

2025

List of Covered Drugs (Formulary) Liiska dawooyinka la daboolay (Rasmiga ah)

- UCare MSHO
- UCare Connect + Medicare

FADLAN AKHRI: DUKUMEENTIGAN WAXAA KUJIRA MACLUUMAAD KUSAABSAN DAWOYINKA KAGA HADLAYNO QORSHAHAN

Hordhaca

Dukumiintiga waxaa loo yaqaan *Liiska dawooyinka la daboolay* (sidoo kale loo yaqaan Liiska Dawooyinka). Waxay kuu sheegtaa kuwa ay yihiin dawooyinka la qoray iyo dawooyinka iyagoon la qorin la iibsado (OTC) ee ay daboolaan UCare MSHO iyo UCare Connect + Medicare.

Macluumaadkayaga xidhiidhka, oo ay la socoto taariikhda u dambaysay ee la cusboonaysiiyay Drug List (Liiska Dawada), waxay ka muuqataa boggaga jaldiga xaga hore iyo xaga dambe. Shuruudaha muhiimka ah iyo qeexidooda waxay ka muuqdaan cutubka u dambeeya ee *Buug yaraha*.

Liiska rasmiga ah waxaa la cusboonaysiiyay 10/01/2024.

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeegga Macmiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo [ucare.org](https://www.ucare.org).

H2456_H5937_13086_082024_C
Lambarka aqoonsiga 25320, Nooca 8



Toll free 1-800-203-7225, TTY 1-800-688-2534

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ပတ်သည့်ပတ်သားဘဉ်တကွ်. ဝဲနမ့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လီၤတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တကွ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣຄຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປໂຍທິໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: cag@ucare.org

Auxiliary Aids and Services: UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services: UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Customer Response Center: Toll-free: 800-368-1019
TDD Toll-free: 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll-free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to go to your primary care provider prior to the referral.

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **612-676-3200/1-800-203-7225**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **612-676-3200/1-800-203-7225**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **612-676-3200/1-800-203-7225**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **612-676-3200/1-800-203-7225**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **612-676-3200/1-800-203-7225**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **612-676-3200/1-800-203-7225**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **612-676-3200/1-800-203-7225** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **612-676-3200/1-800-203-7225**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **612-676-3200/1-800-203-7225** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **612-676-3200/1-800-203-7225**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **612-676-3200/1-800-203-7225**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **612-676-3200/1-800-203-7225** र फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **612-676-3200/1-800-203-7225**. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Disponimos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **612-676-3200/1-800-203-7225**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **612-676-3200/1-800-203-7225**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **612-676-3200/1-800-203-7225**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**612-676-3200/1-800-203-7225** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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Jadwalka Tasmada

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A. Afeef

Kani waa liiska daawooyinka ay xubnuhu ka heli karaan MSHO ee UCare iyo UCare Connect + Medicare.

- MSHO ee UCare iyo UCare Connect + Medicare waa qorshayaal caafimaad oo qandaraas kula jira barnaamijka Medicare iyo Caawimaada Caafimaadka Minnesota (Medicaid) labadaba si ay u bixiyaan faa'idooyinka labada barnaamij isdiiwaangeliyaasha. Diiwaangelinta MSHO ee UCare Connect + Medicare waxa uu ku xidhanyahay dib-u cusboonaysiinta qandaraaska.
- *Liiska Daawooyinka la Daboolayo*/ama farmashiyaha iyo shabakadaha bixiyayaasha ayaa isbeddeli kara sanadka oo dhan.
- Faa'idooyinka iyo/ama lacag-bixinta ayaa isbeddeli kara Janaayo 1 ee sanad kasta.
- Waxaad mar walba ka eegi kartaa *Liiska u dambeeyay ee la cusbooneysiiday ee dawooyinka aanu Daboolno* onleen barta ucare.org ama ka soo wac Adeegyada Macmiilka lambarka ku qoran hoosta boggan. Wicitaankan waa bilaash.
- Waxaad ku heli kartaa dhokumentigan oo qaabab kale ah oo bilaash ah, sida, daabacaad wayn, qoraalka indhoolaha, ama maqal. Ka wac Adeegga Macmiilka lambarka ku qoran xagga hoose ee boggan. Wicitaankan waa bilaash.
- Si aad u samayso ama aad u bedesho codsi joogto ah si aad u hesho dukumeentigan, hadda iyo mustaqbalka, luqad aan Ingiriisi ahayn ama qaab kale, wac Adeegga Macmiilka lambarka hoose ee boggan.

B. Su'aalo ma qabtaa?

Ka hel jawaabaha halkan su'aalaha badanka la is waydiiyo ee aad qabto ee *ku saabsan Liiska Dawooyinka La daboolo*. Waxaad akhrin kartaa dhammaan Su'aalaha badanka la isweydiiyo si aad wax badan u ogaato ama raadi su'aal iyo jawaab.

B1. Dawooyinkee la qoro ayaa ku jira *Liiska Dawooyinka La daboolo*? (Waxaanu ugu yeedhnaa *Liiska Dawooyinka la Daboolo "Drug List (Liiska Dawada)"* marka la soo gaabiyo)

Daawooyinka ku jira *Liiska Dawooyinka La daboolo* ee ka billaabma Qaybta C waa daawooyinka ay daboolaan UCare MSHO keeda iyo UCare Connect + Medicare. Dawooyinka waxaa laga heli karaa farmasiyada ku jira shabakadayada. Farmashiye wuxuu ku jiraa shabakadayada haddii aanu kula heshiinay inay nala shaqeeyaan oo ay ku siiyaan adeegyo. Waxaan ugu yeedhnaa farmasiyadan sida "farmasiyada shabakada."

Wixii ku saabsan macluumaad dhow oo dheeraad ah ama su'aalo kale, nagala soo xirii barta Macmiilka MSHO ee UCare Adeeg lambarka 612-676-6868 ama 1-866-280-7202 (wicitaankan waa bilaash), UCare Connect + Medicare Adeegga macaamiisha lambarka 612-676-3310 ama 1-855-260-9707 (wacitaankan waa bilaash). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash).
8 subaxnimo – 8 galabnimo, todobada maalmood ee todobaadka. Ama naga soo booqo ucare.org.

- MSHO ee UCare iyo UCare Connect + Medicare ayaa dabooli doona dhammaan daawooyinka caafimaad ahaan lagama maarmaanka u ah ee ku jira Liiska Daawooyinka hadii:
 - dhakhtarkaaga ama daawo qore kale sheego inaad u baahan tahay si aad u fiicnaato ama aad caafimaad u hesho, iyo
 - MSHO ee UCare iyo UCare Connect + Medicare aqbalaan in dawada caafimaad ahaan ay adiga lama huraan kuu tahay, iyo
 - aad daawada lagu qoro ka qaadato farmashiyaha shabakada UCare ee MSHO iyo UCare Connect + Medicare.
- Xaaladaha qaarkood, waa inaad samayso shay ka hor inta aanad helin dawada. Ka eeg Qaybta B4 wixii macluumaad dheeraad ah.

Waxaad sidoo kale heli ka kartaa liiska u dambeeyay ee dawooyinka aanu ku daboolno mareegtayada **ucare.org** ama soo wac Adeegyada Macmiilka lambarka ku qoran hoosta boggan.

B2. Miyaa liiska Dawadu weligii isbeddelaa?

Haa, iyo UCare's MSHO iyo UCare Connect + Medicare waa inay raacaan sharciyada Medicare iyo Kaalmada Dawada marka ay isbeddelo samaynayaan. Waxa laga yaabaa in aan ku daro ama ka saarno dawooyinka ku jira Liiska Dawooyinka sanadka gudihiisa.

Waxaanu sidoo kale beddeli karnaa sharciyadayada ku saabsan dawooyinka. Tusaale ahaan, waxaanu karnaa:

- Go'aamisaa inaad u baahan tahay ama aadan u baahnayn ogolaansho ka hor daawada. (Oggolaanshaha hore waa oggolaansho ka socda UCare MSHO ama UCare Connect + Medicare ka hor inta aadan qaadan daawo.)
- Ku dar ama beddel qaddarka daawada aad heli karto (oo loo yaqaan xaddidnaanta tirada.)
- Ku dar ama beddel tallaabada xayiraadaha daawaynta ee dawada. (Daawaynta tallaabada macnaheedu waxa weeye waa inaad isku daydaa hal dawo ka hor inta aanaan daboolid dawo kale.)

Wixii macluumaad dheeraad ah oo ku saabsan shuruucda dawooyinka, tixraac su'aasha B4.

Haddii aad qaadanayso dawada lagu daboolay **bilowga** sanadka, guud ahaan waxaanu ka saari doonaa ama beddeli doonaa daboolida dawadaas **muddada ka hadhay sanadka** iyaddoo:

- dawo cusub, oo jaban ay timaada suuqa oo u shaqaysa siibada dawada ku qoran Drug List (Liiska Dawada) hadda, **ama**

Wixii ku saabsan macluumaad dhow oo dheeraad ah ama su'aalo kale, nagala soo xiriir barta Macmiilka MSHO ee UCare Adeeg lambarka 612-676-6868 ama 1-866-280-7202 (wicitaankan waa bilaash), UCare Connect + Medicare Adeegga macaamiisha lambarka 612-676-3310 ama 1-855-260-9707 (wicitaankan waa bilaash). TTY 612-676-6810 ama 1-800-688-2534 (wicitaankan waa bilaash). 8 subaxnimo – 8 galabnimo, todobada maalmood ee todobaadka. Ama naga soo booqo **ucare.org**.

- Waxaan ogaanay in dawadu aanay badbaado ahayn, ama
- dawada waxaa laga saaray suuqa.

Su'aalaha B3 iyo B6 ee hoose waxay hayaan macluumaad dheeraad ah oo ku saabsan waxa dhacaya marka Liiska Dawooyinka la beddelo.

- Waxaad had iyo jeer ka hubin kartaa UCare MSHO iyo UCare Connect + Liiska Dawooyinka ugu casrisan ee Medicare onleen barta ucare.org. Cusboonaysiinta Liiska Dawooyinka ayaa lagu dhejiyaa websaydka bil walba.
- Waxaad sidoo kale soo wici kartaa Adeega Macmiilka lambarka ku qoran xaga hoose ee boggan si loo hubiyo Drug List (Liiska Dawada) hadda.

B3. Maxaa dhacaya marka ay jirto isbeddelka Drug List (Liiska Dawada)?

Isbeddela qaarkood Liiska Dawu waxa uu dhici doonaaisla markaaba. Tusaale ahaan:

- **Beddelka nooc cusub oo dawooyin ah.** Waxaa suurtagal ah inaan isla markaaba ka saarno dawooyinka Liiska Dawooyinka haddii aan ku bedelno noocyo cusub oo dawadaas ah, balse kharashkaaga dawada cusub sidoodii ayay ahaan doonaan ama wuu yaraan doonaa. Marka aan ku darno nooc cusub oo dawo ah, waxaa suurtagal ah in aan go'aansanno in aan ku deyno dawada magaca sumadda ama badeecada asalka ah ee bayoolojiga ee liiska balse bedelno sharciyada caymiska ama xadka.
 - Waxaa suurtagal ah inaynaan kuu sheegin kahor intaynaan samayn isbedelkan, balse waxaan kuu soo diri doonaa macluumaadka ku saabsan isbedelka gaarka ah ee aan samaynay markay taasi dhacdo.
 - Isbedeladan waxaan samayn karnaa oo kaliya haddii dawada aan ku darayno:
 - ay tahay nooc cusub oo guud oo ah dawada magaca sumadda, ama
 - ay tahay nooc cusub oo bayooloji asal ah oo ku jira Liiska Dawooyinka (tusaale, ku darista noole la bedeli karo oo lagu beddeli karo alaab bayooloji asalka ah iyadoo aan laheysan warqad dhakhtar qoray oo cusub).
 - Qaar kamid ah noocyadan dawada ayaa suurtagal ah inay kugu cusub yihiin. Wixii macluumaad dheeraad ah, tixraac Qaybta B14
 - Adiga ama dhakhtarkaaga waxaad codsan kartaan in reebo isbedeladan. Waxaan kuu soo diri doonaa ogeysiis ay ku jiraan tallaabooyinka aad qaadi karto si aad u codsato ka reebis. Fadlan tixraac su'aalaha B10-B12 wixii macluumaad dheeraad ah ee ku aaddan ka reebista.

Wixii ku saabsan macluumaad dhow oo dheeraad ah ama su'aalo kale, nagala soo xiriir barta Macmiilka MSHO ee UCare Adeeg lambarka 612-676-6868 ama 1-866-280-7202 (wicitaankan waa bilaash), UCare Connect + Medicare Adeegga macaamiisha lambarka 612-676-3310 ama 1-855-260-9707 (wacitaankan waa bilaash). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash). 8 subaxnimo – 8 galabnimo, todobada maalmood ee todobaadka. Ama naga soo booqo ucare.org.

- **Dawo ayaa suuqa laga qaadaa.** Haddii Maamulka Dawooyinka iyo Cuntada (FDA) ay sheegaan in dawada aad qaadanayso aanay ahayn mid badbaado leh ama waxtar leh ama soo saaraha daawada uu ka qaato dawo suuqa, waxa suurtagal ah in aanu isla markiiba ka qaadanno Liiska Dawooyinka. Haddii aad qaadanayso dawada, waxaanu kuu soo diri doonnaa ogeysiis. Xubnuhu waa inay sidoo kale kala xiriiraan dhakhtarkooda ama farmashiyaha wixii macluumaad dheeraad ah.

Waxaa suurtagal ah inaan sameyno isbedelo kale oo saameeya dawooyinka aad qaadato. Waxaan hore kuugu sheegi doonnaa isbedeladan kale ee Liiska Dawooyinka. Isbeddellada tese ayaa dhici kara haddii:

- FDA ay bixiso hagitaan cusub ama ay jiraan tilmaamo caafimaad oo cusub oo kusaabsan dawada.
- Aan ka saarno dawada leh magac shirkad *Liiska Dawooyinka* markaan ku darayno dawo macmal ah oo aan ku cusbayn suuqa, ama
- Aan ka saarno dawada asalka ah marka aan ku darayno dawo shabah ah, ama
- Aan bedelno xeerarka caymiska ama xaddidaadda dawada leh magac shirkad.

