 (Tier 4)	B/D MO
<i>sirolimus soln</i>	\$0 (Tier 5)	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	\$0 (Tier 4)	B/D MO
ZORTRESS	\$0 (Tier 5)	B/D MO
<b>VACCINES</b>		
ACTHIB	\$0 (Tier 3)	
ADACEL	\$0 (Tier 3)	
BCG VACCINE	\$0 (Tier 3)	
BEXZERO	\$0 (Tier 3)	
BOOSTRIX	\$0 (Tier 3)	
DAPTACEL	\$0 (Tier 3)	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	\$0 (Tier 3)	B/D
ENGERIX-B	\$0 (Tier 3)	B/D
GARDASIL 9	\$0 (Tier 3)	
HAVRIX	\$0 (Tier 3)	
HIBERIX	\$0 (Tier 3)	
IMOVAX RABIES (H.D.C.V.)	\$0 (Tier 3)	B/D
INFANRIX	\$0 (Tier 3)	
IPOL INACTIVATED IPV	\$0 (Tier 3)	
IXIARO	\$0 (Tier 3)	
KINRIX	\$0 (Tier 3)	
M-M-R II	\$0 (Tier 3)	
MENACTRA	\$0 (Tier 3)	
MENQUADFI	\$0 (Tier 3)	
MENVEO	\$0 (Tier 3)	
PEDIARIX	\$0 (Tier 3)	

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PEDVAX HIB	\$0 (Tier 3)	
PENTACEL	\$0 (Tier 3)	
PROQUAD	\$0 (Tier 3)	
QUADRACEL	\$0 (Tier 3)	
RABAVERT	\$0 (Tier 3)	B/D
RECOMBIVAX HB	\$0 (Tier 3)	B/D
ROTARIX	\$0 (Tier 3)	
ROTAQUE	\$0 (Tier 3)	
SHINGRIX	\$0 (Tier 3)	QL (2 EA per 999 days)
TDVAX	\$0 (Tier 3)	B/D
TENIVAC	\$0 (Tier 3)	B/D
TRUMENBA	\$0 (Tier 3)	
TWINRIX	\$0 (Tier 3)	
TYPHIM VI	\$0 (Tier 3)	
VAQTA	\$0 (Tier 3)	
VARIVAX	\$0 (Tier 3)	
YF-VAX	\$0 (Tier 3)	
ZOSTAVAX	\$0 (Tier 3)	QL (1 EA per 999 days)

## NUTRITIONAL/SUPPLEMENTS

### ***ELECTROLYTES/MINERALS, INJECTABLE***

DEXTROSE 10%/NACL 0.45%	\$0 (Tier 4)	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	\$0 (Tier 3)	
DEXTROSE 10%/NACL 0.2%	\$0 (Tier 4)	
DEXTROSE 2.5%/NACL 0.45%	\$0 (Tier 4)	
DEXTROSE 5%/LACTATED RINGERS	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.2%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.225%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.3%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.33%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.45%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.9%	\$0 (Tier 4)	MO
IONOSOL-MB/DEXTROSE 5%	\$0 (Tier 4)	
ISOLYTE-P/DEXTROSE 5%	\$0 (Tier 4)	

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ISOLYTE-S	\$0 (Tier 4)	
KCL 0.075%/D5W/NACL 0.45%	\$0 (Tier 4)	
KCL 0.15%/D5W/NACL 0.2%	\$0 (Tier 4)	
KCL 0.15%/D5W/NACL 0.225%	\$0 (Tier 4)	
KCL 0.15%/D5W/NACL 0.45%	\$0 (Tier 4)	
KCL 0.15%/D5W/NACL 0.9%	\$0 (Tier 4)	
KCL 0.3%/D5W/NACL 0.45%	\$0 (Tier 4)	
KCL 0.3%/D5W/NACL 0.9%	\$0 (Tier 4)	
<i>lactated ringers viaflex inj</i>	\$0 (Tier 4)	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	\$0 (Tier 4)	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	\$0 (Tier 4)	
NORMOSOL-M IN D5W	\$0 (Tier 4)	
NORMOSOL-R INJ PH 7.4	\$0 (Tier 4)	
PLASMA-LYTE A	\$0 (Tier 4)	
PLASMA-LYTE-148	\$0 (Tier 4)	
POTASSIUM CHLORIDE/DEXTROSE	\$0 (Tier 4)	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	\$0 (Tier 4)	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	\$0 (Tier 4)	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	\$0 (Tier 4)	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	\$0 (Tier 4)	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	\$0 (Tier 4)	
<i>potassium chloride inj 2meq/ml</i>	\$0 (Tier 4)	MO
RINGERS INJECTION	\$0 (Tier 3)	
SODIUM BICARBONATE INJ 7.5%	\$0 (Tier 4)	MO
<i>sodium bicarbonate inj 4.2%</i>	\$0 (Tier 4)	
<i>sodium bicarbonate inj 8.4%</i>	\$0 (Tier 4)	MO
<i>sodium chloride 0.45%</i>	\$0 (Tier 4)	

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SODIUM CHLORIDE INJ 2.5MEQ/ML, 4MEQ/ML, 5%	\$0 (Tier 4)	MO
<i>sodium chloride inj 0.45%</i>	\$0 (Tier 4)	
<i>sodium chloride inj 0.9%, 3%</i>	\$0 (Tier 4)	MO
TPN ELECTROLYTES	\$0 (Tier 4)	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
ADC/FLUORIDE	\$0 (Tier 4)	MO
EFFER-K TAB 25MEQ	\$0 (Tier 3)	MO
EFFERVESCENT POTASSIUM	\$0 (Tier 3)	MO
FLUORIDE	\$0 (Tier 4)	MO
FLUORITAB	\$0 (Tier 4)	
KLOR-CON 10	\$0 (Tier 3)	
KLOR-CON 8	\$0 (Tier 3)	MO
<i>klor-con m10</i>	\$0 (Tier 3)	MO
<i>klor-con m15</i>	\$0 (Tier 3)	MO
<i>klor-con m20</i>	\$0 (Tier 3)	MO
<i>klor-con pow 20meq</i>	\$0 (Tier 3)	
KLOR-CON/EF	\$0 (Tier 3)	MO
LUDENT	\$0 (Tier 4)	MO
M-NATAL PLUS	\$0 (Tier 3)	MO
MULTI VITAMIN/FLUORIDE	\$0 (Tier 4)	MO
MULTI-VITAMIN/FLUORIDE DROPS	\$0 (Tier 4)	MO
MULTI-VITAMIN/FLUORIDE/IRON DROPS	\$0 (Tier 4)	MO
MULTIVITAMIN/FLUORIDE CHEW 0.25MG, 0.5MG	\$0 (Tier 4)	MO
NEONATAL PLUS	\$0 (Tier 3)	MO
NIVA-PLUS	\$0 (Tier 3)	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	\$0 (Tier 3)	MO
PNV PRENATAL PLUS MULTIVITAMIN	\$0 (Tier 3)	MO
POLY-VITAMIN/FLUORIDE	\$0 (Tier 4)	
<i>potassium chloride cr</i>	\$0 (Tier 2)	MO
<i>potassium chloride er cpcr</i>	\$0 (Tier 2)	MO
<i>potassium chloride er tbcr 10meq, 20meq, 8meq</i>	\$0 (Tier 2)	MO

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<i>potassium chloride er tbcr 15meq</i>	\$0 (Tier 3)	MO
<i>potassium chloride sr</i>	\$0 (Tier 2)	MO
<i>potassium chloride pack 20meq</i>	\$0 (Tier 3)	MO
<i>potassium chloride oral soln 10%, 20%</i>	\$0 (Tier 4)	MO
PRENATAL	\$0 (Tier 3)	MO
PRENATAL PLUS	\$0 (Tier 3)	MO
PRENATAL VITAMINS PLUS LOW IRON	\$0 (Tier 3)	MO
PREPLUS	\$0 (Tier 3)	MO
SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG	\$0 (Tier 4)	MO
SODIUM FLUORIDE SOLN 0.5MG/ML	\$0 (Tier 4)	MO
TRI-VITE/FLUORIDE SOLN 0.5MG/ML	\$0 (Tier 4)	
TRI-VITE/FLUORIDE SOLN 0.25MG/ML	\$0 (Tier 4)	MO
TRICARE PRENATAL TABS	\$0 (Tier 3)	MO
VOL-PLUS	\$0 (Tier 3)	MO
VP-PNV-DHA	\$0 (Tier 3)	MO
WESTAB PLUS	\$0 (Tier 3)	MO
<b>IV NUTRITION</b>		
AMINOSYN II INJ 10%	\$0 (Tier 4)	B/D
AMINOSYN-PF 10%	\$0 (Tier 4)	B/D
AMINOSYN-PF 7%	\$0 (Tier 4)	B/D
CLINIMIX 4.25%/DEXTROSE 10%	\$0 (Tier 4)	B/D
CLINIMIX 4.25%/DEXTROSE 5%	\$0 (Tier 4)	B/D
CLINIMIX 5%/DEXTROSE 15%	\$0 (Tier 4)	B/D
CLINIMIX 5%/DEXTROSE 20%	\$0 (Tier 4)	B/D
CLINIMIX 6/5	\$0 (Tier 4)	B/D
CLINIMIX 8/10	\$0 (Tier 4)	B/D
CLINIMIX 8/14	\$0 (Tier 4)	B/D
<i>clinisol sf 15%</i>	\$0 (Tier 4)	B/D MO
CLINOLIPID	\$0 (Tier 3)	B/D
<i>dextrose 10%</i>	\$0 (Tier 3)	
<i>dextrose 5%</i>	\$0 (Tier 3)	MO
DEXTROSE 50%	\$0 (Tier 3)	B/D
DEXTROSE 70%	\$0 (Tier 3)	B/D

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FREAMINE HBC 6.9%	\$0 (Tier 4)	B/D
FREAMINE III	\$0 (Tier 4)	B/D
HEPATAMINE	\$0 (Tier 4)	B/D
NEPHRAMINE	\$0 (Tier 4)	B/D
NUTRILIPID	\$0 (Tier 3)	B/D
<i>plenamine</i>	\$0 (Tier 4)	B/D
PREMASOL 10%	\$0 (Tier 4)	B/D
PROCALAMINE	\$0 (Tier 4)	B/D
PROSOL	\$0 (Tier 4)	B/D
TRAVASOL	\$0 (Tier 4)	B/D
TROPHAMINE	\$0 (Tier 4)	B/D
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
BLEPHAMIDE S.O.P. OINT	\$0 (Tier 4)	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic oint</i>	\$0 (Tier 4)	MO
<i>neomycin/polymyxin/dexamethasone</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 3)	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	\$0 (Tier 2)	MO
TOBRADEX OINT	\$0 (Tier 3)	MO
TOBRADEX ST	\$0 (Tier 3)	MO
<i>tobramycin/dexamethasone ophthalmic susp</i>	\$0 (Tier 4)	MO
ZYLET	\$0 (Tier 3)	MO
<b>ANTI-INFECTIVES</b>		
AZASITE	\$0 (Tier 4)	MO
<i>bacitracin ophthalmic oint 500unit/gm</i>	\$0 (Tier 3)	MO
<i>bacitracin/polymyxin ophthalmic oint</i>	\$0 (Tier 2)	MO
BESIVANCE	\$0 (Tier 3)	MO
CILOXAN OINT	\$0 (Tier 3)	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	\$0 (Tier 3)	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	\$0 (Tier 2)	QL (42 GM per 30 days) MO
<i>gatifloxacin soln</i>	\$0 (Tier 4)	QL (20 ML per 30 days) MO

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gentak	\$0 (Tier 2)	QL (42 GM per 30 days) MO
gentamicin sulfate ophthalmic soln 0.3%	\$0 (Tier 2)	QL (30 ML per 30 days) MO
levofloxacin ophthalmic soln 0.5%	\$0 (Tier 3)	QL (30 ML per 30 days) MO
moxifloxacin hydrochloride ophthalmic soln 0.5%	\$0 (Tier 3)	QL (12 ML per 30 days) MO
NATACYN	\$0 (Tier 4)	MO
neo-polycin	\$0 (Tier 3)	
neomycin/bacitracin/polymyxin topical ointment	\$0 (Tier 3)	MO
neomycin/polymyxin/gramicidin	\$0 (Tier 3)	MO
ofloxacin ophthalmic soln 0.3%	\$0 (Tier 3)	QL (60 ML per 30 days) MO
polycin	\$0 (Tier 2)	
polymyxin b sulfate(trimethoprim sulfate)	\$0 (Tier 1)	MO
sodium sulfacetamide ophthalmic soln	\$0 (Tier 3)	QL (90 ML per 30 days) MO
sulfacetamide sodium oint 10%	\$0 (Tier 4)	QL (42 GM per 30 days) MO
sulfacetamide sodium soln 10%	\$0 (Tier 3)	QL (90 ML per 30 days) MO
tobramycin sulfate ophthalmic soln 0.3%	\$0 (Tier 2)	QL (30 ML per 30 days) MO
trifluridine	\$0 (Tier 3)	MO
trimethoprim sulfate/polymyxin b sulfate	\$0 (Tier 1)	MO
ZIRGAN	\$0 (Tier 4)	MO
<b>ANTI-INFLAMMATORIES</b>		
ALREX	\$0 (Tier 3)	MO
bromfenac	\$0 (Tier 4)	MO
BROMSITE	\$0 (Tier 4)	MO
dexamethasone sodium phosphate ophthalmic soln 0.1%	\$0 (Tier 2)	MO
diclofenac sodium soln 0.1%	\$0 (Tier 2)	QL (10 ML per 30 days) MO
DUREZOL	\$0 (Tier 3)	MO
FLAREX	\$0 (Tier 4)	MO
FLUOROMETHOLONE	\$0 (Tier 3)	MO
flurbiprofen sodium ophthalmic soln 0.03%	\$0 (Tier 2)	MO
ILEVRO	\$0 (Tier 3)	MO
ketorolac tromethamine ophthalmic soln 0.4%, 0.5%	\$0 (Tier 2)	MO
LOTEMAX GEL, OINT	\$0 (Tier 3)	MO

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LOTEMAX SM	\$0 (Tier 3)	MO
<i>loteprednol etabonate</i>	\$0 (Tier 3)	MO
<i>prednisolone acetate ophthalmic soln</i>	\$0 (Tier 2)	MO
PREDNISOLONE SODIUM PHOSPHATE	\$0 (Tier 3)	MO
OPHTHALMIC SOLN 1%		
PROLENSA	\$0 (Tier 3)	MO
<b>ANTIALLERGICS</b>		
<i>azelastine hcl ophthalmic soln 0.05%</i>	\$0 (Tier 3)	MO
<i>bepotastine besilate</i>	\$0 (Tier 3)	MO
BEPREVE	\$0 (Tier 3)	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	\$0 (Tier 3)	MO
<i>epinastine hcl</i>	\$0 (Tier 3)	MO
LASTACAFT	\$0 (Tier 4)	MO
<i>olopatadine hcl ophthalmic soln 0.2%</i>	\$0 (Tier 3)	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	\$0 (Tier 4)	MO
PAZEO	\$0 (Tier 3)	MO
ZERVIATE	\$0 (Tier 4)	MO
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOLN 0.1%	\$0 (Tier 3)	MO
AZOPT	\$0 (Tier 3)	MO
<i>betaxolol hcl soln 0.5%</i>	\$0 (Tier 3)	MO
BETOPTIC-S	\$0 (Tier 3)	MO
BRIMONIDINE TARTRATE SOLN 0.15%	\$0 (Tier 3)	
<i>brimonidine tartrate soln 0.2%</i>	\$0 (Tier 3)	MO
<i>brinzolamide</i>	\$0 (Tier 3)	MO
<i>carteolol hcl</i>	\$0 (Tier 2)	MO
COMBIGAN	\$0 (Tier 3)	MO
<i>dorzolamide hcl</i>	\$0 (Tier 1)	MO
<i>dorzolamide hcl/timolol maleate</i>	\$0 (Tier 2)	MO
<i>dorzolamide hydrochloride/timolol maleate pf</i>	\$0 (Tier 4)	MO
<i>latanoprost</i>	\$0 (Tier 2)	MO
<i>levobunolol hcl</i>	\$0 (Tier 2)	MO
LUMIGAN	\$0 (Tier 3)	MO
PHOSPHOLINE IODIDE	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pilocarpine hcl ophthalmic soln	\$0 (Tier 4)	MO
RHOPRESSA	\$0 (Tier 3)	MO
SIMBRINZA	\$0 (Tier 3)	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLN	\$0 (Tier 4)	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	\$0 (Tier 1)	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	\$0 (Tier 3)	MO
travoprost	\$0 (Tier 3)	MO
VYZULTA	\$0 (Tier 4)	MO
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE OPTH SOLN	\$0 (Tier 3)	MO
CYSTARAN	\$0 (Tier 5)	PA LA
<i>proparacaine hcl</i>	\$0 (Tier 3)	MO
RESTASIS	\$0 (Tier 3)	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	\$0 (Tier 3)	QL (5.5 ML per 30 days) MO
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA	\$0 (Tier 3)	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	\$0 (Tier 3)	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	\$0 (Tier 4)	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb</i>	\$0 (Tier 2)	B/D MO
TRELEGY ELLIPTA	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	\$0 (Tier 4)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	\$0 (Tier 2)	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	\$0 (Tier 2)	QL (45 ML per 30 days) MO
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl nasal soln 0.15%</i>	\$0 (Tier 3)	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal soln 0.1%</i>	\$0 (Tier 3)	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	\$0 (Tier 4)	PA MO
CARBINOXAMINE MALEATE TABS 6MG	\$0 (Tier 5)	PA MO