Marka ay isbedelladani dhaqan galaan, waxaan kuu:

- Sheegi doonnaa ugu yaraan 30 maalmood kahor inta aanaan u bedelin Liiska Dawooyinka, **ama**
- Sheegi doonnaa oo ku siin doonna 30-maalmood oo dawada ah kadib markaad codsato dibu u buuxin.

Tani waxay ku siin doontaa wakhti aad kula hadasho dhakhtarkaaga ama dawo qore kale. Waxay kaa caawin karaan inaad go'aan gaadho:

- Haddii ay jiraan dawo la mid ah oo ku jirta Drug List (Liiska Dawada) aad qaadan karto beddelkeeda **ama**
- Haddii la waydiinayo ka reebida isbeddeladan. Si aad u ogaato wax badan oo ku saabsan ka reebida, tixraac su'aalaha B10-B12.

B4. Ma jiraan wax xaddidaad ama xaddidaad ah oo ku saabsan caymiska dawada ama ficillada loo baahan yahay qaadashada daawooyinka qaarkood?

Haa, daawooyinka qaarkood waxay leeyihiin xeerar caymis ama waxay leeyihiin xadidnaan qadarka aad heli karto. Xaaladaha qaarkood adiga ama dhakhtarkaaga ama dhakhtarka kale ee dawada qora waa inuu sameeyaa shay ka hor inta aanad helin dawada. Tusaale ahaan:

- **Oggolaanshaha Hore:** Daawooyinka qaar, adiga ama dhakhtarkaaga, ama dawo qore kale waa inuu helaa ogolaanshaha UCare's MSHO ama UCare Connect + Medicare ka hor intaanad dib u qaadan dawada lagu qoray. Oggolaanshaha hore wuu ka duwan yahay gudbinta. UCare's MSHO iyo UCare Connect + Medicare ayaa suurtagal ah in aanay daboolin dawada haddii aadan hore u helin oggolaansho.

Wixii ku saabsan macluumaad dhow oo dheeraad ah ama su'aalo kale, nagala soo xiriir barta Macmiilka MSHO ee UCare Adeeg lambarka 612-676-6868 ama 1-866-280-7202 (wicitaankan waa bilaash), UCare Connect + Medicare Adeegga macaamiisha lambarka 612-676-3310 ama 1-855-260-9707 (wacitaankan waa bilaash). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash). 8 subaxnimo – 8 galabnimo, todobada maalmood ee todobaadka. Ama naga soo booqo **ucare.org**.

- **Xadadka Tirada:** Wakhtiyada qaarkood UCare MSHO iyo UCare UCare Connect + Medicare waxay xadidaan qaddarka dawada aad heli karto.
- **Tallaabada Daawaynta:** Mararka qaarkood UCare's MSHO iyo UCare Connect + Medicare waxay kaaga baahan yihiin inaad sameyso tallaabada daaweynta. Tani waxay la macno tahay inaad iskugu daydo daawooyinka si gaar u ah xaaladdaada caafimaad. Waxaa laga yaabaa inaad isku daydo hal daawo ka hor inta aanan daboolin daawo kale. Haddii dawo qorahaaga uu u malaynayo dawooyinka koowaad in aanay adiga kugu habboonayn, markaa waxaanu dabooli doonnaa tan labaad.

Waxaad ku ogaan kartaa haddii daawadaadu leedahay wax shuruudo dheeraad ah ama xaddidaad adoo eegaya jadwalka Qaybta C1. Waxaad sidoo kale ka heli kartaa macluumaad dheeraad ah adigoo booqanaya websaytkayaga ucare.org. Waxaan soo gelinay dhokumentiyoy onlayn ah oo sharaxaya oggolaanshahayaga hore iyo xayiradaadaha tallaabada daawaynta. Waxaad sidoo kale waydiisan kartaa in lagu soo diro koobi.

Waxaad waydiisan kartaa ka reebida xadadkan. Tani waxay ku siin doontaa wakhti aad kula hadasho dhakhtarkaaga ama dawo qore kale. Waxay kaa caawin karaan inaad go'aansato haddii ay jirto daawo la mid ah oo ku jirta Liiska Dawooyinka oo aad qaadan karto beddelkeeda ama inaad weydiisato in lagaa dhaafo. Tixraac su'aalaha B10-B12 wixii macluumaad dheeraad ah ee ku saabsan ka reebanaanta.

B5. Sideed ku ogaan doontaa in dawada aad rabto ay leedahay xad ama haddii ay jiraan tallaabooyin loo baahan yahay si loo helo daawada?

Jadwalka Liiska Daawooyinka ee Xaaladda Dawada gudaha qaybta C1 waxay leedahay khaanad lagu calaamadeeyay "Ficilada lagama maarmaanka ah, xayiraadaha, ama xadadka isticmaalka."

B6. Maxaa dhacaya haddii UCare's MSHO iyo UCare Connect + Medicare ay beddelaan sharciyadooda ku saabsan sida ay u daboolaan qaar dawooyinka ah (tusaale ahaan, oggolaanshaha hore, xadadka tirada, iyo/ama xayiraadaha tallaabada daawaynta)?

Xaaladaha qaarkood, waanu kuu sii sheegi doonaa haddii aan ku darno ama beddelno oggolaanshaha hore, xadka tirada, iyo/ama xadidaadaha daawaynta tallaabada ee daawada. Aad su'aasha B3 si aad u hesho macluumaad dheeraad ah oo ku saabsan ogeysiiskan hore iyo xaaladaha laga yaabo inaynaan hore kuugu sheegi karin marka sharciyadayada ku saabsan daawooyinka ku jira Liiska Dawooyinka ay isbeddelaan.

B7. Sideen ku heli karaa dawada ku jirta Drug List (Liiska Dawada)?

Waxaa jira laba siyaabood oo lagu helo daawo:

- Waxaad ku raadin kartaa alifbeeto ahaan magaca daawada, *ama*
- Waxaad ku raadin kartaa nooca daawada.

Wixii ku saabsan macluumaad dhow oo dheeraad ah ama su'aalo kale, nagala soo xiriir barta Macmiilka MSHO ee UCare Adeeg lambarka 612-676-6868 ama 1-866-280-7202 (wacitaankan waa bilaash), UCare Connect + Medicare Adeegga macaamiisha lambarka 612-676-3310 ama 1-855-260-9707 (wacitaankan waa bilaash). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash). 8 subaxnimo – 8 galabnimo, todobada maalmood ee todobaadka. Ama naga soo booqo ucare.org.

Si aad u raadiso **alifbeeto ahaan**, ka fiiri daawada qaybta Daawooyinka la Daboolay. Waxaad ka heli kartaa boga 147. Tasmada daawooyinka la daboolay waa liis alifbeeta ah ee dhamaan daawooyinka lagu daray Liiska Dawooyinka. Magaca summadaha leh iyo dawooyinka magaca kimikaad waxay ku taxan yihiin tasmada.

Si aad ugu raadiso nooca dawada, ka dhex raadi qaybta ku calaamadeysan C1 ee "Liiska Dawooyinka ee Nooca Dawooyinka." Daawooyinka ku jira qaybtan waxa loo qaybiyaa qaybo iyadoo la fiirinayo noocooda. Tusaale ahaan, haddii aad daawo u qaadanayso dhanjafka, waa inaad eegtaa qaybta "Waxyaabaha ka hortaga dhanjafka". Halkaas ayaa ah meesha aad ka heli doonto dawooyinka daaweeya xanuunka dhanjafka.

B8. Bal ka waran haddii dawada aan doonayo inaan qaato aanay ku jirin Drug List (Liiska Dawada)?

Haddii aad ka heli waydo dawadaada Liiska Dawooyinka, ka wac Adeegga Macmiilka lambarka ku yaal dhanka hoose ee boggan oo weydii. Haddii aad ogaato in MSHO ee UCare iyo UCare Connect + Medicare aysan dabooli doonin daawada, waxaad samayn kartaa mid ka mid ah waxyaalahan:

- Weydii Adeegga Macmiilka liiska daawooyinka sida midka aad rabto inaad qaadato. Kadibna tus liiska dhakhtarkaaga ama daawo qore kale. Waxay kuu qori karaan daawo ku jirta Liiska Daawooyinka taas oo ah sida mida aad rabto inaad qaadato.

ama

- Waxaad waydiin karaa UCare's MSHO iyo UCare Connect + Medicare si ay u sameeyaan ka reebida si loo daboolo dawooyinkaaga. Tixraac su'aalaha B10–B12 wixii macluumaad dheeraad ah ee ku saabsan ka reebanaanta.

B9. Kawaran haddii aan ahay xubin cusub oo MSHO ee UCare ama UCare Connect + Medicare oo aanan ka heli karin daawadayda Liiska Dawooyinka ama aan dhibaato kala kulmo helitaanka daawadayda?

Waan ku caawin karnaa. Waxaa laga yaabaa inaan daboolno sahayda daawadaada 30-maalmood oo ku meel gaar ah inta lagu jiro 90-ka maalmood ee ugu horreeya ee aad xubin ka tahay MSHO ee UCare ama UCare Connect + Medicare. Tani waxay ku siin doontaa wakhti aad kula hadasho dhakhtarkaaga ama dawo qore kale. Waxay kaa caawin karaan inaad go'aansato haddii ay jirto daawo la mid ah oo ku jirta Liiska Dawooyinka oo aad qaadan karto beddelkeeda ama inaad weydiisato in lagaa dhaafo.

Haddii dawadaada la qoray dhowr maalmood, waxaanu oggolaan doonaa dib u buuxinta badan si loo buuxiyo inta ugu badan ee 30 maalmood ee dawada ah.

Waxaanu dabooli doonaa sahayda daawadaada 30-maalmood haddii:

- aad qaadanayso daawo aan ku jirin Liiska Dawooyinka, *ama*
- sharciyadayada qorshaha kuuma oggolaadaan helitaanka qadarka uu dalbaday dawo qorahaaga, *ama*

Wixii ku saabsan macluumaad dhow oo dheeraad ah ama su'aalo kale, nagala soo xiriir barta Macmiilka MSHO ee UCare Adeeg lambarka 612-676-6868 ama 1-866-280-7202 (wicitaankan waa bilaash), UCare Connect + Medicare Adeegga macaamiisha lambarka 612-676-3310 ama 1-855-260-9707 (wicitaankan waa bilaash). TTY 612-676-6810 ama 1-800-688-2534 (wicitaankan waa bilaash). 8 subaxnimo – 8 galabnimo, todobada maalmood ee todobaadka. Ama naga soo booqo **ucare.org**.

- daawadu waxay u baahan tahay ogolaansho hore ee MSHO ee UCare ama UCare Connect + Medicare, ama
ama
- aad qaadanayso daawo qayb ka ah xakamaynta daawaynta tillaabada.

Hadii aad ku jirto guriga dadka lagu xanaaneeyo ama xarumaha kale ee daryeelka muddada-dheer oo aad u baahan tahay daawo aan ku jirin Liiska Dawooyinka ama haddii aadan si fudud u heli karin daawada aad u baahan tahay, waan ku caawin karnaa. Haddii aad qorshaha ku jirtay in ka badan 90 maalmood, ku nooshahay xarun daryeel waqti-dheer, oo aad isla markiiba u baahan tahay sahay:

- Waxaan dabooli doonaa hal 31-maalmood oo ah sahayda daawada aad u baahan tahay (haddii aanad haysan warqad daawo qoris oo maalmo yar ah), haddii aad tahay xubin cusub oo ah MSHO ee UCare ama UCare Connect + Medicare.
- Tani waxaa u dheer saadka ku meel gaadhka ah inta lagu jiro 90-ka maalmood ee ugu horreeya ee aad xubin ka tahay MSHO ee UCare ama UCare Connect + Medicare.

Haddii aad tahay xubin hadda u gudbaysa heer daryeel oo ka duwan, waxaa laga yaabaa in lagu qoro daawooyin aan ku jirin liiskayaga. Markaad la hadlayso dhakhtarkaaga si aad u go'aamiso habka tallaabadaada, waxaad xaq u leedahay inaad hesho sahayda kala-guurka ah ee 31-maalmood ah maadaama aad u guurayso heer daryeel oo ka duwan. u wareegga heer daryeel oo ka duwan. Haddii aad tahay xubin hadda kamid ah, la dhigay cusbitaal ama lagaa fasaxay xarunta daryeelka xiliga dheer, waxaa lagu oggolaand doonaa dibu buuxin si dhow isugu xig-xigta si loo hubiyo inaad leedahay saad ku filan dawooyinkaaga

B10. Ma codsan karaa ka reebis si aan u daboolo daawadayda?

Haa. Waxaad waydiisan kartaa UCare MSHO ama UCare Connect + Medicare si ay u sameeyaan ka reebidda si loo daboolo dawada aanan ku jirin Drug List (Liiska Dawada).

Waxaad sidoo kale na weydiisan kartaa inaan bedelno sharciyada daawadaada.

- Tusaale ahaan, UCare MSHO ama UCare Connect + Medicare waxay xaddidi karaan qaddarka dawada aanu dabooli doonno. Haddii dawadaadu leedahay xad, waxaad na waydiin kartaa inaan bedelno xadka oo aan wax badan daboolno.
- Tusaalooyinka kale: Waxaad nawaydiin kartaa anaga inaan joojino xayiraadaha tallaabada daawaynta ama shuruudaha oggolaanshaha hore

B11. Sideen u waydiisan karaa reebitaan?

Si aad u codsato ka reebis, soo wac UCare's MSHO Adeega macmiilka 612-676-6868/ 1-866-280-7202 (wicitaankan waa bilaash), ama soo wac UCare Connect + Medicare Adeega Macmiilka lambarka 612-676-3310 ama 1-855-260-9707 (wicitaankan waa bilaash), TTY 612-676-6810 ama 1-800-688-2534 (tani Waa lacag la'aan), 8 am – 8 pm, todobo maalmood todobaadki. Wakiilka

Wixii ku saabsan macluumaad dhow oo dheeraad ah ama su'aalo kale, nagala soo xiriir barta Macmiilka MSHO ee UCare Adeeg lambarka 612-676-6868 ama 1-866-280-7202 (wicitaankan waa bilaash), UCare Connect + Medicare Adeegga macaamiisha lambarka 612-676-3310 ama 1-855-260-9707 (wicitaankan waa bilaash). TTY 612-676-6810 ama 1-800-688-2534 (wicitaankan waa bilaash). 8 subaxnimo – 8 galabnimo, todobada maalmood ee todobaadka. Ama naga soo booqo **ucare.org**.