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**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbinoxamine maleate tabs 4mg</i>	\$0 (Tier 4)	PA MO
<i>cetirizine hydrochloride oral soln 1mg/ml</i>	\$0 (Tier 4)	QL (300 ML per 30 days) MO
<i>clemastine fumarate tab 2.68mg</i>	\$0 (Tier 3)	PA MO
<i>cyproheptadine hcl syrup 2mg/5ml</i>	\$0 (Tier 4)	PA MO
<i>cyproheptadine hydrochloride tab 4mg</i>	\$0 (Tier 4)	PA MO
<i>desloratadine</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	\$0 (Tier 4)	PA MO
<i>hydroxyzine hcl inj, syrup</i>	\$0 (Tier 4)	PA MO
<i>hydroxyzine hydrochloride tabs</i>	\$0 (Tier 4)	PA MO
<i>hydroxyzine pamoate</i>	\$0 (Tier 4)	PA MO
<i>levocetirizine dihydrochloride tabs</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	\$0 (Tier 3)	MO
<i>olopatadine hcl nasal soln 0.6%</i>	\$0 (Tier 4)	QL (30.5 GM per 30 days) MO
<b>BETA AGONISTS</b>		
<i>albuterol sulfate er tabs</i>	\$0 (Tier 4)	MO
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	\$0 (Tier 3)	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act</i>	\$0 (Tier 3)	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	\$0 (Tier 3)	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	\$0 (Tier 2)	B/D MO
<i>albuterol sulfate syrup</i>	\$0 (Tier 2)	MO
<i>albuterol sulfate tabs</i>	\$0 (Tier 3)	MO
<i>levalbuterol hcl neb 1.25mg/0.5ml</i>	\$0 (Tier 4)	B/D MO
<i>levalbuterol hcl</i>	\$0 (Tier 4)	B/D MO
<i>levalbuterol hydrochloride</i>	\$0 (Tier 4)	B/D MO
<i>LEVALBUTEROL TARTRATE HFA</i>	\$0 (Tier 3)	QL (30 GM per 30 days) MO
<i>metaproterenol sulfate</i>	\$0 (Tier 2)	
<i>SEREVENT DISKUS</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>terbutaline sulfate</i>	\$0 (Tier 4)	MO
<i>VENTOLIN HFA</i>	\$0 (Tier 3)	QL (36 GM per 30 days) MO
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew, tabs</i>	\$0 (Tier 2)	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
montelukast sodium pack	\$0 (Tier 3)	QL (30 EA per 30 days) MO
zafirlukast	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
acetylcysteine inhalation soln 10%, 20%	\$0 (Tier 3)	B/D MO
aminophylline	\$0 (Tier 4)	
ARALAST NP	\$0 (Tier 5)	PA LA
cromolyn sodium nebu 20mg/2ml	\$0 (Tier 3)	B/D MO
DALIRESP	\$0 (Tier 4)	MO
epinephrine hcl inj soln inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	\$0 (Tier 3)	QL (2 EA per 30 days) MO
EPIPEN 2-PAK	\$0 (Tier 4)	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	\$0 (Tier 4)	QL (2 EA per 30 days) MO
ESBRIET	\$0 (Tier 5)	PA
FASENRA	\$0 (Tier 5)	QL (1 ML per 28 days) PA
FASENRA PEN	\$0 (Tier 5)	QL (1 ML per 28 days) PA
KALYDECO	\$0 (Tier 5)	PA
OFEV	\$0 (Tier 5)	PA
ORKAMBI	\$0 (Tier 5)	PA
PROLASTIN-C	\$0 (Tier 5)	PA LA
PULMOZYME	\$0 (Tier 5)	PA
SYMDEKO TBPK 75MG; 50MG	\$0 (Tier 5)	PA
SYMDEKO TBPK 150MG; 100MG	\$0 (Tier 5)	PA LA
THEO-24	\$0 (Tier 4)	MO
theophylline er	\$0 (Tier 3)	MO
theophylline soln 80 mg/15ml	\$0 (Tier 3)	MO
XOLAIR	\$0 (Tier 5)	PA LA
ZEMAIRA	\$0 (Tier 5)	PA LA
<b>NASAL STEROIDS</b>		
flunisolide	\$0 (Tier 3)	QL (75 ML per 30 days) MO
fluticasone propionate susp 50mcg/act	\$0 (Tier 2)	QL (16 GM per 30 days) MO
mometasone furoate susp 50mcg/act	\$0 (Tier 3)	QL (34 GM per 30 days) MO
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	\$0 (Tier 3)	QL (30 EA per 30 days) MO

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**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	\$0 (Tier 4)	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	\$0 (Tier 3)	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	\$0 (Tier 3)	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	\$0 (Tier 3)	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	\$0 (Tier 3)	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	\$0 (Tier 4)	QL (2 EA per 30 days) MO
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS	\$0 (Tier 3)	QL (60 EA per 30 days) MO
ADVAIR HFA	\$0 (Tier 3)	QL (12 GM per 30 days) MO
BREO ELLIPTA	\$0 (Tier 3)	QL (60 EA per 30 days) MO
SYMBICORT	\$0 (Tier 3)	QL (10.2 GM per 30 days) MO
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
accutane	\$0 (Tier 4)	PA
amnesteem	\$0 (Tier 4)	PA
AVITA CREA	\$0 (Tier 4)	QL (45 GM per 30 days) PA
AVITA GEL	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO
claravis	\$0 (Tier 4)	PA
clindacin etz pledges	\$0 (Tier 3)	MO
clindacin-p pad 1%	\$0 (Tier 3)	MO
clindamycin phosphate/benzoyl peroxide	\$0 (Tier 4)	MO
clindamycin phosphate foam 1%	\$0 (Tier 4)	QL (100 GM per 30 days) MO
clindamycin phosphate gel 1%	\$0 (Tier 3)	QL (75 GM per 30 days) MO
CLINDAMYCIN PHOSPHATE LOTN 1%	\$0 (Tier 4)	QL (60 ML per 30 days) MO
clindamycin phosphate external soln 1%	\$0 (Tier 3)	QL (60 ML per 30 days) MO
clindamycin phosphate swab 1%	\$0 (Tier 3)	MO
clindamycin/benzoyl peroxide	\$0 (Tier 4)	MO
dapsone gel 5%, 7.5%	\$0 (Tier 4)	QL (90 GM per 30 days) MO
ery pad 2%	\$0 (Tier 4)	MO
erythromycin/benzoyl peroxide gel 5%; 3%	\$0 (Tier 4)	MO
erythromycin gel 2%	\$0 (Tier 2)	QL (60 GM per 30 days) MO
erythromycin soln 2%	\$0 (Tier 2)	QL (60 ML per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isotretinoin</i>	\$0 (Tier 4)	PA
<i>myorisan</i>	\$0 (Tier 4)	PA
<i>neuac gel</i>	\$0 (Tier 4)	MO
<i>sulfacetamide sodium lotn 10%</i>	\$0 (Tier 3)	MO
TRETINOIN MICROSPHERE GEL	\$0 (Tier 4)	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP GEL	\$0 (Tier 4)	QL (50 GM per 30 days) PA MO
<i>tretinoiin crea 0.025%, 0.05%, 0.1%</i>	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO
<i>tretinoiin gel 0.01%, 0.025%, 0.05%</i>	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	\$0 (Tier 4)	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate crea 0.1%</i>	\$0 (Tier 3)	QL (60 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	\$0 (Tier 3)	QL (60 GM per 30 days) MO
<i>mafénide acetate</i>	\$0 (Tier 4)	MO
<i>mupirocin oint</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>mupirocin crea</i>	\$0 (Tier 4)	QL (30 GM per 30 days) MO
SILVER SULFADIAZINE	\$0 (Tier 3)	MO
SSD	\$0 (Tier 3)	
SULFAMYLON CREAM 85 MG/GM	\$0 (Tier 4)	MO
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox olamine cream</i>	\$0 (Tier 3)	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	\$0 (Tier 3)	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	\$0 (Tier 3)	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	\$0 (Tier 3)	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	\$0 (Tier 4)	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	\$0 (Tier 3)	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	\$0 (Tier 3)	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	\$0 (Tier 4)	QL (85 GM per 30 days) MO
ERTACZO	\$0 (Tier 5)	QL (60 GM per 30 days) MO
<i>ketoconazole crea 2%</i>	\$0 (Tier 3)	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO
<i>naftifine hcl crea 1%</i>	\$0 (Tier 4)	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride 2%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>nyamyc</i>	\$0 (Tier 3)	QL (60 GM per 30 days)

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**B/D** - Covered under

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nystatin crea 100000unit/gm</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	\$0 (Tier 4)	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	\$0 (Tier 3)	QL (60 GM per 30 days) MO
<i>nystop</i>	\$0 (Tier 3)	QL (60 GM per 30 days) MO
<i>oxiconazole nitrate</i>	\$0 (Tier 4)	QL (90 GM per 30 days) MO
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i>	\$0 (Tier 3)	PA MO
<i>calcipotriene crea, oint</i>	\$0 (Tier 4)	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	\$0 (Tier 4)	QL (60 ML per 30 days) PA MO
<i>CALCITRIOL OINT 3MCG/GM</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO
<i>methoxsalen</i>	\$0 (Tier 5)	MO
<i>tazarotene</i>	\$0 (Tier 3)	QL (60 GM per 30 days) PA MO
<i>TAZORAC CRE 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) PA MO
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole sham 2%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>selenium sulfide lotn</i>	\$0 (Tier 2)	MO
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort crea 1%</i>	\$0 (Tier 1)	
<i>ala-cort crea 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	\$0 (Tier 4)	MO
<i>augmented betamethasone dipropionate crea</i>	\$0 (Tier 3)	MO
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	\$0 (Tier 4)	MO
<i>beser lotn 0.05%</i>	\$0 (Tier 4)	QL (120 ML per 30 days)
<i>betamethasone dipropionate lotn</i>	\$0 (Tier 3)	MO
<i>betamethasone dipropionate crea, oint</i>	\$0 (Tier 4)	MO
<i>betamethasone valerate crea, lotn, oint</i>	\$0 (Tier 3)	MO
<i>betamethasone valerate foam</i>	\$0 (Tier 4)	MO
<i>calcipotriene/betamethasone dipropionate</i>	\$0 (Tier 4)	QL (400 GM per 30 days) PA MO
<i>clobetasol propionate e</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO
<i>clobetasol propionate emollient crea</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>clobetasol propionate foam</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	\$0 (Tier 4)	QL (118 ML per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clobetasol propionate spray	\$0 (Tier 4)	QL (125 ML per 30 days) MO
clobetasol propionate soln	\$0 (Tier 4)	QL (50 ML per 30 days) MO
clobetasol propionate crea, gel, oint	\$0 (Tier 4)	QL (60 GM per 30 days) MO
clodan shampoo	\$0 (Tier 4)	QL (118 ML per 30 days)
desonide lotn	\$0 (Tier 4)	QL (118 ML per 30 days) MO
desonide crea, gel, oint	\$0 (Tier 4)	QL (60 GM per 30 days) MO
desoximetasone crea, oint	\$0 (Tier 4)	QL (100 GM per 30 days) MO
desoximetasone gel	\$0 (Tier 4)	QL (60 GM per 30 days) MO
desrx	\$0 (Tier 4)	QL (60 GM per 30 days)
diflorasone diacetate	\$0 (Tier 4)	QL (60 GM per 30 days) MO
ENSTILAR	\$0 (Tier 4)	QL (120 GM per 30 days) PA MO
fluocinolone acetonide body oil	\$0 (Tier 4)	QL (118.28 ML per 30 days) MO
fluocinolone acetonide scalp oil	\$0 (Tier 4)	QL (118.28 ML per 30 days) MO
fluocinolone acetonide crea 0.025%	\$0 (Tier 4)	QL (120 GM per 30 days) MO
fluocinolone acetonide crea 0.01%	\$0 (Tier 4)	QL (60 GM per 30 days) MO
fluocinolone acetonide oint 0.025%	\$0 (Tier 4)	QL (120 GM per 30 days) MO
fluocinolone acetonide topical soln 0.01%	\$0 (Tier 4)	QL (90 ML per 30 days) MO
fluocinonide emulsified cream	\$0 (Tier 4)	QL (120 GM per 30 days) MO
fluocinonide crea	\$0 (Tier 4)	QL (120 GM per 30 days) MO
fluocinonide gel, oint	\$0 (Tier 4)	QL (60 GM per 30 days) MO
fluocinonide soln	\$0 (Tier 4)	QL (60 ML per 30 days) MO
flurandrenolide crea 0.05%	\$0 (Tier 4)	QL (120 GM per 30 days) MO
fluticasone propionate crea 0.05%	\$0 (Tier 3)	MO
fluticasone propionate lotn 0.05%	\$0 (Tier 4)	QL (120 ML per 30 days) MO
fluticasone propionate oint 0.005%	\$0 (Tier 3)	MO
halobetasol propionate	\$0 (Tier 4)	QL (50 GM per 30 days) MO
hydrocortisone butyrate (lipophilic)	\$0 (Tier 4)	QL (60 GM per 30 days) MO
hydrocortisone butyrate lotn	\$0 (Tier 4)	QL (118 ML per 30 days) MO
hydrocortisone butyrate crea, oint	\$0 (Tier 4)	QL (45 GM per 30 days) MO
hydrocortisone butyrate soln	\$0 (Tier 4)	QL (60 ML per 30 days) MO
hydrocortisone valerate crea, oint	\$0 (Tier 4)	QL (60 GM per 30 days) MO
hydrocortisone (generic Ala-Cort) crea 1%	\$0 (Tier 1)	MO
hydrocortisone (generic Ala-Cort) crea 2.5%	\$0 (Tier 1)	QL (30 GM per 30 days) MO
hydrocortisone lotn 2.5%	\$0 (Tier 2)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone oint 2.5%	\$0 (Tier 1)	QL (30 GM per 30 days) MO
mometasone furoate crea 0.1%	\$0 (Tier 3)	MO
mometasone furoate oint 0.1%	\$0 (Tier 3)	MO
mometasone furoate soln 0.1%	\$0 (Tier 3)	MO
nolix crea	\$0 (Tier 4)	QL (120 GM per 30 days) MO
PREDNICARBATE CREA	\$0 (Tier 4)	QL (60 GM per 30 days) MO
prednicarbate oint	\$0 (Tier 4)	QL (60 GM per 30 days) MO
TEXACORT	\$0 (Tier 4)	MO
tovet crea	\$0 (Tier 4)	QL (100 GM per 30 days)
triamcinolone acetonide aers spray	\$0 (Tier 4)	MO
triamcinolone acetonide crea 0.025%, 0.5%	\$0 (Tier 2)	MO
triamcinolone acetonide crea 0.1%	\$0 (Tier 2)	QL (454 GM per 30 days) MO
triamcinolone acetonide lotn 0.025%, 0.1%	\$0 (Tier 3)	MO
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	\$0 (Tier 2)	MO
triderm crea 0.5%	\$0 (Tier 2)	
triderm crea 0.1%	\$0 (Tier 2)	QL (454 GM per 30 days)
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
lidocaine hcl external soln 4%	\$0 (Tier 4)	QL (50 ML per 30 days) PA MO
lidocaine/prilocaine	\$0 (Tier 4)	QL (30 GM per 30 days) PA MO
lidocaine ptch	\$0 (Tier 3)	QL (3 EA per 1 days) PA MO
lidocaine oint	\$0 (Tier 4)	QL (35.44 GM per 30 days) PA MO
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
acyclovir oint 5%	\$0 (Tier 4)	QL (30 GM per 30 days) MO
ammonium lactate	\$0 (Tier 3)	MO
azelaic acid	\$0 (Tier 4)	QL (50 GM per 30 days) MO
diclofenac sodium gel 1%	\$0 (Tier 3)	QL (1000 GM per 30 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 40MG	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
FINACEA FOAM 15%	\$0 (Tier 4)	QL (50 GM per 30 days) MO
FLUOROPLEX	\$0 (Tier 5)	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	\$0 (Tier 4)	QL (30 GM per 30 days) PA MO

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluorouracil crea 5%</i>	\$0 (Tier 4)	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	\$0 (Tier 4)	QL (10 ML per 30 days) MO
<i>hydrocortisone crea 1% (generic Proctocort), 2.5% (generic Procosol HC)</i>	\$0 (Tier 4)	MO
IMIQUIMOD PUMP	\$0 (Tier 5)	QL (7.5 GM per 30 days) MO
<i>imiquimod crea 5%</i>	\$0 (Tier 3)	QL (24 EA per 30 days) MO
<i>imiquimod crea 3.75%</i>	\$0 (Tier 5)	QL (28 EA per 28 days) MO
<i>metronidazole crea 0.75%</i>	\$0 (Tier 4)	QL (45 GM per 30 days) MO
<i>metronidazole gel 0.75%, 1%</i>	\$0 (Tier 4)	MO
<i>metronidazole lotn 0.75%</i>	\$0 (Tier 4)	MO
NORITATE	\$0 (Tier 5)	QL (60 GM per 30 days) MO
ORACEA	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
PANRETIN	\$0 (Tier 5)	QL (60 GM per 30 days)
PENNSAID	\$0 (Tier 5)	QL (224 GM per 28 days) PA MO
PICATO GEL 0.05%	\$0 (Tier 5)	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	\$0 (Tier 5)	QL (3 EA per 30 days) MO
<i>podofilox</i>	\$0 (Tier 4)	MO
<i>procto-med hc</i>	\$0 (Tier 4)	
<i>procto-pak</i>	\$0 (Tier 4)	MO
<i>proctosol hc</i>	\$0 (Tier 4)	
<i>protozone-hc</i>	\$0 (Tier 4)	
RECTIV	\$0 (Tier 4)	QL (30 GM per 30 days) MO
<i>rosadan gel</i>	\$0 (Tier 4)	
<i>rosadan crea</i>	\$0 (Tier 4)	QL (45 GM per 30 days)
<i>tacrolimus oint 0.03%, 0.1%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
TARGETIN	\$0 (Tier 5)	QL (60 GM per 30 days) PA
VALCHLOR	\$0 (Tier 5)	QL (60 GM per 30 days) PA LA
ZYCLARA PUMP 2.5%	\$0 (Tier 5)	QL (15 GM per 30 days) MO
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i>	\$0 (Tier 3)	MO
<i>permethrin</i>	\$0 (Tier 4)	MO
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX	\$0 (Tier 5)	QL (30 GM per 30 days) PA MO
SANTYL	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SODIUM CHLORIDE 0.9% IRRIGATION SOLN	\$0 (Tier 3)	MO
STERILE WATER FOR IRRIGATION	\$0 (Tier 3)	MO
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hydrochloride</i>	\$0 (Tier 4)	MO
<i>chlorhexidine gluconate oral soln</i>	\$0 (Tier 1)	MO
CLINPRO 5000	\$0 (Tier 4)	MO
<i>clotrimazole troc 10mg</i>	\$0 (Tier 3)	MO
DENTAGEL	\$0 (Tier 4)	QL (56 GM per 30 days) MO
FLUORIDEX DAILY DEFENSE	\$0 (Tier 4)	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE	\$0 (Tier 4)	
<i>lidocaine viscous</i>	\$0 (Tier 4)	MO
<i>nystatin susp 100000unit/ml</i>	\$0 (Tier 4)	MO
<i>oralone dental paste</i>	\$0 (Tier 4)	
<i>paroex oral soln</i>	\$0 (Tier 1)	
<i>periogard oral soln</i>	\$0 (Tier 1)	MO
<i>pilocarpine hydrochloride tabs</i>	\$0 (Tier 4)	MO
SF GEL	\$0 (Tier 4)	QL (56 GM per 30 days) MO
<i>sodium fluoride 5000 ppm</i>	\$0 (Tier 4)	MO
<i>sodium fluoride 5000 ppm sensitive</i>	\$0 (Tier 4)	MO
SODIUM FLUORIDE GEL 1.1%	\$0 (Tier 4)	QL (56 GM per 30 days) MO
<i>triamicinolone acetonide dental paste</i>	\$0 (Tier 4)	MO
<b>OTIC</b>		
<i>acetic acid otic soln</i>	\$0 (Tier 3)	MO
CIPRO HC	\$0 (Tier 4)	MO
CIPRODEX	\$0 (Tier 3)	MO
CIPROFLOXACIN	\$0 (Tier 3)	MO
<i>ciprofloxacin/dexamethasone</i>	\$0 (Tier 3)	MO
<i>flac otic oil</i>	\$0 (Tier 4)	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	\$0 (Tier 4)	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	\$0 (Tier 4)	MO
<i>neomycin/polymyxin/hydrocortisone otic soln</i>	\$0 (Tier 4)	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 4)	MO
<i>ofloxacin otic soln 0.3%</i>	\$0 (Tier 4)	MO