Adeegga Macmiilka ayaa kula shaqayn doona adiga iyo dawo qorahaaga si uu kaaga caawiyo inaad codsato ka reebitaanka. Waxa kale oo aad akhrin kartaa cutubka 9 Qaybta G ee *Buug-gacmeedka Xubinta* si aad wax badan uga barato waxyaabaha ka reeban.

B12. Intee ayay qaadanaysaa in la helo ka dhaafitaan?

Ka dib marka aanu warbixin ka helno dhakhtarkaaga qora dawada ee taageeraysa codsigaaga ka reebida, waxa aanu kugu sin doonnaa go'aan 72 saacadood gudaheed.

Oggolaanshaha Hore iyo codsiyada liiska ka reeban waxaa la billaabi karaa iyadoo laga soo wacayo Navitus Health Solutions lambarka 1-833-837-4300 (wicitaankan waa bilaash) ama fakis ugu soo dirida foomka codsiga lambarka 1-855-668-8552. Adeeg bixiyayaashu sidoo kale waxay ku soo gudbiyaan codsiga dhexda ePA.

Haddii adiga ama dhakhtarkaagu u maleeyo in caafimaadkaaga dhaawac loo geysto haddii ay tahay inaad sugto 72 saacadood go'aanka, waxaad codsan kartaa ka reebitaan degdeg ah. Tani waa go'aan dhakhso ah. Haddii dhakhtarkaagu uu taageero codsigaaga, waxaanu ku siin doonnaa go'aan 24 saacadood gudahooda markaad hesho bayaanka taageerada dhakhtarkaaga.

B13. Waa maxay dawooyinka macmalka?

Daawooyinka macmalka ah waxay ka kooban yihiin maaddooyin firfircoon oo la mid ah daawooyinka asalka ah. Badana qiimahoodu waa wax ka yar dawada asalka oo badanaa ma laha magacyo si fiican loo yaqaan. Dawooyinka macmalka waxaa ansixiyay Maamulka Dawada iyo Cuntada (FDA). Waxaa jira dawooyin macmal ah oo u diyaar ah magacyo shirkado badan oo dawo. Dawooyinka macmalka ahaa badanaa waxaa lagu bedeli karaa magacyo shirkad dawo gudaha farmasiga iyadoo aan dawo cusub la qorin—iyadoo ay ku xirantahay sharciyada gobolka.

UCare MSHO iyo UCare Connect + Medicare waxay daboolaan dawooyinka asalka ah iyo dawooyinka macmalka ah labadaba.

B14. Maxay yihiin dawooyinka bayoolojiga asalka ah iyo sida ay ula xiriiraan dawooyinka shabaha ah?

Marka aan tixraacno dawooyinka, tani waxay macnaheedu noqon kartaa dawo ama dawo bayooloji ah. Dawooyinka bayoolojiga ayaa ah daawooyin ka adag daawooyinka caadiga ah. Maadaama bayoolojigu ay aad uga adag yihiin Marka loo eego daawooyinka caadiga ah, halkii ay ka yeelan lahaayeen macmal, waxay leeyihiin foomamka loo yaqaan shabah. Guud ahaan, dawooyinka shabaha ah waxay u shaqeeyaan si la mid ah dawooyinka bayoolojiga ee asalka ah waxaana suurtagal ah inay ku kacdo kharash yar. Waxaa jira waxyaabo kale oo lagu bedeli kato dawada shabaha ah oo loogu talagalay qaar kamid ah dawooyinka bayoolojiga ee asalka ah. Qaar kamid ah dawooyinka shabaha ah ayaa ah kuwo la beddeli karo iyo, iyadoo ku xiran sharciyada gobolka, waxaa lagu beddeli karaa asalka dawada bayoolojiga gudaha farmashiyaha iyadoo aan loo baahnayn warqad dawo qoris oo cusub, sida daawooyinka guud waxa lagu bedeli karaa dawooyin magac shirkad leh.

Wixii ku saabsan macluumaad dhow oo dheeraad ah ama su'aalo kale, nagala soo xiriir barta Macmiilka MSHO ee UCare Adeeg lambarka 612-676-6868 ama 1-866-280-7202 (wicitaankan waa bilaash), UCare Connect + Medicare Adeegga macaamiisha lambarka 612-676-3310 ama 1-855-260-9707 (wacitaankan waa bilaash). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash). 8 subaxnimo – 8 galabnimo, todobada maalmood ee todobaadka. Ama naga soo booqo **ucare.org**.

Wixii macluumaad dheeraad ah oo kusaabsan noocyada dawada, tixraac cutubka 5 ee buug-gacmeedka xubinta

B15. Waa maxay dawooyinka iyaddoon la qorin la iibsado?

OTC waxay u taagan tahay "dawada aan la qorin." UCare's MSHO iyo UCare Connect + Medicare waxay daboolaan qaar dawooyinka OTC marka adeeg bixiyahaaga u qoro sidii dawo qorid ahaan.

Waxaad akhriyi kartaa Drug List (Liiska Dawada) ee UCare's MSHO iyo UCare Connect + Medicare si loo ogaado dawooyinka OTC ee la daboolo.

B16. Miyuu UCare MSHO iyo UCare Connect + Medicare daboolaa alaabaha aan dawada farmashiga laga gato ahayn?

UCare's MSHO iyo UCare Connect + Medicare waxay daboolaan qaar alaabta OTC ee aan dawada ahayn marka uu adeeg bixiyahaagu u qoro sidii dawo qorida. Waxaad akhriyi kartaa qaybta Drug List (Liiska Dawada) ee UCare MSHO iyo UCare Connect + Medicare Liiska Dawooyinka La daboolo si loo helo waxa aan ahayn dawada alaabta OTC ee la daboolo. Tusaalooyinka alaabta aan dawooyinka OTC ahayn waxaa ka mid ah gooska iyo baandheeyada.

B17. Miyay UCare's MSHO iyo UCare Connect + Medicare daboolaan saadka xiliga dheer ee dawo qorida?

- Waxaan bixinnaa barnaamij dalabka boostada kaas oo kuu oggolaanaya inaad hesho illaa 90 maalmood oo ah sahayda daawada lagu qoray oo si toos ah gurigaaga loogu soo diray. Saadka 90 maalmood waxa uu leeyahay kharash bixin isku mid ah sida saadka halka bil. Barnaamijyada dalabka boostada.
- **90-Maalmood Barnaamijyada Farmasiiga Tafaariiqda ah.** Qaar farmasiiyada tafaariiqda ah sidoo kale waxay bixiyaan illaa 90 maalmood saadka la daboolo ee dawo qorida. Saadka 90 maalmood waxa uu leeyahay kharash bixin isku mid ah sida saadka halka bil.

B18. Dawo qorida guriyayga ma la iigu soo dirayaa iyaddoo ka imanaysa farmasiiga deegaanka?

Farmasiigaaga maxaliga ah waxay awoodi doonaan inay dawo qoridaada kuugu soo diraan gurigaaga. Waxaad soo waci kartaa farmasiigaaga si aadu ogaato haddii ay bixiyaan u soo dirida guriga.

B19. Waa maxay kharashyadeyda la wadaago?

Xubnaha UCare's MSHO iyo UCare Connect + Medicare kuma bixiyaan wax lacag ah dawooyinka la qoray ilaa inta xubintu raacdo sharciyada qorshaha. Tixraac su'aalaha B15 iyo B16 si aad u hesho macluumaad dheeraad ah oo kusaabsan daawooyinka la iibsado iyadoo uusan dhakhtar qorin (OTC) iyo alaabada aan dawada ahayn.

Wixii ku saabsan macluumaad dhow oo dheeraad ah ama su'aalo kale, nagala soo xiriir barta Macmiilka MSHO ee UCare Adeeg lambarka 612-676-6868 ama 1-866-280-7202 (wicitaankan waa bilaash), UCare Connect + Medicare Adeegga macaamiisha lambarka 612-676-3310 ama 1-855-260-9707 (wacitaankan waa bilaash). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash). 8 subaxnimo – 8 galabnimo, todobada maalmood ee todobaadka. Ama naga soo booqo ucare.org.

Safafku waa kooxaha dawooyinka ku jira Drug List (Liiska Dawada).

- Safka 1-aad ee dawooyinka macmalka ah waxay leeyihiin \$0 kharash wadaag ah.
- Safka 1-aad ee dawooyinka leh magac shirkad waxay leeyihiin \$0 kharash wadaag ah.
- OTC-yadu waxay leeyihiin \$0 lacag la wada bixiyo ah.

Haddii aad hayso su'aalo, wac Adeegga Macmiilka lambarka xagga hoose ee boggan. Waxaanu kaa caawin karnaa inaad fahanto waxa kharashkaaga la wada bixiyaa uu noqon doono.

C. Muuqaalka guud ee Liiska Dawooyinka La daboolo

Liiska Dawooyinka La Daboolo waxa uu macluumaad ku saabsan dawooyinka la daboolo ee UCare MSHO iyo UCare Connect + Medicare. Haddii ay dhib kaa haysato helida liiskaaga dawada, ku soo noqo Tasmada Dawooyinka La daboolo ee Qaybta D. Tusaha alifbeeto ahaan waxaa uu qoraa dhammaan dawooyinka ay daboolen UCare MSHO iyo UCare Connect + Medicare.

Tiirka kowaad ee shaxda waxaa ku qoran magaca dawada. Dawooyinka macmalka ah waxay ku qoran yihiin xarfo dadban (tusaale. *azathioprine*), dawooyinka magaca summadda waxay ku qoran yihiin xarfo waweyn (tusaale. JANUVIA). Daawooyinka aan la qorin (OTC) si gooni ah ayaa loo taxay kadib Tasmada Dawooyinka La Daboolay ee dhammaadka dukumeentiga. Macluumaadka ku tiirka "Tallaabooyinka lama huraanka ah, xayiraadaha, ama xadidka isticmaalka" waxay kuu sheegaan haddii UCare MSHO ama UCare Connect + Medicare ay leedahay wax sharciyo ah oo daboolaya dawadaada.

Waa kuwan micnayaasha baaq sireedyada lagu isticmaalo tiirka "Tallaabooyinka lama huraanka ah, xayiraadaha, ama xaddidaadaha isticmaalka":

PA	Oggolaanshaha Hore: Dawooyinka uga baahan oggolaanshe UCare ka hor inta aanan daboolin.
PA ²	Oggolaanshaha Hore: Dawooyinka u baahan oggolaanshe haddii aanad hore u qaadan dawooyinka
PA ³	Ogolaanshaha Hore: Dawooyinka u baahan in dib loo eego si go'aan looga gaadho daboolida hoosta Qaybta B ama Qaybta D
ST	Step Terapy (Daawaynta Tallaabooyinka): Daawooyinka u baahan inaad isku daydo daawo kale ka hor inta aanan daboolin

Wixii ku saabsan macluumaad dhow oo dheeraad ah ama su'aalo kale, nagala soo xiriir barta Macmiilka MSHO ee UCare Adeeg lambarka 612-676-6868 ama 1-866-280-7202 (wicitaankan waa bilaash), UCare Connect + Medicare Adeegga macaamiisha lambarka 612-676-3310 ama 1-855-260-9707 (wacitaankan waa bilaash). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash). 8 subaxnimo – 8 galabnimo, todobada maalmood ee todobaadka. Ama naga soo booqo ucare.org.

QL	(Quantity limit) Xadka tirada: Waxaa jira xadadka tirada dawada aad hesho buuxin kasta
Part B Covered	Saadka cudurka sonkorta lagu daboolay eek u jira Qaybta B (caafimaad ahaan) dheefta
VAC	Qaybta D Tallaalka qofka Wayn ee lagu daboolo \$0 (kharash la'aan)
VAC AGE	Qaybta D Tallaalka Qofka wayn ee lagu daboolo \$0 (kharash la'aan) ee da'aja 19 – 45.
MFG	Daboolid dawada waxay ku xadidan tahay shirkada warshadeeya qaarkood
NDS	Dawooyinka lagu xadiday 30 maalin saad mar qaadashadaba
LA	Dawooyinka keliya laga heli karo farmasiyo gaar ah. Haddii aad qabto su'aalo, soo wac Adeega Macmiilka lambarka dhabarka ku qoran kaadhkaaga Aqoonsiga xubinta.

C1. Liiska Dawooyinka iyadoo loo eegayo Nooca Dawooyinka

Daawooyinka ku jira qaybtan waxa loo qaybiyaa qaybo iyadoo la fiirinayo noocooda. Tusaale ahaan, haddii aad daawo u qaadnayso niyadjabka, waa inaad eegtaa qaybta "Kahortagga niyadjabka". Halkaas ayaa ah meesha aad ka heli doonto dawooyinka daaweeya xanuunka niyadjabka.

Wixii ku saabsan macluumaad dhow oo dheeraad ah ama su'aalo kale, nagala soo xiriir barta Macmiilka MSHO ee UCare Adeeg lambarka 612-676-6868 ama 1-866-280-7202 (wicitaankan waa bilaash), UCare Connect + Medicare Adeegga macaamiisha lambarka 612-676-3310 ama 1-855-260-9707 (wacitaankan waa bilaash). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash). 8 subaxnimo – 8 galabnimo, todobada maalmood ee todobaadka. Ama naga soo booqo **ucare.org**.

Boggani si ula kac ah ayaa looga dhigay mid mid maran.

Boggani si ula kac ah ayaa looga dhigay mid mid maran.

Boggani si ula kac ah ayaa looga dhigay mid mid maran.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	\$0 (Tier 1)	
<i>amphetamine-dextroamphetamine</i>	\$0 (Tier 1)	
<i>lisdexamfetamine dimesylate 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap</i>	\$0 (Tier 1)	
<i>methamphetamine hcl</i>	\$0 (Tier 1)	
ANTI-OBESITY AGENTS		
<i>phentermine hcl 15 mg cap</i>	\$0 (Medicaid Covered)	QL (30 EA PER 30 DAYS)
<i>phentermine hcl 30 mg cap, 37.5 mg cap</i>	\$0 (Medicaid Covered)	QL (30 EA PER 30 DAYS)
<i>phentermine hcl 37.5 mg tab</i>	\$0 (Medicaid Covered)	QL (30 EA PER 30 DAYS)
SAXENDA	\$0 (Medicaid Covered)	PA, QL (15 ML PER 30 DAYS), NDS
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>clonidine hcl er</i>	\$0 (Tier 1)	
STIMULANTS - MISC.		
<i>armodafinil</i>	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS)
<i>methylphenidate hcl 5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab</i>	\$0 (Tier 1)	
<i>methylphenidate hcl er (osm) er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methylphenidate hcl er er 10 mg tab er, er 18 mg tab er, er 20 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er</i>	\$0 (Tier 1)	
<i>modafinil 100 mg tab, 200 mg tab</i>	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS)

AMINOGLYCOSIDES

<i>amikacin sulfate 1 gm/4ml, 500 mg/2ml</i>	\$0 (Tier 1)	
ARIKAYCE	\$0 (Tier 1)	PA, QL (252 ML PER 30 DAYS), NDS
GENTAMICIN IN SALINE GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION	\$0 (Tier 1)	
<i>gentamicin sulfate 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>neomycin sulfate 500 mg tab</i>	\$0 (Tier 1)	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	\$0 (Tier 1)	
<i>tobramycin 300 mg/5ml nebu soln</i>	\$0 (Tier 1)	PA, QL (300 ML PER 30 DAYS), NDS
TOBRAMYCIN SULFATE TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-AATY (1 PEN) -40 MG/0.4ML AUT-IJ KIT	\$0 (Tier 1)	PA, QL (4 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (1 PEN) -80 MG/0.8ML AUT-IJ KIT	\$0 (Tier 1)	PA, QL (3 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 PEN)	\$0 (Tier 1)	PA, QL (2 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 20 MG/0.2ML PREF KT	\$0 (Tier 1)	PA, QL (1 EA PER 28 DAYS), NDS
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT	\$0 (Tier 1)	PA, QL (2 EA PER 28 DAYS), NDS
ENBREL 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL MINI	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL SURECLICK	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.4ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (4.8 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN -INJ	\$0 (Tier 1)	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN -INJ	\$0 (Tier 1)	PA, QL (4.8 ML PER 28 DAYS), NDS
SIMLANDI (1 PEN)	\$0 (Tier 1)	PA, QL (4 EA PER 28 DAYS), NDS
SIMLANDI (2 PEN)	\$0 (Tier 1)	PA, QL (4 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE)	\$0 (Tier 1)	PA, QL (4 EA PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIRHEUMATIC - ENZYME INHIBITORS		
<i>leflunomide 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
RINVOQ 15 MG TAB ER 24H, 30 MG TAB ER 24H	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
RINVOQ 45 MG TAB ER 24H	\$0 (Tier 1)	PA, QL (84 EA PER 180 OVER TIME), NDS
RINVOQ LQ	\$0 (Tier 1)	PA, QL (360 ML PER 30 DAYS), NDS
XELJANZ 1 MG/ML SOLUTION	\$0 (Tier 1)	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ 5 MG TAB, 10 MG TAB	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
XELJANZ XR	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
GOLD COMPOUNDS		
RIDAURA	\$0 (Tier 1)	NDS
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (3.6 ML PER 28 DAYS), NDS
ACTEMRA ACTPEN	\$0 (Tier 1)	PA, QL (3.6 ML PER 28 DAYS), NDS
KEVZARA	\$0 (Tier 1)	PA, QL (2.28 ML PER 28 DAYS), NDS
TYENNE 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (3.6 ML PER 28 DAYS), NDS
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>aspirin (bayer)</i>	\$0 (OTC)	
<i>aspirin / buffers (bufferin)</i>	\$0 (OTC)	
<i>aspirin / sodium bicarb / citric acid (alka-seltzer)</i>	\$0 (OTC)	
<i>celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap</i>	\$0 (Tier 1)	
<i>diclofenac 1% gel</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diclofenac 1% gel otc</i>	\$0 (OTC)	
<i>diclofenac potassium 50 mg tab</i>	\$0 (Tier 1)	
<i>diclofenac sodium 1.5 % solution</i>	\$0 (Tier 1)	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr</i>	\$0 (Tier 1)	
<i>diclofenac sodium er</i>	\$0 (Tier 1)	
<i>diflunisal 500 mg tab</i>	\$0 (Tier 1)	
<i>ec-naproxen -375 mg tab dr</i>	\$0 (Tier 1)	
<i>etodolac</i>	\$0 (Tier 1)	
<i>flurbiprofen 100 mg tab</i>	\$0 (Tier 1)	
<i>ibuprofen (motrin)</i>	\$0 (OTC)	
<i>ibuprofen (motrin) rx only</i>	\$0 (Tier 1)	
<i>indomethacin 25 mg cap, 50 mg cap</i>	\$0 (Tier 1)	
<i>ketorolac tromethamine 10 mg tab</i>	\$0 (Tier 1)	
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	\$0 (Tier 1)	
<i>nabumetone 500 mg tab, 750 mg tab</i>	\$0 (Tier 1)	
<i>naproxen (aleve)</i>	\$0 (OTC)	
<i>naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab</i>	\$0 (Tier 1)	
<i>oxaprozin</i>	\$0 (Tier 1)	
<i>piroxicam 10 mg cap, 20 mg cap</i>	\$0 (Tier 1)	
<i>sulindac 150 mg tab, 200 mg tab</i>	\$0 (Tier 1)	

SELECTIVE COSTIMULATION MODULATORS

ORENCIA 125 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (4 ML PER 28 DAYS), NDS
ORENCIA 50 MG/0.4ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (1.6 ML PER 28 DAYS), NDS
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (2.8 ML PER 28 DAYS), NDS
ORENCIA CLICKJECT	\$0 (Tier 1)	PA, QL (4 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>acetaminophen / caffeine / pyrilamine (midol)</i>	\$0 (OTC)	
<i>aspirin / acetaminophen / caffeine (excedrin)</i>	\$0 (OTC)	

ANALGESICS OTHER

<i>acetaminophen (tylenol)</i>	\$0 (OTC)	
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ANALGESICS - OPIOID

OPIOID AGONISTS

<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch</i>	\$0 (Tier 1)	PA, QL (10 EA PER 30 DAYS)
<i>fentanyl citrate fentanyl citrate 200 mcg loz handle, fentanyl citrate 200 mcg loz handle</i>	\$0 (Tier 1)	PA, QL (120 EA PER 30 DAYS)
FENTANYL CITRATE FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE	\$0 (Tier 1)	PA, QL (120 EA PER 30 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	\$0 (Tier 1)	QL (2400 ML PER 30 OVER TIME)
<i>hydromorphone hcl 2 mg tab</i>	\$0 (Tier 1)	QL (450 EA PER 30 DAYS)
<i>hydromorphone hcl 4 mg tab</i>	\$0 (Tier 1)	QL (240 EA PER 30 DAYS)
<i>hydromorphone hcl 8 mg tab</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS)
<i>methadone hcl 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	PA, QL (360 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
METHADONE HCL METHADONE HCL 10 MG/5ML SOLUTION, METHADONE HCL 10 MG/5ML SOLUTION	\$0 (Tier 1)	PA, QL (1800 ML PER 30 DAYS)
METHADONE HCL METHADONE HCL 5 MG/5ML SOLUTION, METHADONE HCL 5 MG/5ML SOLUTION	\$0 (Tier 1)	PA, QL (3600 ML PER 30 DAYS)
<i>morphine sulfate (concentrate)</i>	\$0 (Tier 1)	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	\$0 (Tier 1)	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE 10 MG/5ML SOLUTION	\$0 (Tier 1)	QL (1800 ML PER 30 DAYS)
MORPHINE SULFATE 15 MG TAB, 30 MG TAB	\$0 (Tier 1)	QL (180 EA PER 30 DAYS)
<i>morphine sulfate 15 mg tab, 30 mg tab</i>	\$0 (Tier 1)	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE 20 MG/5ML SOLUTION	\$0 (Tier 1)	QL (900 ML PER 30 DAYS)
<i>morphine sulfate er er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er</i>	\$0 (Tier 1)	PA, QL (120 EA PER 30 DAYS)
<i>oxycodone hcl 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	\$0 (Tier 1)	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	\$0 (Tier 1)	QL (270 ML PER 30 DAYS)
<i>oxycodone hcl 5 mg cap</i>	\$0 (Tier 1)	QL (360 EA PER 30 OVER TIME)
<i>oxycodone hcl 5 mg tab</i>	\$0 (Tier 1)	QL (360 EA PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	\$0 (Tier 1)	QL (5400 ML PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	\$0 (Tier 1)	QL (240 EA PER 30 DAYS)
OPIOID COMBINATIONS		
<i>acetaminophen-codeine -300-15 mg tab, -300-30 mg tab, -300-60 mg tab</i>	\$0 (Tier 1)	QL (390 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>acetaminophen-codeine acetaminophen-codeine 300-30 mg/12.5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution</i>	\$0 (Tier 1)	QL (4980 ML PER 30 DAYS)
<i>endocet</i>	\$0 (Tier 1)	QL (360 EA PER 30 DAYS)
<i>hydrocodone-acetaminophen -2.5-108 mg/5ml, -5-217 mg/10ml, -7.5-325 mg/15ml</i>	\$0 (Tier 1)	QL (5400 ML PER 30 DAYS)
<i>hydrocodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -7.5-325 mg tab</i>	\$0 (Tier 1)	QL (360 EA PER 30 DAYS)
<i>oxycodone-acetaminophen -5-325 mg tab, -10-325 mg tab, -2.5-325 mg tab, -7.5-325 mg tab</i>	\$0 (Tier 1)	QL (360 EA PER 30 DAYS)
<i>tramadol-acetaminophen</i>	\$0 (Tier 1)	QL (360 EA PER 30 DAYS)

OPIOID PARTIAL AGONISTS

BELBUCA	\$0 (Tier 1)	PA, QL (60 EA PER 30 OVER TIME)
<i>buprenorphine 5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk</i>	\$0 (Tier 1)	PA, QL (4 EA PER 28 DAYS)
<i>buprenorphine hcl 2 mg tab, 8 mg tab</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -12-3 mg film</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg film, -2-0.5 mg sl tab, -4-1 mg film, -8-2 mg film, -8-2 mg sl tab</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS)

ANDROGENS-ANABOLIC

ANDROGENS

<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	\$0 (Tier 1)	
<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel</i>	\$0 (Tier 1)	PA, QL (150 GM PER 30 DAYS)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	\$0 (Tier 1)	PA, QL (75 GM PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	\$0 (Tier 1)	PA, QL (180 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>testosterone cypionate 100 mg/ml solution</i>	\$0 (Tier 1)	PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	\$0 (Tier 1)	PA
<i>testosterone cypionate 200 mg/ml solution</i>	\$0 (Tier 1)	PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	\$0 (Tier 1)	PA
TESTOSTERONE TESTOSTERONE 10 MG/ACT (2%) GEL, TESTOSTERONE 10 MG/ACT (2%) GEL	\$0 (Tier 1)	PA, QL (120 GM PER 30 DAYS)
<i>testosterone testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel, testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel</i>	\$0 (Tier 1)	PA, QL (300 GM PER 30 DAYS)

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide 2 mg, 2 mg/act</i>	\$0 (Tier 1)	PA
<i>hydrocortisone 100 mg/60ml enema</i>	\$0 (Tier 1)	

RECTAL COMBINATIONS

<i>hemorrhoidal cream</i>	\$0 (OTC)	
<i>hemorrhoidal ointment</i>	\$0 (OTC)	
<i>hemorrhoidal suppository</i>	\$0 (OTC)	
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	\$0 (OTC)	

RECTAL LOCAL ANESTHETICS

<i>pramoxine (procto-foam)</i>	\$0 (OTC)	
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RECTAL STEROIDS