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## D. Index of Covered Drugs

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# Additional Medicaid Drug Coverage List

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<b>*Alternative Medicine - Lu's***</b>	
lutein esters oral capsule 18.6 mg	
lutein oral capsule 20 mg, 40 mg, 6 mg	
lutein oral tablet 10 mg, 20 mg, 6 mg	
<b>*Alternative Medicine - St's***</b>	
stevia oral packet 100 mg	
<b>*Alternative Medicine Combinations - Three Ingredients***</b>	
omega-3-6-9 oral capsule	
<b>*Alternative Medicine Combinations - Two Ingredients***</b>	
omega-3 gummies oral tablet chewable	
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>	
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsails)***</b>	
ibuprofen childrens oral suspension 100 mg/5ml	
ibuprofen infants oral suspension 50 mg/1.25ml	
ibuprofen jr tablet 100 mg oral oral tablet 100 mg	
ibuprofen junior strength oral tablet chewable 100 mg	
ibuprofen oral capsule 200 mg	
ibuprofen oral tablet 200 mg	
naproxen sodium oral capsule 220 mg	
naproxen sodium oral tablet 220 mg	
<b>*ANALGESICS - NONNARCOTIC*</b>	
<b>*Analgesics Other***</b>	
acetaminophen 8 hour oral tablet extended release 650 mg	
acetaminophen childrens oral suspension 160 mg/5ml	
acetaminophen extra strength oral tablet 500 mg	
acetaminophen junior strength oral tablet dispersible 160 mg	
acetaminophen oral tablet 325 mg	
acetaminophen oral tablet chewable 160 mg, 80 mg	
acetaminophen rapid tabs child oral tablet dispersible 80 mg	
acetaminophen rectal suppository 120 mg	
acetaminophen rectal suppository 650 mg	

<b>Drug Name</b>	
acetaminophen solution 160 mg/5ml oral 160 mg/5ml	
feverall junior strength rectal suppository 325 mg	
liquid acetaminophen oral liquid 160 mg/5ml	
mapap acetaminophen extra str oral liquid 500 mg/15ml	
pain relief childrens oral elixir 160 mg/5ml	
pain relief extra strength oral capsule 500 mg	
<b>*Salicylate Combinations***</b>	
aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg	
<b>*Salicylates***</b>	
aspirin 81 oral tablet chewable 81 mg	
aspirin ec adult low strength oral tablet delayed release 81 mg	
aspirin ec oral tablet delayed release 325 mg	
aspirin oral tablet 325 mg	
aspirin powder	
aspirin rectal suppository 300 mg, 600 mg	
<b>*ANTACIDS*</b>	
<b>*Antacid &amp; Simethicone***</b>	
alum & mag hydroxide-simeth oral suspension 200-200-20 mg/5ml,400-400-40 mg/5ml	
mintox plus oral tablet chewable 200-200-25 mg	
<b>*Antacid Combinations***</b>	
heartburn antacid ex st oral tablet chewable 160-105 mg	
<b>*Antacids - Aluminum Salts***</b>	
aluminum hydroxide gel oral suspension 320 mg/5ml	
<b>*Antacids - Bicarbonate***</b>	
sodium bicarbonate oral tablet 325 mg	
sodium bicarbonate oral tablet 650 mg	
<b>*Antacids - Calcium Salts***</b>	
antacid extra strength oral tablet chewable 750 mg	
calcium antacid oral tablet chewable 500 mg	
calcium carbonate antacid oral suspension 1250 mg/5ml	
calcium carbonate antacid oral tablet 648 mg	
titralac oral tablet chewable 420 mg	
<b>*Antacids - Magnesium Salts***</b>	
magnesium oxide oral tablet 250 mg	

<b>Drug Name</b>	
magnesium oxide tablet 400 mg oral 400 mg	
uro-mag oral capsule 140 mg	
<b>*ANTIDIABETICS*</b>	
<b>*Diabetic Other***</b>	
glucose oral tablet chewable 4 gm	
Glucose oral tablet chewable 5 gm	
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>	
<b>*Antidiarrheal/Probiotic Agents - Misc.***</b>	
bismatrol maximum strength oral suspension 525 mg/15ml	
bismuth subsalicylate oral suspension 525 mg/30ml	
bismuth subsalicylate oral tablet chewable 262 mg	
kapectate oral tablet 262 mg	
<b>*Antiperistaltic Agents***</b>	
loperamide hcl oral capsule 2 mg	
loperamide hcl oral liquid 1 mg/5ml	
loperamide hcl oral suspension 1 mg/7.5ml	
loperamide hcl oral tablet 2 mg	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>	
<b>*Antidotes And Specific Antagonists***</b>	
ipepec syrup oral syrup	
<b>*ANTIEMETICS*</b>	
<b>*Antiemetics - Anticholinergic***</b>	
meclizine hcl oral tablet 12.5 mg	
meclizine hcl oral tablet 25 mg	
meclizine hcl oral tablet chewable 25 mg	
<b>*ANTIHISTAMINES*</b>	
<b>*Antihistamines - Alkylamines***</b>	
allergy oral tablet 4 mg	
chlorpheniramine maleate er oral tablet extended release 12 mg	
chlorpheniramine maleate oral tablet 4 mg	
<b>*Antihistamines - Ethanolamines***</b>	
allergy relief childrens oral tablet dispersible 12.5 mg	
banophen oral tablet 25 mg	
clemastine fumarate oral tablet 1.34 mg	
diphenhydramine hcl oral capsule 25 mg, 50 mg	

<b>Drug Name</b>	
diphenhydramine hcl oral elixir 12.5 mg/5ml	
diphenhydramine hcl oral liquid 12.5 mg/5ml	
diphenhydramine hcl oral tablet 25 mg	
diphenhydramine hcl oral tablet chewable 12.5 mg	
<b>*Antihistamines - Non-Sedating***</b>	
allergy relief oral capsule 10 mg	
cetirizine hcl childrens oral solution 1 mg/ml, 5 mg/5ml	
cetirizine hcl oral tablet 10 mg, 5 mg	
cetirizine hcl oral tablet chewable 10 mg, 5 mg	
fexofenadine hcl oral tablet 60 mg	
loratadine oral tablet dispersible 10 mg	
fexofenadine hcl oral tablet 180 mg	
loratadine childrens oral tablet chewable 5 mg	
loratadine oral syrup 5 mg/5ml	
loratadine oral tablet 10 mg	
<b>*CHEMICALS*</b>	
<b>*Acids***</b>	
acetic acid glacial solution 99 %	
acetic acid solution 3 %, 5 %	
<b>*Bulk Chemicals - Et's***</b>	
ethyl oleate liquid	
<b>*Bulk Chemicals - St's***</b>	
stevia extract powder 90 %	
<b>*Fixed Oils***</b>	
castor oil oil	
cottonseed oil oil	
olive oil oil	
sesame oil oil	
<b>*Liquids***</b>	
benzyl benzoate liquid	
glycerin liquid	
<b>*CONTRACEPTIVES*</b>	
<b>*Emergency Contraceptives***</b>	
levonorgestrel oral tablet 1.5 mg	

<b>Drug Name</b>	
<b>*COUGH/COLD/ALLERGY*</b>	
<b>*Antitussive - Nonnarcotic***</b>	
dextromethorphan polistirex er oral suspension extended release 30mg/5ml	
<b>*Antitussive-Expectorant - Decongest-Analgesic***</b>	
mucus relief cold flu throat oral liquid 5-10-200-325 mg/10ml	
mucus relief plus oral tablet 5-10-200-325 mg	
<b>*Antitussive-Expectorant***</b>	
cough & chest congestion dm oral liquid 5-100 mg/5ml	
dextromethorphan-guaifenesin oral liquid 20-200 mg/10ml	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	
dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg	
guaifenesin-codeine oral solution 100-10 mg/5ml	
mucinex cough for kids oral packet 5-100 mg	
mucus relief dm tablet extended release 12 hour 30-600 mg oral 30-600mg	
<b>*Antitussive-Expectorants-Decongestant***</b>	
mucus relief severe congest/cgh oral liquid 10-20-400 mg/20ml, 2.5-5-100 mg/5ml	
robıtussin peak cold multi-sym oral liquid 5-10-100 mg/5ml	
virtussin dac oral solution 30-10-100 mg/5ml	
wal-tussin cf oral liquid 30-10-100 mg/5ml	
<b>*Decongestant &amp; Antihistamine***</b>	
alahist d oral tablet 17.5-10 mg	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	
lohist-d oral liquid 2-30 mg/5ml	
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	
wal-phed sinus/allergy oral tablet 4-60 mg	
wal-tap cold/allergy oral elixir 1-15 mg/5ml	