<i>hydrocortisone (perianal)</i>	\$0 (Tier 1)	
<i>preparation h 1 % cream</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>preparation h soothing relief 1 % cream</i>	\$0 (OTC)	
<i>procto-med hc</i>	\$0 (Tier 1)	
<i>proctosol hc</i>	\$0 (Tier 1)	
<i>proctozone-hc</i>	\$0 (Tier 1)	
VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	\$0 (Tier 1)	
ANTACIDS		
ANTACID COMBINATIONS		
<i>calcium carbonate / magnesium hydroxide (mylanta supreme)</i>	\$0 (OTC)	
<i>magnesium carbonate / aluminum hydroxide (gaviscon)</i>	\$0 (OTC)	
<i>magnesium hydroxide / aluminum hydroxide / simethicone (mylanta)</i>	\$0 (OTC)	
ANTACIDS - ALUMINUM SALTS		
<i>aluminum hydroxide (alternagel)</i>	\$0 (OTC)	
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate</i>	\$0 (OTC)	
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (tums)</i>	\$0 (OTC)	
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide (antacid)</i>	\$0 (OTC)	
ANTHELMINTICS		
<i>albendazole 200 mg tab</i>	\$0 (Tier 1)	NDS
<i>ivermectin 3 mg tab</i>	\$0 (Tier 1)	
<i>praziquantel 600 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTI-INFECTIVE AGENTS - MISC.		
<i>azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab</i>	\$0 (Tier 1)	
<i>aztreonam</i>	\$0 (Tier 1)	
<i>baciim</i>	\$0 (Tier 1)	
<i>bacitracin 50000 unit recon soln</i>	\$0 (Tier 1)	
<i>cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution</i>	\$0 (Tier 1)	
CEFEPIME-DEXTROSE	\$0 (Tier 1)	
CLARITHROMYCIN CLARITHROMYCIN 250 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG TAB, CLARITHROMYCIN 500 MG TAB, CLARITHROMYCIN 125 MG/5ML RECON SUSP	\$0 (Tier 1)	
<i>clarithromycin er</i>	\$0 (Tier 1)	
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	\$0 (Tier 1)	
<i>clindamycin palmitate hcl</i>	\$0 (Tier 1)	
<i>clindamycin phosphate 9 gm/60ml, 300 mg/2ml, 900 mg/6ml, 9000 mg/60ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in d5w</i>	\$0 (Tier 1)	
CLINDAMYCIN PHOSPHATE IN NACL	\$0 (Tier 1)	
<i>colistimethate sodium (cba)</i>	\$0 (Tier 1)	
<i>daptomycin 350 mg recon soln</i>	\$0 (Tier 1)	NDS
<i>daptomycin 500 mg recon soln</i>	\$0 (Tier 1)	NDS
DIFICID 200 MG TAB	\$0 (Tier 1)	QL (20 EA PER 10 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIFICID 40 MG/ML RECON SUSP	\$0 (Tier 1)	QL (136 ML PER 10 OVER TIME)
<i>ery-tab</i>	\$0 (Tier 1)	
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	\$0 (Tier 1)	
<i>erythromycin base 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab</i>	\$0 (Tier 1)	
<i>lincomycin hcl 300 mg/ml solution</i>	\$0 (Tier 1)	
<i>linezolid 100 mg/5ml recon susp</i>	\$0 (Tier 1)	NDS
<i>linezolid 600 mg tab, 600 mg/300ml solution</i>	\$0 (Tier 1)	
LINEZOLID IN SODIUM CHLORIDE	\$0 (Tier 1)	
<i>metronidazole 250 mg tab, 500 mg tab, 500 mg/100ml solution</i>	\$0 (Tier 1)	
<i>pentamidine isethionate for injection solution</i>	\$0 (Tier 1)	
<i>pentamidine isethionate for nebulization solution</i>	\$0 (Tier 1)	QL (1 EA PER 28 DAYS), PA ³
TEFLARO	\$0 (Tier 1)	NDS
<i>tigecycline 50 mg recon soln</i>	\$0 (Tier 1)	NDS
<i>tinidazole 250 mg tab, 500 mg tab</i>	\$0 (Tier 1)	
<i>trimethoprim 100 mg tab</i>	\$0 (Tier 1)	
TRIMETHOPRIM 100 MG TAB	\$0 (Tier 1)	
VANCOMYCIN HCL 100 GM RECON SOLN	\$0 (Tier 1)	QL (2 EA PER 10 OVER TIME)
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS)
VANCOMYCIN HCL IN NAACL IN 1-0.9 GM/200ML-% SOLUTION, IN 500-0.9 MG/100ML-% SOLUTION	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>vancomycin hcl vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 750 mg recon soln</i>	\$0 (Tier 1)	
XIFAXAN 200 MG TAB	\$0 (Tier 1)	QL (9 EA PER 30 OVER TIME)
XIFAXAN 550 MG TAB	\$0 (Tier 1)	PA, QL (90 EA PER 30 DAYS), NDS
ZYVOX 200 MG/100ML SOLUTION	\$0 (Tier 1)	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	\$0 (Tier 1)	
NITAZOXANIDE 500 MG TAB	\$0 (Tier 1)	QL (6 EA PER 3 OVER TIME), NDS
CARBAPENEMS		
<i>ertapenem sodium</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln</i>	\$0 (Tier 1)	
<i>meropenem</i>	\$0 (Tier 1)	
MEROPENEM-SODIUM CHLORIDE	\$0 (Tier 1)	
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	\$0 (Tier 1)	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	\$0 (Tier 1)	
<i>methenamine hippurate</i>	\$0 (Tier 1)	
<i>methenamine mandelate 0.5 gm tab, 1 gm tab</i>	\$0 (Tier 1)	
<i>nitrofurantoin macrocrystal 50 mg cap, 100 mg cap</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nitrofurantoin monohyd macro</i>	\$0 (Tier 1)	

ANTIANGINAL AGENTS

NITRATES

<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate er</i>	\$0 (Tier 1)	
NITRO-BID	\$0 (Tier 1)	
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	\$0 (Tier 1)	
<i>nitrolingual</i>	\$0 (Tier 1)	

ANTIANSXIETY AGENTS

ANTIANSXIETY AGENTS - MISC.

<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	\$0 (Tier 1)	

BENZODIAZEPINES

<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA ²
<i>alprazolam 2 mg tab</i>	\$0 (Tier 1)	QL (150 EA PER 30 DAYS), PA ²
<i>clorazepate dipotassium</i>	\$0 (Tier 1)	QL (180 EA PER 30 DAYS), PA ²
<i>diazepam 2 mg tab, 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA ²
<i>diazepam 5 mg/5ml solution</i>	\$0 (Tier 1)	QL (1200 ML PER 30 DAYS), PA ²
<i>diazepam 5 mg/ml conc</i>	\$0 (Tier 1)	QL (240 ML PER 30 DAYS), PA ²
<i>diazepam intensol</i>	\$0 (Tier 1)	QL (240 ML PER 30 DAYS), PA ²

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)	QL (150 EA PER 30 DAYS), PA ²
<i>lorazepam 2 mg/ml conc</i>	\$0 (Tier 1)	QL (150 ML PER 30 DAYS), PA ²
<i>lorazepam intensol</i>	\$0 (Tier 1)	QL (150 ML PER 30 DAYS), PA ²
<i>oxazepam</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA ²

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate</i>	\$0 (Tier 1)	
<i>quinidine gluconate er</i>	\$0 (Tier 1)	
QUINIDINE SULFATE 200 MG TAB	\$0 (Tier 1)	
<i>quinidine sulfate 300 mg tab</i>	\$0 (Tier 1)	
QUINIDINE SULFATE 300 MG TAB	\$0 (Tier 1)	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	\$0 (Tier 1)	
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ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate</i>	\$0 (Tier 1)	
<i>propafenone hcl</i>	\$0 (Tier 1)	
<i>propafenone hcl er</i>	\$0 (Tier 1)	

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	\$0 (Tier 1)	
<i>dofetilide</i>	\$0 (Tier 1)	
<i>pacerone</i>	\$0 (Tier 1)	

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	\$0 (Tier 1)	PA ³
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

DUPIXENT 100 MG/0.67ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (1.34 ML PER 28 DAYS), NDS
DUPIXENT 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (4.56 ML PER 28 DAYS), NDS
DUPIXENT 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
FASENRA 10 MG/0.5ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (0.5 ML PER 28 DAYS), NDS
FASENRA 30 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, LA, NDS
FASENRA PEN	\$0 (Tier 1)	PA, LA, NDS
XOLAIR 150 MG RECON SOLN	\$0 (Tier 1)	PA, LA, QL (2 EA PER 28 DAYS), NDS
XOLAIR 150 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, LA, QL (2 ML PER 28 DAYS), NDS
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
XOLAIR 75 MG/0.5ML SOLN PRSYR	\$0 (Tier 1)	PA, LA, QL (1 ML PER 28 DAYS), NDS
XOLAIR XOLIR 150 MG/ML SOLN - INJ	\$0 (Tier 1)	PA, QL (2 ML PER 28 DAYS), NDS
XOLAIR XOLIR 75 MG/0.5ML SOLN - INJ	\$0 (Tier 1)	PA, QL (1 ML PER 28 DAYS), NDS

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA	\$0 (Tier 1)	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	\$0 (Tier 1)	PA ³
SPIRIVA HANDIHALER	\$0 (Tier 1)	QL (90 EA PER 90 DAYS)
SPIRIVA RESPIMAT	\$0 (Tier 1)	QL (4 GM PER 30 DAYS)

LEUKOTRIENE MODULATORS

<i>montelukast sodium 4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab</i>	\$0 (Tier 1)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>zafirlukast</i>	\$0 (Tier 1)	
STEROID INHALANTS		
ARNUITY ELLIPTA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
ASMANEX (120 METERED DOSES)	\$0 (Tier 1)	QL (1 EA PER 30 DAYS)
ASMANEX (30 METERED DOSES)	\$0 (Tier 1)	QL (1 EA PER 30 DAYS)
ASMANEX (60 METERED DOSES)	\$0 (Tier 1)	QL (1 EA PER 30 DAYS)
ASMANEX HFA	\$0 (Tier 1)	QL (13 GM PER 30 DAYS)
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS), PA ³
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	\$0 (Tier 1)	QL (24 GM PER 30 DAYS)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	\$0 (Tier 1)	QL (21.2 GM PER 30 DAYS)
QVAR REDHALER 40 MCG/ACT AERO BA	\$0 (Tier 1)	QL (10.6 GM PER 30 DAYS)
QVAR REDHALER 80 MCG/ACT AERO BA	\$0 (Tier 1)	QL (21.2 GM PER 30 DAYS)
SYMPATHOMIMETICS		
ADVAIR HFA	\$0 (Tier 1)	QL (12 GM PER 30 DAYS)
<i>albuterol sulfate 0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln</i>	\$0 (Tier 1)	PA ³
<i>albuterol sulfate 2 mg tab, 2 mg/5ml syrup, 4 mg tab</i>	\$0 (Tier 1)	
<i>albuterol sulfate 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln</i>	\$0 (Tier 1)	PA ³
<i>albuterol sulfate hfa (proair equivalent)</i>	\$0 (Tier 1)	QL (17 GM PER 30 DAYS)
<i>albuterol sulfate hfa (proventil equivalent)</i>	\$0 (Tier 1)	QL (13.4 GM PER 30 DAYS)
ANORO ELLIPTA	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>arformoterol tartrate</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS), PA ³
BREO ELLIPTA	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>breyna</i>	\$0 (Tier 1)	QL (20.6 GM PER 30 DAYS)
BREZTRI AEROSPHERE	\$0 (Tier 1)	QL (10.7 GM PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	\$0 (Tier 1)	QL (20.4 GM PER 30 DAYS)
COMBIVENT RESPIMAT	\$0 (Tier 1)	QL (8 GM PER 30 DAYS)
DULERA	\$0 (Tier 1)	QL (26 GM PER 30 DAYS)
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	\$0 (Tier 1)	QL (2 EA PER 30 OVER TIME), MFG
<i>fluticasone-salmeterol -100-50 mcg/act, -250-50 mcg/act, -500-50 mcg/act</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS), PA ³
<i>ipratropium-albuterol</i>	\$0 (Tier 1)	PA ³
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	\$0 (Tier 1)	PA ³
LEVALBUTEROL TARTRATE	\$0 (Tier 1)	QL (30 GM PER 30 DAYS)
STIOLTO RESPIMAT	\$0 (Tier 1)	QL (4 GM PER 30 DAYS)
STRIVERDI RESPIMAT	\$0 (Tier 1)	QL (4 GM PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	\$0 (Tier 1)	
TRELEGY ELLIPTA	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
VENTOLIN HFA	\$0 (Tier 1)	QL (36 GM PER 30 DAYS)
<i>wixela inhub</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)

ANTICOAGULANTS

ANTICOAGULANTS - MISC.

<i>dabigatran etexilate mesylate</i>	\$0 (Tier 1)	
ELIQUIS	\$0 (Tier 1)	
ELIQUIS DVT/PE STARTER PACK	\$0 (Tier 1)	
XARELTO	\$0 (Tier 1)	
XARELTO STARTER PACK	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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COUMARIN ANTICOAGULANTS

<i>jantoven</i>	\$0 (Tier 1)	
<i>warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium 30 mg/0.3ml soln, 40 mg/0.4ml soln, 60 mg/0.6ml soln, 80 mg/0.8ml soln, 100 mg/ml soln, 120 mg/0.8ml soln, 150 mg/ml soln</i>	\$0 (Tier 1)	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	\$0 (Tier 1)	
<i>fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	\$0 (Tier 1)	NDS
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	\$0 (Medicaid Covered)	
<i>heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	\$0 (Tier 1)	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	\$0 (Tier 1)	

ANTICONVULSANTS

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	\$0 (Tier 1)	QL (480 ML PER 30 DAYS)
<i>clonazepam 0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS), PA ²
<i>clonazepam 2 mg tab, 2 mg tab disp</i>	\$0 (Tier 1)	QL (300 EA PER 30 DAYS), PA ²
DIAZEPAM DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL	\$0 (Tier 1)	QL (10 EA PER 30 OVER TIME)
LIBERVANT	\$0 (Tier 1)	QL (10 EA PER 30 DAYS), PA ²
NAYZILAM	\$0 (Tier 1)	QL (10 EA PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SYMPAZAN 10 MG FILM, 20 MG FILM	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), NDS
SYMPAZAN 5 MG FILM	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
VALTOCO 10 MG DOSE	\$0 (Tier 1)	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 15 MG DOSE	\$0 (Tier 1)	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 20 MG DOSE	\$0 (Tier 1)	QL (10 EA PER 30 OVER TIME), NDS
VALTOCO 5 MG DOSE	\$0 (Tier 1)	QL (10 EA PER 30 OVER TIME), NDS
ANTICONVULSANTS - MISC.		
APTIOM 200 MG TAB, 400 MG TAB	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), NDS
APTIOM 600 MG TAB, 800 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), NDS
BRIVIACT 10 MG/ML SOLUTION	\$0 (Tier 1)	QL (600 ML PER 30 DAYS), NDS
<i>carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension</i>	\$0 (Tier 1)	
<i>carbamazepine er</i>	\$0 (Tier 1)	
DIACOMIT	\$0 (Tier 1)	LA, PA ² , NDS
DILANTIN 30 MG CAP	\$0 (Tier 1)	
EPIDIOLEX	\$0 (Tier 1)	LA, PA ² , NDS
<i>epitol</i>	\$0 (Tier 1)	
EPRONTIA	\$0 (Tier 1)	
FINTEPLA	\$0 (Tier 1)	LA, QL (360 ML PER 30 DAYS), PA ² , NDS
FYCOMPA 0.5 MG/ML SUSPENSION	\$0 (Tier 1)	QL (720 ML PER 30 DAYS), PA ² , NDS
FYCOMPA 2 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ²

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>gabapentin 100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab</i>	\$0 (Tier 1)	
<i>lacosamide 10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab</i>	\$0 (Tier 1)	
<i>lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	\$0 (Tier 1)	
<i>lamotrigine er</i>	\$0 (Tier 1)	
<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab</i>	\$0 (Tier 1)	
<i>levetiracetam er</i>	\$0 (Tier 1)	
<i>oxcarbazepine</i>	\$0 (Tier 1)	
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>phenytek</i>	\$0 (Tier 1)	
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	\$0 (Tier 1)	
<i>phenytoin infatabs</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended</i>	\$0 (Tier 1)	
<i>pregabalin 20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap</i>	\$0 (Tier 1)	
PRIMIDONE PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB	\$0 (Tier 1)	
<i>roweepra 500 mg tab</i>	\$0 (Tier 1)	
<i>rufinamide 200 mg tab</i>	\$0 (Tier 1)	PA ²
<i>rufinamide 40 mg/ml suspension, 400 mg tab</i>	\$0 (Tier 1)	PA ² , NDS
SPRITAM	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	\$0 (Tier 1)	
ZONISADE	\$0 (Tier 1)	
<i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i>	\$0 (Tier 1)	
ZTALMY	\$0 (Tier 1)	LA, QL (1100 ML PER 30 DAYS), PA ² , NDS
CARBAMATES		
<i>felbamate</i>	\$0 (Tier 1)	
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	\$0 (Tier 1)	QL (56 EA PER 28 DAYS), PA ² , NDS
XCOPRI (350 MG DAILY DOSE)	\$0 (Tier 1)	QL (56 EA PER 28 DAYS), PA ² , NDS
XCOPRI 150 MG TAB, 200 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
XCOPRI 25 MG TAB, 50 MG TAB, 100 MG TAB	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
XCOPRI COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	\$0 (Tier 1)	QL (28 EA PER 28 DAYS), PA ²
GABA MODULATORS		
<i>tiagabine hcl</i>	\$0 (Tier 1)	
<i>vigabatrin</i>	\$0 (Tier 1)	LA, PA ² , NDS
<i>vigadrone</i>	\$0 (Tier 1)	LA, PA ² , NDS
VIGAFYDE	\$0 (Tier 1)	QL (720 ML PER 30 DAYS), PA ² , NDS
<i>vigpoder</i>	\$0 (Tier 1)	LA, PA ² , NDS
SUCCINIMIDES		
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	\$0 (Tier 1)	
<i>methsuximide</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VALPROIC ACID		
<i>divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	\$0 (Tier 1)	
<i>divalproex sodium er</i>	\$0 (Tier 1)	
<i>valproic acid 250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution</i>	\$0 (Tier 1)	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>bupropion hcl 75 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>bupropion hcl er (sr)</i>	\$0 (Tier 1)	
<i>bupropion hcl er (xl) er 150 mg tab er, er 300 mg tab er</i>	\$0 (Tier 1)	
<i>mirtazapine 7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp</i>	\$0 (Tier 1)	
ZURZUVAE 20 MG CAP, 25 MG CAP	\$0 (Tier 1)	QL (28 EA PER 14 OVER TIME), PA ² , NDS
ZURZUVAE 30 MG CAP	\$0 (Tier 1)	QL (14 EA PER 14 OVER TIME), PA ² , NDS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	\$0 (Tier 1)	NDS
MARPLAN	\$0 (Tier 1)	
PHENELZINE SULFATE PHENELZINE SULFATE 15 MG TAB, PHENELZINE SULFATE 15 MG TAB	\$0 (Tier 1)	
<i>tranylcypromine sulfate</i>	\$0 (Tier 1)	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide 10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>escitalopram oxalate 5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>fluoxetine hcl fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap, fluoxetine hcl 90 mg cap dr</i>	\$0 (Tier 1)	
<i>fluvoxamine maleate</i>	\$0 (Tier 1)	
<i>fluvoxamine maleate er</i>	\$0 (Tier 1)	
<i>paroxetine hcl</i>	\$0 (Tier 1)	
<i>paroxetine hcl er</i>	\$0 (Tier 1)	
<i>sertraline hcl 20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
SEROTONIN MODULATORS		
NEFAZODONE HCL	\$0 (Tier 1)	
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab</i>	\$0 (Tier 1)	
TRINTELLIX	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>vilazodone hcl</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	\$0 (Tier 1)	
DRIZALMA SPRINKLE	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>duloxetine hcl 20 mg dr, 30 mg dr, 60 mg dr</i>	\$0 (Tier 1)	
FETZIMA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
FETZIMA TITRATION	\$0 (Tier 1)	QL (28 EA PER 180 OVER TIME)
<i>venlafaxine hcl</i>	\$0 (Tier 1)	
<i>venlafaxine hcl er er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er</i>	\$0 (Tier 1)	
TRICYCLIC AGENTS		
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	\$0 (Tier 1)	
<i>amoxapine</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	\$0 (Tier 1)	
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	\$0 (Tier 1)	
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	\$0 (Tier 1)	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	
<i>nortriptyline hcl 10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap</i>	\$0 (Tier 1)	
<i>protriptyline hcl</i>	\$0 (Tier 1)	
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap</i>	\$0 (Tier 1)	

ANTIDIABETICS

ANTIDIABETIC COMBINATIONS

<i>glipizide-metformin hcl</i>	\$0 (Tier 1)	
GLYXAMBI	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
JANUMET	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
JENTADUETO 2.5-1000 MG TAB, 2.5-500 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	\$0 (Tier 1)	
<i>pioglitazone hcl-metformin hcl</i>	\$0 (Tier 1)	
SOLIQUA	\$0 (Tier 1)	QL (90 ML PER 30 DAYS), INS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SYNJARDY	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
DIABETIC OTHER		
<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
CYCLOSET	\$0 (Tier 1)	QL (180 EA PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	\$0 (Tier 1)	
GLUCAGON EMERGENCY	\$0 (Tier 1)	
<i>glucose (dextrose)</i>	\$0 (OTC)	
GVOKE HYPOPEN 1-PACK	\$0 (Tier 1)	
GVOKE HYPOPEN 2-PACK	\$0 (Tier 1)	
GVOKE KIT	\$0 (Tier 1)	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	\$0 (Tier 1)	
<i>metformin hcl 500 mg tab, 850 mg tab, 1000 mg tab</i>	\$0 (Tier 1)	
<i>metformin hcl er</i>	\$0 (Tier 1)	
<i>mifepristone 300 mg tab</i>	\$0 (Tier 1)	PA, LA, QL (120 EA PER 30 DAYS), NDS
<i>nateglinide</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pioglitazone hcl</i>	\$0 (Tier 1)	
<i>repaglinide</i>	\$0 (Tier 1)	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
TRADJENTA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	\$0 (Tier 1)	PA, QL (4 ML PER 28 DAYS)
MOUNJARO	\$0 (Tier 1)	PA, QL (2 ML PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN	\$0 (Tier 1)	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	\$0 (Tier 1)	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	\$0 (Tier 1)	PA, QL (3 ML PER 28 DAYS)
RYBELSUS	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS)
TRULICITY	\$0 (Tier 1)	PA, QL (2 ML PER 28 DAYS)
INSULIN		
HUMULIN R U-500 (CONCENTRATED)	\$0 (Tier 1)	PA ³ , INS
HUMULIN R U-500 KWIKPEN	\$0 (Tier 1)	INS
INSULIN ASP PROT & ASP FLEXPEN	\$0 (Tier 1)	INS
INSULIN ASPART	\$0 (Tier 1)	PA ³ , INS
INSULIN ASPART FLEXPEN	\$0 (Tier 1)	INS
INSULIN ASPART PENFILL	\$0 (Tier 1)	INS
INSULIN ASPART PROT & ASPART	\$0 (Tier 1)	INS
LANTUS	\$0 (Tier 1)	INS
LANTUS SOLOSTAR	\$0 (Tier 1)	INS
NOVOLIN 70/30	\$0 (Tier 1)	INS
NOVOLIN 70/30 FLEXPEN	\$0 (Tier 1)	INS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NOVOLIN 70/30 FLEXPEN RELION	\$0 (Tier 1)	INS
NOVOLIN 70/30 RELION	\$0 (Tier 1)	INS
NOVOLIN N	\$0 (Tier 1)	INS
NOVOLIN N FLEXPEN	\$0 (Tier 1)	INS
NOVOLIN N FLEXPEN RELION	\$0 (Tier 1)	INS
NOVOLIN N RELION	\$0 (Tier 1)	INS
NOVOLIN R	\$0 (Tier 1)	INS
NOVOLIN R FLEXPEN	\$0 (Tier 1)	INS
NOVOLIN R FLEXPEN RELION	\$0 (Tier 1)	INS
NOVOLIN R RELION	\$0 (Tier 1)	INS
NOVOLOG	\$0 (Tier 1)	PA ³ , INS
NOVOLOG 70/30 FLEXPEN RELION	\$0 (Tier 1)	INS
NOVOLOG FLEXPEN	\$0 (Tier 1)	INS
NOVOLOG FLEXPEN RELION	\$0 (Tier 1)	INS
NOVOLOG MIX 70/30	\$0 (Tier 1)	INS
NOVOLOG MIX 70/30 FLEXPEN	\$0 (Tier 1)	INS
NOVOLOG MIX 70/30 RELION	\$0 (Tier 1)	INS
NOVOLOG PENFILL	\$0 (Tier 1)	INS
NOVOLOG RELION	\$0 (Tier 1)	PA ³ , INS
TOUJEO MAX SOLOSTAR	\$0 (Tier 1)	INS
TOUJEO SOLOSTAR	\$0 (Tier 1)	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
JARDIANCE	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
SULFONYLUREAS		
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	\$0 (Tier 1)	
<i>glipizide 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>glipizide er</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>glipizide xl</i>	\$0 (Tier 1)	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>bismuth subsalicylate (pepto-bismol)</i>	\$0 (OTC)	
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
<i>alosetron hcl</i>	\$0 (Tier 1)	NDS
<i>diphenoxylate-atropine diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i>	\$0 (Tier 1)	
<i>loperamide (immodium)</i>	\$0 (OTC)	
<i>loperamide (immodium) rx only</i>	\$0 (Tier 1)	
XERMELO	\$0 (Tier 1)	PA, LA, QL (84 EA PER 28 DAYS), NDS
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>activated charcoal</i>	\$0 (OTC)	
OPIOID ANTAGONISTS		
KLOXXADO	\$0 (Tier 1)	
NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 4 MG/0.1ML LIQUID, NALOXONE HCL 4 MG/10ML SOLUTION	\$0 (Tier 1)	
<i>naltrexone hcl 50 mg tab</i>	\$0 (Tier 1)	
NARCAN	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPVEE	\$0 (Tier 1)	
VIVITROL	\$0 (Tier 1)	NDS
ZIMHI	\$0 (Tier 1)	

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl 1 mg tab</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ³
<i>ondansetron 4 mg tab disp, 8 mg tab disp</i>	\$0 (Tier 1)	PA ³
<i>ondansetron hcl 4 mg tab, 4 mg/5ml solution</i>	\$0 (Tier 1)	PA ³
<i>ondansetron hcl 8 mg tab</i>	\$0 (Tier 1)	PA ³

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate (dramamine)</i>	\$0 (OTC)	
<i>meclizine</i>	\$0 (OTC)	
<i>meclizine rx only</i>	\$0 (Tier 1)	
<i>scopolamine</i>	\$0 (Tier 1)	

ANTIEMETICS - MISCELLANEOUS

<i>aprepitant 40 mg cap, 125 mg cap</i>	\$0 (Tier 1)	QL (3 EA PER 2 OVER TIME), PA ³
<i>aprepitant 80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap</i>	\$0 (Tier 1)	QL (6 EA PER 4 OVER TIME), PA ³
<i>dronabinol</i>	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS)

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

<i>casprofungin acetate 50 mg recon soln</i>	\$0 (Tier 1)	
<i>casprofungin acetate 70 mg recon soln</i>	\$0 (Tier 1)	
<i>micafungin sodium micafungin sodium, micafungin sodium</i>	\$0 (Tier 1)	
ABELCET	\$0 (Tier 1)	PA ³

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
AMPHOTERICIN B 50 MG RECON SOLN	\$0 (Tier 1)	PA ³
<i>flucytosine 250 mg cap, 500 mg cap</i>	\$0 (Tier 1)	NDS
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize</i>	\$0 (Tier 1)	
<i>nystatin 500000 unit tab</i>	\$0 (Tier 1)	
<i>terbinafine hcl 250 mg tab</i>	\$0 (Tier 1)	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	\$0 (Tier 1)	NDS
<i>fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	\$0 (Tier 1)	
<i>fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution</i>	\$0 (Tier 1)	
<i>itraconazole 10 mg/ml solution, 100 mg cap</i>	\$0 (Tier 1)	PA
<i>ketoconazole 200 mg tab</i>	\$0 (Tier 1)	
<i>posaconazole 100 mg tab dr</i>	\$0 (Tier 1)	PA, NDS
<i>voriconazole 200 mg recon soln</i>	\$0 (Tier 1)	PA, NDS
<i>voriconazole 40 mg/ml recon susp</i>	\$0 (Tier 1)	PA, NDS
<i>voriconazole 50 mg tab, 200 mg tab</i>	\$0 (Tier 1)	PA
ANTHYPERLIPIDEMICS		
ANTHYPERLIPIDEMICS - MISC.		
<i>ezetimibe</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>icosapent ethyl</i>	\$0 (Tier 1)	
<i>niacin er (antihyperlipidemic)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>omega-3-acid ethyl esters</i>	\$0 (Tier 1)	
REPATHA	\$0 (Tier 1)	QL (2 ML PER 28 DAYS)
REPATHA PUSHTRONEX SYSTEM	\$0 (Tier 1)	QL (3.5 ML PER 28 DAYS)
REPATHA SURECLICK	\$0 (Tier 1)	QL (2 ML PER 28 DAYS)
BILE ACID SEQUESTRANTS		
<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	\$0 (Tier 1)	
<i>cholestyramine light</i>	\$0 (Tier 1)	
<i>colesevelam hcl</i>	\$0 (Tier 1)	
<i>colestipol hcl</i>	\$0 (Tier 1)	
<i>prevalite</i>	\$0 (Tier 1)	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap</i>	\$0 (Tier 1)	
<i>fenofibrate micronized 43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap</i>	\$0 (Tier 1)	
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	\$0 (Tier 1)	
<i>gemfibrozil 600 mg tab</i>	\$0 (Tier 1)	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	\$0 (Tier 1)	
<i>fluvastatin sodium</i>	\$0 (Tier 1)	
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
<i>pravastatin sodium</i>	\$0 (Tier 1)	
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>fosinopril sodium</i>	\$0 (Tier 1)	
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
<i>moexipril hcl</i>	\$0 (Tier 1)	
PERINDOPRIL ERBUMINE 2 MG TAB	\$0 (Tier 1)	
<i>perindopril erbumine 4 mg tab, 8 mg tab</i>	\$0 (Tier 1)	
PERINDOPRIL ERBUMINE 8 MG TAB	\$0 (Tier 1)	
<i>quinapril hcl</i>	\$0 (Tier 1)	
<i>ramipril</i>	\$0 (Tier 1)	
<i>trandolapril</i>	\$0 (Tier 1)	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil</i>	\$0 (Tier 1)	
<i>irbesartan</i>	\$0 (Tier 1)	
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
<i>telmisartan</i>	\$0 (Tier 1)	
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine tablet</i>	\$0 (Tier 1)	
<i>clonidine weekly patch</i>	\$0 (Tier 1)	
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	\$0 (Tier 1)	
<i>guanfacine hcl</i>	\$0 (Tier 1)	
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	\$0 (Tier 1)	
<i>terazosin hcl</i>	\$0 (Tier 1)	