<b>Drug Name</b>	
<b>*Decongestant W/ Expectorant***</b>	
maxi-tuss pe max oral liquid 5-100 mg/5ml	
phenylephrine-guaifenesin oral tablet 10-400 mg	
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg	
tussi-pres pe pediatric oral liquid 2.5-100 mg/5ml	
<b>*Decongestant-Analgesic-Expectorant***</b>	
mucus relief cold/sinus max st oral liquid 10-650-400 mg/20ml	
mucus relief severe sinus oral tablet 5-325-200 mg	
<b>*Expectorants***</b>	
guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg	
guaifenesin oral solution 100 mg/5ml, 200 mg/10ml	
guaifenesin oral syrup 100 mg/5ml	
guaifenesin oral tablet 200 mg	
guaifenesin oral tablet 400 mg	
mucinex for kids oral packet 100 mg	
<b>*Misc. Respiratory Inhalants***</b>	
sodium chloride inhalation nebulization solution 7 %	
sodium chloride nebulization solution 0.9 % inhalation (rx) 0.9 %	
<b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>	
dimaphen dm cold/cough oral liquid 2.5-1-5 mg/5ml	
nohist-dm oral liquid 10-4-15 mg/5ml	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	
<b>*DERMATOLOGICALS*</b>	
<b>*Acne Products***</b>	
acne maximum strength external cream 10 %	
acne medication 10 external lotion 10 %	
acne medication 5 external lotion 5 %	
benzoyl peroxide cleanser external liquid 6 %	
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	
benzoyl peroxide wash external liquid 10 %, 5 %	
panoxyl creamy wash external liquid 4 %	
spot acne treatment external cream 2.5 %	

<b>Drug Name</b>	
<b>*Antibiotic Mixtures Topical***</b>	
bacitracin-polymyxin b external ointment 500-10000 unit/gm	
first aid antibiotic ointment 3.5-400-5000 mg-unit external 3.5-400-5000 mg-unit	
<b>*Antibiotics - Topical***</b>	
bacitracin external ointment 500 unit/gm	
bacitracin external ointment 500 unit/gm	
<b>*Antifungals - Topical***</b>	
antifungal external cream 1 %	
athletes foot (terbinafine) external cream 1 %	
athletes foot powder spray external aerosol powder 1 %	
athletes foot spray external aerosol 1 %	
butenafine hcl external cream 1 %	
tolnaftate external powder 1 %	
<b>*Antiseborrheic Combinations***</b>	
dermazinc cream external cream	
<b>*Antivirals - Topical***</b>	
docosanol external cream 10 %	
<b>*Astringents***</b>	
zinc oxide ointment 40 % external 40 %	
<b>*Corticosteroids - Topical***</b>	
anti-itch maximum strength external cream 1 %	
hydrocortisone acetate external cream 1 %	
hydrocortisone acetate external ointment 1 %	
hydrocortisone anti-itch external cream 1 %	
hydrocortisone cream 0.5 % external 0.5 %	
hydrocortisone external lotion 1 %	
hydrocortisone ointment 0.5 % external 0.5 %	
hydrocortisone ointment 1 % external (rx) 1 %	
mg217 psoriasis anit-itch external gel 1 %	
<b>*Emollient Combinations***</b>	
mineral oil-hydrophil petrolat external ointment	
<b>*Emollients***</b>	
ammonium lactate external cream 12 %	
ammonium lactate external lotion 12 %	

<b>Drug Name</b>	
glycerin external liquid	
hydrolatum external ointment	
lubricating lotion external lotion	
sorbolene external cream	
<b>*Imidazole-Related Antifungals - Topical***</b>	
athletes foot external powder 2 %	
clotrimazole athletes foot external cream 1 %	
clotrimazole external solution 1 %	
miconazole nitrate external cream 2 %	
<b>*Keratolytic/Antimitotic Agents***</b>	
liquid wart remover external liquid 17 %	
<b>*Local Anesthetics - Topical***</b>	
arthritis pain relieving external cream 0.075 %	
aspercreme lidocaine external patch 4 %	
capsaicin cream 0.025 % external 0.025 %	
capsaicin hp external cream 0.1 %	
capzasin-p external cream 0.035 %	
lidocaine hcl external cream 4 %	
lidocaine hcl urethral/mucosal external gel 2 %	
regenecare ha external gel 2 %	
<b>*Misc. Dermatological Products***</b>	
calicylic external cream	
hylatopic plus external lotion	
<b>*Scabicide Combinations***</b>	
lice killing maximum strength external shampoo 0.33-4 %	
stop lice maximum strength external liquid 0.33-4 %	
<b>*Scabicides &amp; Pediculicides***</b>	
lice treatment external liquid 1 %	
lice treatment external lotion 1 %	
<b>*Skin Protectants***</b>	
lanolin external cream	
<b>*Soaps***</b>	
anti-bacterial hand external lotion	
<b>*Tar Products***</b>	
beta care betatar gel external shampoo 2.5 %	

<b>Drug Name</b>	
ionil-t external shampoo 1 %	
therapeutic external shampoo 0.5 %	
x-seb t plus external shampoo 10 %	
<b>*Topical Steroid Combinations***</b>	
hydrocortisone-aloe external cream 0.5 %	
hydrocortisone-aloe external cream 1 %	
<b>*DIAGNOSTIC PRODUCTS*</b>	
<b>*Diagnostic Tests***</b>	
ketone test strips in vitro strip	
ketone test strips in vitro strip	
<b>*Multiple Urine Tests***</b>	
ketone test strips in vitro strip	
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS*</b>	
<b>*Nutritional Supplements***</b>	
antioxidant formula oral capsule	
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>	
<b>*Antiflatulents***</b>	
gas relief oral suspension 20 mg/0.3ml	
simethicone tablet chewable 80 mg oral 80 mg	
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>	
<b>*Urinary Analgesics***</b>	
urinary pain relief tablet 95 mg oral 95 mg	
<b>*HEMATOPOIETIC AGENTS*</b>	
<b>*Cobalamins***</b>	
b-12 oral tablet 2000 mcg, 2500 mcg	
cyanocobalamin solution 1000 mcg/ml injection 1000 mcg/ml	
cyanocobalamin sublingual tablet sublingual 2500 mcg	
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 50 mcg	
vitamin b-12 oral tablet 250 mcg, 500 mcg	
vitamin b-12 sublingual tablet sublingual 1000 mcg	
vitamin b-12 sublingual tablet sublingual 2500 mcg, 3000 mcg, 500mcg, 5000 mcg, 6000 mcg	
<b>*Folic Acid/Folates***</b>	
folic acid oral tablet 1 mg, 800 mcg	
folic acid oral tablet 400 mcg	

<b>Drug Name</b>	
<b>*Iron Combinations***</b>	
iron 100 plus oral tablet 100-250-0.025-1 mg	
<b>*Iron***</b>	
ferretts oral tablet 325 (106 fe) mg	
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (38 fe) mg	
ferrous sulfate er oral tablet extended release 140 (45 fe) mg	
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	
ferrous sulfate oral liquid 220 (44 fe) mg/5ml	
ferrous sulfate oral solution 75 (15 fe) mg/ml	
ferrous sulfate oral tablet 325 (65 fe) mg	
ferrous sulfate oral tablet delayed release 324 mg	
ferrous sulfate tablet delayed release 325 (65 fe) mg oral 325 (65 fe)mg	
iron oral tablet extended release 142 (45 fe) mg	
iron slow release oral tablet extended release 142 (45 fe) mg	
iron high-potency oral tablet extended release 142 (45 fe) mg	
iron oral tablet 28 mg	
iron slow release oral tablet extended release 142 (45 fe) mg	
iron up oral liquid 15 mg/0.5ml	
slow fe oral tablet extended release 142 (45 fe) mg	
slow release iron tablet extended release 160 (50 fe) mg oral 160 (50fe) mg	
slow release iron oral tablet extended release 142 (45 fe) mg	
spatone pur-absorb iron oral liquid 5 mg/20ml	
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDERAGENTS*</b>	
<b>*Antihistamine Hypnotics***</b>	
diphenhydramine hcl (sleep) oral tablet 50 mg	
sleep aid oral tablet 25 mg	
<b>*LAXATIVES*</b>	
<b>*Bulk Laxatives***</b>	
daily fiber oral packet 58.6 %	
fiber (corn dextrin) oral powder	
fiber laxative oral tablet 625 mg	
fiber oral powder 28.3 %	
fiber therapy oral tablet 500 mg	

<b>Drug Name</b>	
konsyl daily fiber oral packet 28.3 %	
konsyl daily fiber oral powder 60.3 %	
konsyl-d oral powder 52.3 %	
metamucil multihealth fiber oral powder 63 %	
natural fiber laxative oral powder 30.9 %, 48.57 %	
natural fiber oral powder 58.6 %	
psyllium fiber oral capsule 0.52 gm	
psyllium husk oral powder 100 %	
natural vegetable oral powder 95 %	
soluble fiber therapy oral powder	
<b>*Laxatives - Miscellaneous***</b>	
glycerin (adult) rectal suppository 2.1 gm	
polyethylene glycol 3350 oral powder 17 gm/scoop	
sorbitol oral solution 70 %	
<b>*Laxatives &amp; Dss***</b>	
sennosides-docusate sodium oral tablet 8.6-50 mg	
<b>*Saline Laxative Mixtures***</b>	
enema enema 7-19 gm/118ml rectal 7-19 gm/118ml	
fleet enema rectal enema 7-19 gm/118ml	
<b>*Saline Laxatives***</b>	
laxative dietary supplement oral tablet 500 mg	
magnesium citrate oral solution 1.745 gm/30ml	
milk of magnesia oral suspension 400 mg/5ml	
<b>*Stimulant Laxatives***</b>	
bisacodyl ec oral tablet delayed release 5 mg	
bisacodyl laxative rectal suppository 10 mg	
cascara sagrada oral capsule 450 mg	
castor oil oral oil 100 %	
eql laxative oral tablet chewable 15 mg	
fleet bisacodyl rectal enema 10 mg/30ml	
laxative max str oral tablet 25 mg	
senna laxative oral tablet 8.6 mg	
senna oral liquid 8.8 mg/5ml	
senna oral syrup 176 mg/5ml	
senna smooth oral tablet 15 mg	

<b>Drug Name</b>	
<b>*Surfactant Laxatives***</b>	
colace clear oral capsule 50 mg	
docusate calcium oral capsule 240 mg	
docusate mini rectal enema 283 mg/5ml	
docusate sodium oral capsule 100 mg	
docusate sodium oral capsule 250 mg	
docusate sodium oral liquid 150 mg/15ml, 50 mg/5ml	
docusate sodium oral syrup 60 mg/15ml	
docusate sodium oral tablet 100 mg	
docusol plus mini-enema rectal enema 20-283 mg	
<b>*MEDICAL DEVICES AND SUPPLIES*</b>	
<b>*Applicators,Cotton Balls,Etc***</b>	
alcoh-wipe sheet	
<b>*Condoms - Female***</b>	
female condom	
<b>*Condoms - Male***</b>	
condoms	
condoms	
<b>*MINERALS &amp; ELECTROLYTES*</b>	
<b>*Calcium Combinations***</b>	
calcium + vitamin d3 oral tablet 600-5 mg-mcg	
calcium 500 + d tablet 500-125 mg-unit oral 500-125 mg-unit	
calcium 500 + d3 oral tablet 500-200 mg-unit	
calcium 500/d oral tablet 500-200 mg-unit	
calcium 500+d3 oral tablet 500-400 mg-unit	
calcium 600 + minerals oral tablet 600-200 mg-unit	
calcium 600+d plus minerals oral tablet 600-400 mg-unit	
calcium 600+d3 oral tablet 600-800 mg-unit	
calcium 600+d3 plus minerals oral tablet 600-800 mg-unit	
calcium carb-cholecalciferol oral tablet 500-125 mg-unit	
calcium carbonate-vitamin d oral tablet 500-400 mg-unit	
calcium carbonate-vitamin d oral tablet 600-200 mg-unit, 600-400 mg-unit	
calcium carbonate-vitamin d3 oral tablet 600-400 mg-unit	
calcium/c/d oral tablet chewable 500-10-250 mg-mg-unit	

<b>Drug Name</b>	
calcium-vitamin d tablet 600-125 mg-unit oral 600-125 mg-unit	
calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit	
os-cal oral tablet chewable 500-600 mg-unit	
oyster shell calcium/d tablet 250-125 mg-unit oral 250-125 mg-unit	
<b>*Calcium***</b>	
calcium carbonate oral tablet 1250 (500 ca) mg	
calcium carbonate oral tablet 1500 (600 ca) mg, 600 mg	
calcium carbonate powder	
calcium citrate oral tablet 200 mg, 250 mg, 950 (200 ca) mg	
calcium oral tablet 600 mg	
oyster shell calcium oral tablet 500 mg	
<b>*Magnesium***</b>	
magnesium oral tablet 400 mg	
magnesium oxide -mg supplement oral capsule 400 mg	
magnesium oxide -mg supplement oral tablet 250 mg	
magnesium oxide oral capsule 500 mg	
magnesium oxide oral powder	
magnesium oxide oral tablet 400 (240 mg) mg, 400 (241.3 mg) mg, 500mg	
mag-oxide oral tablet 200 mg	
<b>*Phosphate***</b>	
phosphorus w/sod & potassium oral packet 280-160-250 mg	
<b>*Zinc***</b>	
zinc gluconate tablet 50 mg oral 50 mg	
zinc oral tablet 50 mg	
zinc sulfate oral tablet 220 (50 zn) mg	
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>	
<b>*Dry Mouth Agents And Artificial Saliva***</b>	
biotene pbf dry mouth mouth/throat gum	
caphosol mouth/throat solution	
neutrasal mouth/throat packet	
oral relief for dry mouth mouth/throat gel	
oral relief for dry mouth mouth/throat lozenge	

<b>Drug Name</b>	
<b>*MULTIVITAMINS*</b>	
<b>*B-Complex Vitamins***</b>	
b-complex/b-12 oral tablet	
<b>*B-Complex W/ C &amp; E + Zn***</b>	
stress b-complex/vit c/zinc oral tablet	
stress formula/zinc oral tablet	
<b>*B-Complex W/ C &amp; Folic Acid***</b>	
b-complex balanced oral tablet	
dialyvite 800 oral tablet 0.8 mg	
reno caps oral capsule 1 mg	
<b>*B-Complex W/ C***</b>	
b-complex-c oral tablet	
<b>*B-Complex W/ Folic Acid***</b>	
b complex formula 1 oral tablet	
<b>*B-Complex W/ Minerals***</b>	
apetigen-plus oral tablet	
<b>*B-Complex W/Biotin &amp; Folic Acid***</b>	
balance b-50 oral tablet	
<b>*Multiple Vitamins W/ Iron***</b>	
daily vite multivitamin/iron oral tablet	
<b>*Multiple Vitamins W/ Minerals***</b>	
centrum vitamints oral tablet chewable	
complete multivitamin/mineral oral liquid	
daily vitamin plus oral capsule	
icaps oral capsule	
mega multi for women oral tablet	
mega multi men oral tablet	
multivitamin-minerals oral tablet	
ultra mega oral tablet extended release	
<b>*Multivitamins***</b>	
daily multiple vitamins oral tablet	
dekas essential oral capsule	
dekas essential oral liquid	
<b>*Ped Multi Vitamins W/FI &amp; Fe***</b>	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	

<b>Drug Name</b>	
<b>*Ped Multiple Vitamins W/ Minerals &amp; C***</b>	
aquadeks oral liquid	
complete multi-vitamin oral tablet chewable	
<b>*Ped Multiple Vitamins W/ Minerals***</b>	
upspring baby iron-immunity oral liquid	
<b>*Ped Mv W/ Iron***</b>	
childrens vitamins/iron oral tablet chewable 15 mg	
honey bears w/iron-zinc oral tablet chewable 30-200-3	
poly-vi-sol/iron oral solution 11 mg/ml	
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>	
prenatal oral tablet 27-0.8 mg	
prenatal vitamin and mineral oral tablet 28-0.8 mg	
prenatal vitamin plus low iron oral tablet 27-1 mg	
prenatal/iron oral tablet	
<b>*Specialty Vitamins Products***</b>	
icaps lutein & zeaxanthin oral tablet delayed release	
<b>*Vitamins W/ Lipotropics***</b>	
b-100 complex oral tablet	
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>	
<b>*Nasal Agents - Misc.***</b>	
ayr saline nasal nasal gel	
saline mist spray nasal solution 0.65 %	
<b>*Nasal Mast Cell Stabilizers***</b>	
cromolyn sodium nasal aerosol solution 5.2 mg/act	
<b>*Nasal Steroids***</b>	
fluticasone propionate nasal suspension 50 mcg/act	
nasacort allergy 24hr nasal aerosol 55 mcg/act	
<b>*Systemic Decongestants***</b>	
phenylephrine hcl oral tablet 10 mg	
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	
pseudoephedrine hcl oral tablet 30 mg, 60 mg	
<b>*Topical Decongestants***</b>	
afrin nasal spray nasal solution 0.05 %	

<b>Drug Name</b>	
<b>*NUTRIENTS*</b>	
<b>*Misc. Nutritional Substances***</b>	
fish oil adult gummies oral tablet chewable 113.5 mg	
fish oil capsule 500 mg oral 500 mg	
fish oil concentrate capsule 435 mg oral 435 mg	
fish oil oral capsule 645 mg	
fish oil oral capsule delayed release 1200 mg	
fish oil oral tablet chewable 875 mg	
omega-3 fatty acids oral capsule 1000 mg	
omega-3 fish oil capsule 300 mg oral 300 mg	
omega-3 fish oil concentrate oral capsule delayed release 1000 mg	
omega-3 fish oil oral capsule 1200 mg	
fish oil oral capsule 554 mg	
<b>*OPHTHALMIC AGENTS*</b>	
<b>*Artificial Tear And Lubricant Combinations***</b>	
eye lubricant ophthalmic ointment	
genteal tears severe day/night ophthalmic gel 0.4-0.3 %	
lubricant eye drops ophthalmic solution 0.4-0.3 %	
systane hydration pf ophthalmic solution 0.4-0.3 %	
<b>*Artificial Tears And Lubricants***</b>	
artificial tears solution 1.4 % ophthalmic 1.4 %	
lubricant eye drops ophthalmic solution 0.5 %, 0.6 %	
lubricant eye drops pf ophthalmic solution 0.5 %	
moisturizing lubricant eye ophthalmic solution 0.25 %	
<b>*Ophthalmic Antiallergic***</b>	
eye itch relief ophthalmic solution 0.025 %	
<b>*Ophthalmic Decongestant Combinations***</b>	
allergy eye ophthalmic solution 0.025-0.3 %	
eye allergy relief ophthalmic solution 0.027-0.315 %	
<b>*Ophthalmic Hyperosmolar Products***</b>	
muro 128 ophthalmic solution 2 %	
sodium chloride (hypertonic) ophthalmic ointment 5 %	
sodium chloride (hypertonic) ophthalmic solution 5 %	