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besy-benazepril hcl</i>	\$0 (Tier 1)	
<i>amlodipine besylate-valsartan</i>	\$0 (Tier 1)	
<i>amlodipine-olmesartan</i>	\$0 (Tier 1)	
<i>amlodipine-valsartan-hctz</i>	\$0 (Tier 1)	
<i>atenolol-chlorthalidone</i>	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>candesartan cilexetil-hctz</i>	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>fosinopril sodium-hctz</i>	\$0 (Tier 1)	
<i>irbesartan-hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>losartan potassium-hctz</i>	\$0 (Tier 1)	
<i>metoprolol-hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>olmesartan medoxomil-hctz</i>	\$0 (Tier 1)	
<i>olmesartan-amlodipine-hctz</i>	\$0 (Tier 1)	
TELMISARTAN-AMLODIPINE	\$0 (Tier 1)	
<i>telmisartan-hctz</i>	\$0 (Tier 1)	
<i>valsartan-hydrochlorothiazide</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren fumarate</i>	\$0 (Tier 1)	
<i>epplerenone</i>	\$0 (Tier 1)	
<i>metyrosine</i>	\$0 (Tier 1)	PA, NDS
VASODILATORS		
<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	\$0 (Tier 1)	
COARTEM	\$0 (Tier 1)	
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	\$0 (Tier 1)	
<i>hydroxychloroquine sulfate 200 mg tab</i>	\$0 (Tier 1)	
<i>mefloquine hcl</i>	\$0 (Tier 1)	
<i>primaquine phosphate</i>	\$0 (Tier 1)	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	\$0 (Tier 1)	
<i>pyrimethamine 25 mg tab</i>	\$0 (Tier 1)	PA, LA, NDS
<i>quinine sulfate 324 mg cap</i>	\$0 (Tier 1)	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	\$0 (Tier 1)	PA, NDS
<i>pyridostigmine bromide 60 mg tab, 60 mg/5ml solution</i>	\$0 (Tier 1)	
<i>pyridostigmine bromide er</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTIMYCOBACTERIAL AGENTS

<i>dapsone 25 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	\$0 (Tier 1)	
<i>isoniazid 300mg tab</i>	\$0 (Tier 1)	
<i>isoniazid 50mg/5ml syrup</i>	\$0 (Tier 1)	
<i>isoniazid isoniazid 100 mg tab, isoniazid 100 mg/ml solution</i>	\$0 (Tier 1)	
PRIFTIN	\$0 (Tier 1)	
<i>pyrazinamide 500 mg tab</i>	\$0 (Tier 1)	
<i>rifabutin</i>	\$0 (Tier 1)	
<i>rifampin 150 mg cap, 300 mg cap, 600 mg recon soln</i>	\$0 (Tier 1)	
SIRTURO	\$0 (Tier 1)	PA, LA, NDS
TRECTOR	\$0 (Tier 1)	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide 25 mg cap</i>	\$0 (Tier 1)	PA ³
CYCLOPHOSPHAMIDE 25 MG TAB, 50 MG TAB	\$0 (Tier 1)	PA ³
<i>cyclophosphamide 50 mg cap</i>	\$0 (Tier 1)	PA ³
GLEOSTINE 10 MG CAP	\$0 (Tier 1)	
GLEOSTINE 40 MG CAP, 100 MG CAP	\$0 (Tier 1)	NDS
<i>temozolomide</i>	\$0 (Part B Covered)	

ANTIMETABOLITES

<i>capecitabine</i>	\$0 (Part B Covered)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mercaptopurine 50 mg tab</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	\$0 (Tier 1)	
METHOTREXATE SODIUM METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 2.5 MG TAB	\$0 (Tier 1)	
ONUREG	\$0 (Tier 1)	QL (14 EA PER 28 DAYS), PA ² , NDS
PURIXAN	\$0 (Tier 1)	LA, NDS
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	\$0 (Tier 1)	QL (84 EA PER 28 DAYS), PA ² , NDS
FRUZAQLA 5 MG CAP	\$0 (Tier 1)	QL (21 EA PER 28 DAYS), PA ² , NDS
INLYTA 1 MG TAB	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
INLYTA 5 MG TAB	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
LENVIMA (10 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (12 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (14 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (18 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (20 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (24 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (4 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (8 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>erlotinib hcl 25 mg tab</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>gefitinib</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
GILOTRIF	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
LAZCLUZE 240 MG TAB	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
LAZCLUZE 80 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
TAGRISSO	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
VIZIMPRO	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

DAURISMO 100 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
DAURISMO 25 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
ERIVEDGE	\$0 (Tier 1)	LA, QL (28 EA PER 28 DAYS), PA ² , NDS
ODOMZO	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate 250 mg tab</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA ² , NDS
<i>abiraterone acetate 500 mg tab</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
AKEEGA	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>anastrozole 1 mg tab</i>	\$0 (Tier 1)	
<i>bicalutamide</i>	\$0 (Tier 1)	
ELIGARD 22.5 MG KIT	\$0 (Tier 1)	QL (1 EA PER 84 OVER TIME)
ELIGARD 30 MG KIT	\$0 (Tier 1)	QL (1 EA PER 112 OVER TIME)
ELIGARD 45 MG KIT	\$0 (Tier 1)	QL (1 EA PER 168 OVER TIME)
ELIGARD 7.5 MG KIT	\$0 (Tier 1)	QL (1 EA PER 28 DAYS)
ERLEADA 240 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
ERLEADA 60 MG TAB	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
<i>exemestane</i>	\$0 (Tier 1)	
FIRMAGON	\$0 (Tier 1)	PA ²
FIRMAGON (240 MG DOSE)	\$0 (Tier 1)	PA ²
<i>letrozole 2.5 mg tab</i>	\$0 (Tier 1)	
LUPRON DEPOT (1-MONTH) -3.75 MG KIT	\$0 (Tier 1)	QL (1 EA PER 28 DAYS), NDS
LUPRON DEPOT (3-MONTH) -11.25 MG KIT	\$0 (Tier 1)	QL (1 EA PER 84 OVER TIME), NDS
LYSODREN	\$0 (Tier 1)	LA, NDS
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	PA ²
<i>megestrol acetate 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	\$0 (Tier 1)	PA
<i>nilutamide</i>	\$0 (Tier 1)	PA ² , NDS
NUBEQA	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
ORGOVYX	\$0 (Tier 1)	LA, QL (30 EA PER 28 DAYS), PA ² , NDS
ORSERDU 345 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
ORSERDU 86 MG TAB	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
SOLTAMOX	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>toremifene citrate</i>	\$0 (Tier 1)	NDS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	\$0 (Tier 1)	QL (1 EA PER 84 OVER TIME)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	\$0 (Tier 1)	QL (1 EA PER 168 OVER TIME)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	\$0 (Tier 1)	QL (1 EA PER 28 DAYS)
XTANDI 40 MG CAP, 40 MG TAB	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
XTANDI 80 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTIC COMBINATIONS		
INQOVI	\$0 (Tier 1)	LA, QL (5 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (200 MG DOSE)	\$0 (Tier 1)	QL (49 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (400 MG DOSE)	\$0 (Tier 1)	QL (70 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (600 MG DOSE)	\$0 (Tier 1)	QL (91 EA PER 28 DAYS), PA ² , NDS
LONSURF 15-6.14 MG TAB	\$0 (Tier 1)	LA, QL (100 EA PER 28 DAYS), PA ² , NDS
LONSURF 20-8.19 MG TAB	\$0 (Tier 1)	LA, QL (80 EA PER 28 DAYS), PA ² , NDS
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	\$0 (Tier 1)	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG 30 MG TAB	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
AUGTYRO 160 MG CAP	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
AUGTYRO 40 MG CAP	\$0 (Tier 1)	QL (240 EA PER 30 DAYS), PA ² , NDS
BALVERSA 3 MG TAB, 4 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
BALVERSA 5 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG CAP	\$0 (Tier 1)	QL (180 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG TAB	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
BOSULIF 400 MG TAB, 500 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
BOSULIF 50 MG CAP	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
BRAFTOVI	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
BRUKINSA	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
CABOMETYX	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
CALQUENCE 100 MG CAP	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
CALQUENCE 100 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 100 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 300 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
COMETRIQ (100 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (56 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (140 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (112 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (60 MG DAILY DOSE)	\$0 (Tier 1)	LA, QL (84 EA PER 28 DAYS), PA ² , NDS
COPIKTRA	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COTELLIC	\$0 (Tier 1)	LA, QL (63 EA PER 28 DAYS), PA ² , NDS
<i>dasatinib 20 mg tab</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>dasatinib 50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 2 mg tab sol</i>	\$0 (Tier 1)	QL (150 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 3 mg tab sol</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 5 mg tab sol</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
FOTIVDA	\$0 (Tier 1)	LA, QL (21 EA PER 28 DAYS), PA ² , NDS
GAVRETO	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
IBRANCE	\$0 (Tier 1)	LA, QL (21 EA PER 28 DAYS), PA ² , NDS
ICLUSIG	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
IDHIFA	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
<i>imatinib mesylate 100 mg tab</i>	\$0 (Tier 1)	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>imatinib mesylate 400 mg tab</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 140 MG CAP	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG CAP, 420 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG/ML SUSPENSION	\$0 (Tier 1)	LA, QL (324 ML PER 30 DAYS), PA ² , NDS
INREBIC	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JAKAFI	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
JAYPIRCA 100 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
JAYPIRCA 50 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
KISQALI (200 MG DOSE)	\$0 (Tier 1)	QL (21 EA PER 28 DAYS), PA ² , NDS
KISQALI (400 MG DOSE)	\$0 (Tier 1)	QL (42 EA PER 28 DAYS), PA ² , NDS
KISQALI (600 MG DOSE)	\$0 (Tier 1)	QL (63 EA PER 28 DAYS), PA ² , NDS
KOSELUGO 10 MG CAP	\$0 (Tier 1)	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
KOSELUGO 25 MG CAP	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
KRAZATI	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
<i>lapatinib ditosylate</i>	\$0 (Tier 1)	QL (180 EA PER 30 DAYS), PA ² , NDS
LORBRENA 100 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
LORBRENA 25 MG TAB	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 120 MG TAB	\$0 (Tier 1)	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 240 MG TAB	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 320 MG TAB	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
LYNPARZA	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
LYTGOBI (12 MG DAILY DOSE)	\$0 (Tier 1)	QL (84 EA PER 28 DAYS), PA ² , NDS
LYTGOBI (16 MG DAILY DOSE)	\$0 (Tier 1)	QL (112 EA PER 28 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LYTGOBI (20 MG DAILY DOSE)	\$0 (Tier 1)	QL (140 EA PER 28 DAYS), PA ² , NDS
MEKINIST 0.05 MG/ML RECON SOLN	\$0 (Tier 1)	QL (1200 ML PER 30 DAYS), PA ² , NDS
MEKINIST 0.5 MG TAB	\$0 (Tier 1)	QL (90 EA PER 30 DAYS), PA ² , NDS
MEKINIST 2 MG TAB	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
MEKTOVI	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
NERLYNX	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
NINLARO	\$0 (Tier 1)	LA, QL (3 EA PER 28 DAYS), PA ² , NDS
OGSIVEO 100 MG TAB, 150 MG TAB	\$0 (Tier 1)	QL (56 EA PER 28 DAYS), PA ² , NDS
OGSIVEO 50 MG TAB	\$0 (Tier 1)	QL (180 EA PER 30 DAYS), PA ² , NDS
OJEMDA 100 MG TAB	\$0 (Tier 1)	QL (24 EA PER 28 DAYS), PA ² , NDS
OJEMDA 25 MG/ML RECON SUSP	\$0 (Tier 1)	QL (96 ML PER 28 DAYS), PA ² , NDS
OJJAARA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>pazopanib hcl</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA ² , NDS
PEMAZYRE	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
PIQRAY (200 MG DAILY DOSE)	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
PIQRAY (250 MG DAILY DOSE)	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
PIQRAY (300 MG DAILY DOSE)	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
QINLOCK	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RETEVMO 40 MG CAP	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
RETEVMO 40 MG TAB	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
RETEVMO 80 MG CAP	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
REZLIDHIA	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 100 MG CAP	\$0 (Tier 1)	LA, QL (150 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 200 MG CAP	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 50 MG PACKET	\$0 (Tier 1)	QL (336 EA PER 28 DAYS), PA ² , NDS
RUBRACA	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
RYDAPT	\$0 (Tier 1)	QL (224 EA PER 28 DAYS), PA ² , NDS
SCSEMBLIX 100 MG TAB	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA ² , NDS
SCSEMBLIX 20 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
SCSEMBLIX 40 MG TAB	\$0 (Tier 1)	QL (300 EA PER 30 DAYS), PA ² , NDS
<i>sorafenib tosylate</i>	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA ² , NDS
STIVARGA	\$0 (Tier 1)	LA, QL (84 EA PER 28 DAYS), PA ² , NDS
<i>sunitinib malate</i>	\$0 (Tier 1)	QL (28 EA PER 28 DAYS), PA ² , NDS
TABRECTA	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA ² , NDS
TAFINLAR 10 MG TAB SOL	\$0 (Tier 1)	QL (840 EA PER 28 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TAFINLAR 50 MG CAP, 75 MG CAP	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.1 MG CAP, 0.35 MG CAP	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.25 MG CAP	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
TASIGNA 150 MG CAP, 200 MG CAP	\$0 (Tier 1)	QL (112 EA PER 28 DAYS), PA ² , NDS
TASIGNA 50 MG CAP	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA ² , NDS
TAZVERIK	\$0 (Tier 1)	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
TEPMETKO	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
TIBSOVO	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
<i>torpenz</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
TRUQAP	\$0 (Tier 1)	QL (64 EA PER 28 DAYS), PA ² , NDS
TURALIO 125 MG CAP	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
VANFLYTA 17.7 MG TAB	\$0 (Tier 1)	QL (28 EA PER 28 DAYS), PA ² , NDS
VANFLYTA 26.5 MG TAB	\$0 (Tier 1)	QL (56 EA PER 28 DAYS), PA ² , NDS
VERZENIO	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 100 MG CAP	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 20 MG/ML SOLUTION	\$0 (Tier 1)	LA, QL (300 ML PER 30 DAYS), PA ² , NDS
VITRAKVI 25 MG CAP	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VONJO	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
VORANIGO 10 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
VORANIGO 40 MG TAB	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
XALKORI 150 MG CAP SPRINK	\$0 (Tier 1)	QL (180 EA PER 30 DAYS), PA ² , NDS
XALKORI 20 MG CAP SPRINK, 50 MG CAP SPRINK	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA ² , NDS
XALKORI 200 MG CAP	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
XALKORI 250 MG CAP	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
XOSPATA	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
ZELBORAF	\$0 (Tier 1)	LA, QL (240 EA PER 30 DAYS), PA ² , NDS
ZOLINZA	\$0 (Tier 1)	QL (120 EA PER 30 DAYS), PA ² , NDS
ZYDELIG	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ² , NDS
ZYKADIA	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTICS MISC.		
ACTIMMUNE	\$0 (Tier 1)	LA, PA ² , NDS
AYVAKIT	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
BESREMI	\$0 (Tier 1)	LA, QL (2 ML PER 28 DAYS), PA ² , NDS
<i>bexarotene 75 mg cap</i>	\$0 (Tier 1)	QL (300 EA PER 30 DAYS), PA ² , NDS