<b>Drug Name</b>	
<b>*OTIC AGENTS*</b>	
<b>*Otic Agents - Miscellaneous***</b>	
ear wax drops otic solution 6.5 %	
<b>*PHARMACEUTICAL ADJUVANTS*</b>	
<b>*Antimicrobial Agents***</b>	
benzyl alcohol liquid	
<b>*Flavoring Agents***</b>	
vitamin/iron masking agent liquid	
<b>*Oral Vehicles***</b>	
base gelatin gummy troche gel	
cherry concentrate oral syrup	
cola syrup oral syrup	
corn (syrup) oral syrup	
distilled water oral liquid	
good start sterile water oral liquid	
lozibase	
oral mix oral suspension	
oral suspend oral liquid	
oral syrup sf oral syrup	
pcca custom troche base wax	
pcca polyglycol troche powder	
raspberry syrup oral syrup	
simple syrup oral syrup	
sorbitol solution 70 %	
syrspend sf alka oral suspension reconstituted	
troche base sf w/bitter-bloc granules	
trochibase flakes	
trochibase s flakes	
<b>*Pharmaceutical Excipients***</b>	
lactose monohydrate powder	
xanthan gum powder	
<b>*Semi Solid Vehicles***</b>	
1st base external cream	
<b>*Thickening Agents***</b>	
thick now oral powder	

<b>Drug Name</b>	
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICALAGENTS - MISC.*</b>	
<b>*Smoking Deterrents***</b>	
nicotine polacrilex mouth/throat gum 4 mg	
nicotine polacrilex mouth/throat lozenge 4 mg	
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	
nicotine transdermal patch 24 hour 21 mg/24hr	
nicotine polacrilex mouth/throat gum 2 mg	
nicotine polacrilex lozenge 2 mg mouth/throat 2 mg	
nicotine polacrilex mouth/throat gum 2 mg	
nicotine transdermal kit 21-14-7 mg/24hr	
nicotine transdermal patch 24 hour 14 mg/24hr	
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>	
<b>*H-2 Antagonists***</b>	
cimetidine oral tablet 200 mg	
famotidine maximum strength oral tablet 20 mg	
famotidine oral tablet 10 mg	
<b>*Proton Pump Inhibitor-Antacid Combinations***</b>	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	
<b>*Proton Pump Inhibitors***</b>	
esomeprazole magnesium oral capsule delayed release 20 mg	
lansoprazole oral capsule delayed release 15 mg	
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	
omeprazole oral tablet delayed release 20 mg	
<b>*VAGINAL AND RELATED PRODUCTS*</b>	
<b>*Imidazole-Related Antifungals***</b>	
clotrimazole 3 vaginal cream 2 %	
clotrimazole vaginal cream 1 %	
miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)	
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	
miconazole 7 vaginal cream 2 %	
miconazole 7 vaginal suppository 100 mg	
monistat 3 vaginal cream 4 %	
monistat 7 combo pack app vaginal kit 100 & 2 mg-% (9gm)	

<b>Drug Name</b>	
<b>*Spermicides***</b>	
encare vaginal suppository 100 mg	
options gynol ii contraceptive vaginal gel 3 %	
shur-seal contraceptive vaginal gel 2 %	
today sponge vaginal 1000 mg	
vaginal contraceptive vaginal film 28 %	
vaginal contraceptive vaginal foam 12.5 %	
vaginal contraceptive vaginal gel 4 %	
<b>*VITAMINS*</b>	
<b>*Vitamin B-1***</b>	
b-1 oral tablet 500 mg	
thiamine hcl oral tablet 100 mg	
thiamine mononitrate oral tablet 100 mg	
vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg	
<b>*Vitamin B-3***</b>	
niacin er oral capsule extended release 250 mg, 500 mg	
niacin er oral tablet extended release 250 mg	
niacin er tablet extended release 500 mg oral 500 mg	
niacin er tablet extended release 750 mg oral 750 mg	
niacin oral tablet 100 mg	
niacin oral tablet 250 mg, 50 mg, 500 mg	
niacin powder	
<b>*Vitamin B-6***</b>	
b-6 oral tablet 500 mg	
pyridoxine hcl oral tablet 25 mg	
pyridoxine hcl oral tablet 50 mg	
vitamin b-6 oral tablet 100 mg	
vitamin b6 oral tablet 250 mg	
<b>*Vitamin C***</b>	
acerola c 500 oral wafer 500 mg	
ascorbic acid oral tablet 1000 mg	
ascorbic acid oral tablet chewable 250 mg	
ascorbic acid tablet 500 mg oral 500 mg	
buffered vitamin c oral capsule 1000 mg	
calcium ascorbate oral tablet 500 mg	

<b>Drug Name</b>	
crush vitamin c drops mouth/throat lozenge 60 mg	
liquid c 500 oral liquid 500 mg/15ml	
vita-c oral crystals	
vitamin c (calcium ascorbate) oral solution reconstituted	
vitamin c er oral capsule extended release 500 mg	
vitamin c er oral tablet extended release 1500 mg, 500 mg	
vitamin c gummie oral tablet chewable 120 mg	
vitamin c oral capsule 500 mg	
vitamin c oral liquid 500 mg/5ml	
vitamin c oral tablet 100 mg	
vitamin c oral tablet 1000 mg, 250 mg	
vitamin c oral tablet chewable 100 mg	
vitamin c tablet chewable 250 mg oral 250 mg	
vitamin c tablet chewable 500 mg oral 500 mg	
vitamin c-acerola oral tablet 500 mg	
vitamin c-rose hips er tablet extended release 1000 mg oral 1000 mg	
<b>*Vitamin D***</b>	
baby ddrops oral liquid 10 mcg/0.03ml	
baby vitamin d3 oral liquid 10 mcg /0.028ml	
cholecalciferol oral liquid 25 mcg/0.03ml	
ddrops oral liquid 50 mcg/0.03ml	
d-vi-sol oral liquid 10 mcg/ml	
ergocalciferol oral solution 200 mcg/ml	
replesta oral wafer 1.25 mg (50000 ut)	
vitajoy daily d gummies oral tablet chewable 25 mcg (1000 ut)	
vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit)	
vitamin d (cholecalciferol) oral tablet chewable 10 mcg (400 unit)	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	
vitamin d tablet 25 mcg (1000 ut) oral 25 mcg (1000 ut)	
vitamin d2 oral tablet 10 mcg (400 unit)	
vitamin d3 capsule 125 mcg (5000 ut) oral 125 mcg (5000 ut)	
vitamin d3 immune health oral liquid 25 mcg/10ml	
vitamin d3 oral capsule 1.25 mg (50000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	

<b>Drug Name</b>	
vitamin d3 oral liquid 125 mcg/ml, 30 mcg/15ml	
vitamin d-3 oral tablet 125 mcg (5000 ut)	
vitamin d3 oral tablet 50 mcg (2000 ut), 75 mcg (3000 ut)	
vitamin d3 oral tablet chewable 50 mcg (2000 ut)	
vitamin d3 oral tablet dispersible 125 mcg (5000 ut)	
vitamin d3 tablet 10 mcg (400 unit) oral 10 mcg (400 unit)	
vitamin d3 ultra potency oral tablet 1.25 mg (50000 ut)	
<b>*Vitamin E***</b>	
e600 oral capsule 600 unit	
vitamin e capsule 1000 unit oral 1000 unit	
vitamin e capsule 200 unit oral 200 unit	
vitamin e oral capsule 100 unit	
vitamin e oral tablet chewable 400 unit	
vitamin supplement e-400 oral capsule 400 unit	

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, contact the Aetna Medicare Customer Service Department at the phone number on your member identification card.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aetna Medicare Grievance Department, P.O. Box 14067, Lexington, KY 40512. You can also file a grievance by phone by calling the phone number listed in this material. If you need help filing a grievance, call the phone number listed in this material. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also contact the Aetna Civil Rights Coordinator by phone at 1-855-348-1369, by email at [MedicareCRCordinator@aetna.com](mailto:MedicareCRCordinator@aetna.com), or by writing to Aetna Medicare Grievance Department, ATTN: Civil Rights Coordinator, P.O. Box 14067, Lexington, KY 40512.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

## **TTY: 711**

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number on your member identification card. (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 su tarjeta de identificación de miembro. (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您會員卡上的電話號碼。(Traditional Chinese)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 귀하의 ID 카드에 기재되어 있는 번호로 전화해 주십시오. (Korean)

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 em seu cartão de identificação de membros. (Portuguese)

જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. અમારી વેબસાઇટની મુલાકાત લો અથવા તમારા સભ્ય ઓળખ કાર્ડ પરના ફોન નંબર પર કોલ કરો. (Gujarati)

Jeżeli nie posługuja się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany na Państwa karcie członkowskiej. (Polish)

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 presente sul Suo tesserino identificativo. (Italian)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. نفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف الموضح على بطاقة هوية العضو الخاصة بك. (Arabic)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nasa inyong identification card bilang miyembro. (Tagalog)

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 на вашей идентификационной карточке участника плана. (Russian)

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 sou kat idantifikasiyon manm ou an. (Haitian Creole)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या अपने सदस्य पहचान कार्ड पर दिए गए फोन नंबर पर कॉल करें। (Hindi)

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 trên thẻ hội viên của quý vị. (Vietnamese)

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 figurant sur votre carte d'identification de membre. (French)

اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، زبان سے متعلق مدد کی مفت خدمات دستیاب ہیں۔ ہماری ویب سائٹ ملاحظہ کریں یا اپنے ممبر کے شناختی کارڈ پر درج فون نمبر پر کال کریں۔ (Urdu)

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Aetna Assure Premier Plus (HMO D-SNP) Medicare Member Services at **1-844-362-0934** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit [AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary](http://AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary)

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[AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary](http://AetnaBetterHealth.com/new-jersey-hmosnp/drug-formulary)