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydroxyurea 500 mg cap</i>	\$0 (Tier 1)	
MATULANE	\$0 (Tier 1)	LA, NDS
POMALYST	\$0 (Tier 1)	LA, QL (21 EA PER 28 DAYS), PA ² , NDS
<i>tretinoin 10 mg cap</i>	\$0 (Tier 1)	NDS
TUKYSA	\$0 (Tier 1)	LA, QL (120 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 10 MG TAB	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), PA ²
VENCLEXTA 100 MG TAB	\$0 (Tier 1)	LA, QL (180 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 50 MG TAB	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA STARTING PACK	\$0 (Tier 1)	LA, QL (42 EA PER 28 DAYS), PA ² , NDS
WELIREG	\$0 (Tier 1)	LA, QL (90 EA PER 30 DAYS), PA ² , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	\$0 (Tier 1)	LA, QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	\$0 (Tier 1)	LA, QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	\$0 (Tier 1)	LA, QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	\$0 (Tier 1)	LA, QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG TWICE WEEKLY)	\$0 (Tier 1)	LA, QL (24 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	\$0 (Tier 1)	LA, QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG TWICE WEEKLY)	\$0 (Tier 1)	LA, QL (32 EA PER 28 DAYS), PA ² , NDS
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	\$0 (Tier 1)	QL (240 EA PER 30 DAYS), PA ² , NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	\$0 (Tier 1)	
MESNEX 400 MG TAB	\$0 (Tier 1)	NDS

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa 25 mg tab</i>	\$0 (Tier 1)
<i>entacapone</i>	\$0 (Tier 1)

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	\$0 (Tier 1)
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	\$0 (Tier 1)

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab</i>	\$0 (Tier 1)
<i>bromocriptine mesylate 2.5 mg tab, 5 mg cap</i>	\$0 (Tier 1)
CARBIDOPA-LEVODOPA CARBIDOPA-LEVODOPA, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA- LEVODOPA 25-250 MG TAB DISP	\$0 (Tier 1)
<i>carbidopa-levodopa er</i>	\$0 (Tier 1)
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	\$0 (Tier 1)
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	\$0 (Tier 1)
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	\$0 (Tier 1)
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	\$0 (Tier 1)	
<i>pramipexole dihydrochloride</i>	\$0 (Tier 1)	
<i>ropinirole hcl</i>	\$0 (Tier 1)	
<i>ropinirole hcl er</i>	\$0 (Tier 1)	
RYTARY	\$0 (Tier 1)	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	\$0 (Tier 1)	
<i>selegiline hcl 5 mg cap, 5 mg tab</i>	\$0 (Tier 1)	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	\$0 (Tier 1)	
LITHIUM CARBONATE 150 MG CAP, 300 MG CAP	\$0 (Tier 1)	
<i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab</i>	\$0 (Tier 1)	
LITHIUM CARBONATE 600 MG CAP	\$0 (Tier 1)	
<i>lithium carbonate er</i>	\$0 (Tier 1)	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
COBENFY	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
COBENFY STARTER PACK	\$0 (Tier 1)	QL (56 EA PER 28 DAYS), PA ² , NDS
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>haloperidol decanoate 50 mg/ml, 100 mg/ml</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>haloperidol lactate</i>	\$0 (Tier 1)	
<i>lurasidone hcl</i>	\$0 (Tier 1)	
MOLINDONE HCL	\$0 (Tier 1)	
NUPLAZID	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), PA ² , NDS
<i>thiothixene</i>	\$0 (Tier 1)	
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), NDS
<i>ziprasidone hcl</i>	\$0 (Tier 1)	
<i>ziprasidone mesylate</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
BENZISOXAZOLES		
FANAPT	\$0 (Tier 1)	QL (60 EA PER 30 DAYS), PA ² , NDS
FANAPT TITRATION PACK	\$0 (Tier 1)	QL (8 EA PER 180 OVER TIME), PA ²
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	\$0 (Tier 1)	QL (3.5 ML PER 180 OVER TIME), NDS
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	\$0 (Tier 1)	QL (5 ML PER 180 OVER TIME), NDS
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	\$0 (Tier 1)	QL (0.75 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	\$0 (Tier 1)	QL (1 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	\$0 (Tier 1)	QL (1.5 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	\$0 (Tier 1)	QL (0.25 ML PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	\$0 (Tier 1)	QL (0.5 ML PER 28 DAYS), NDS
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	\$0 (Tier 1)	QL (0.88 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	\$0 (Tier 1)	QL (1.32 ML PER 90 OVER TIME), NDS

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	\$0 (Tier 1)	QL (1.75 ML PER 90 OVER TIME), NDS
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	\$0 (Tier 1)	QL (2.63 ML PER 90 OVER TIME), NDS
<i>paliperidone er 6 mg tab 24h</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>paliperidone er er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
PERSERIS	\$0 (Tier 1)	QL (1 EA PER 30 DAYS), NDS
<i>risperidone microspheres er er 12.5 mg, er 25 mg</i>	\$0 (Tier 1)	QL (2 EA PER 28 DAYS)
<i>risperidone microspheres er er 37.5 mg, er 50 mg</i>	\$0 (Tier 1)	QL (2 EA PER 28 DAYS), NDS
<i>risperidone risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 0.5 mg tab disp, risperidone 1 mg tab, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 2 mg tab disp, risperidone 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab disp, risperidone 0.25 mg tab disp, risperidone 4 mg tab</i>	\$0 (Tier 1)	
UZEDY 100 MG/0.28ML SUSP PRSYR	\$0 (Tier 1)	QL (0.28 ML PER 30 DAYS), NDS
UZEDY 125 MG/0.35ML SUSP PRSYR	\$0 (Tier 1)	QL (0.35 ML PER 30 DAYS), NDS
UZEDY 150 MG/0.42ML SUSP PRSYR	\$0 (Tier 1)	QL (0.42 ML PER 60 OVER TIME), NDS
UZEDY 200 MG/0.56ML SUSP PRSYR	\$0 (Tier 1)	QL (0.56 ML PER 60 OVER TIME), NDS
UZEDY 250 MG/0.7ML SUSP PRSYR	\$0 (Tier 1)	QL (0.7 ML PER 60 OVER TIME), NDS
UZEDY 50 MG/0.14ML SUSP PRSYR	\$0 (Tier 1)	QL (0.14 ML PER 30 DAYS), NDS
UZEDY 75 MG/0.21ML SUSP PRSYR	\$0 (Tier 1)	QL (0.21 ML PER 30 DAYS), NDS
DIBENZAPINES		
<i>asenapine maleate</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
CLOZAPINE 12.5 MG TAB DISP	\$0 (Tier 1)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clozapine clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp, clozapine 150 mg tab disp</i>	\$0 (Tier 1)	
<i>loxapine succinate</i>	\$0 (Tier 1)	
<i>olanzapine</i>	\$0 (Tier 1)	
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>	\$0 (Tier 1)	
<i>quetiapine fumarate er</i>	\$0 (Tier 1)	
SECUADO	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ² , NDS
VERSACLOZ	\$0 (Tier 1)	NDS
ZYPREXA RELPREVV 210 MG RECON SUSP	\$0 (Tier 1)	QL (2 EA PER 28 DAYS)
PHENOTHIAZINES		
<i>chlorpromazine hcl chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc</i>	\$0 (Tier 1)	
<i>compro</i>	\$0 (Tier 1)	
<i>fluphenazine decanoate 25 mg/ml solution</i>	\$0 (Tier 1)	
<i>fluphenazine hcl fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg tab</i>	\$0 (Tier 1)	
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	\$0 (Tier 1)	
<i>prochlorperazine</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>trifluoperazine hcl</i>	\$0 (Tier 1)	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	\$0 (Tier 1)	QL (2.4 ML PER 56 OVER TIME), NDS
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	\$0 (Tier 1)	QL (3.2 ML PER 56 OVER TIME), NDS
ABILIFY MAINTENA	\$0 (Tier 1)	QL (1 EA PER 28 DAYS), NDS
<i>aripiprazole 1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	\$0 (Tier 1)	
<i>aripiprazole 10 mg tab disp, 15 mg tab disp</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	\$0 (Tier 1)	QL (3.9 ML PER 56 OVER TIME), NDS
ARISTADA 441 MG/1.6ML PRSYR	\$0 (Tier 1)	QL (1.6 ML PER 28 DAYS), NDS
ARISTADA 662 MG/2.4ML PRSYR	\$0 (Tier 1)	QL (2.4 ML PER 28 DAYS), NDS
ARISTADA 882 MG/3.2ML PRSYR	\$0 (Tier 1)	QL (3.2 ML PER 28 DAYS), NDS
ARISTADA INITIO	\$0 (Tier 1)	QL (4.8 ML PER 365 OVER TIME), NDS
REXULTI	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), NDS
ANTISEPTICS & DISINFECTANTS		
<i>hydrogen peroxide</i>	\$0 (OTC)	
CHLORINE ANTISEPTICS		
<i>chlorhexidine gluconate</i>	\$0 (OTC)	
IODINE ANTISEPTICS		
<i>povidone-iodine (betadine)</i>	\$0 (OTC)	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>abacavir sulfate-lamivudine</i>	\$0 (Tier 1)	
APTIVUS 250 MG CAP	\$0 (Tier 1)	NDS
<i>atazanavir sulfate</i>	\$0 (Tier 1)	
BIKTARVY	\$0 (Tier 1)	NDS
CIMDUO	\$0 (Tier 1)	NDS
COMPLERA	\$0 (Tier 1)	NDS
<i>darunavir</i>	\$0 (Tier 1)	NDS
DELSTRIGO	\$0 (Tier 1)	NDS
DESCOVY	\$0 (Tier 1)	NDS
DOVATO	\$0 (Tier 1)	NDS
EDURANT	\$0 (Tier 1)	NDS
<i>efavirenz 600 mg tab</i>	\$0 (Tier 1)	
<i>efavirenz-emtricitab-tenofovir df</i>	\$0 (Tier 1)	NDS
<i>efavirenz-lamivudine-tenofovir</i>	\$0 (Tier 1)	NDS
<i>emtricitabine</i>	\$0 (Tier 1)	
<i>emtricitabine-tenofovir df -100-150 mg tab, -133-200 mg tab, -167-250 mg tab</i>	\$0 (Tier 1)	NDS
<i>emtricitabine-tenofovir df -200-300 mg</i>	\$0 (Tier 1)	
EMTRIVA 10 MG/ML SOLUTION	\$0 (Tier 1)	
<i>etravirine</i>	\$0 (Tier 1)	NDS
EVOTAZ	\$0 (Tier 1)	NDS
<i>fosamprenavir calcium</i>	\$0 (Tier 1)	NDS
FUZEON	\$0 (Tier 1)	NDS
GENVOYA	\$0 (Tier 1)	NDS
INTELENCE 25 MG TAB	\$0 (Tier 1)	
ISENTRESS 100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB	\$0 (Tier 1)	NDS
ISENTRESS 25 MG CHEW TAB	\$0 (Tier 1)	
ISENTRESS HD	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JULUCA	\$0 (Tier 1)	NDS
<i>lamivudine 10 mg/ml solution, 150 mg tab, 300 mg tab</i>	\$0 (Tier 1)	
<i>lamivudine-zidovudine</i>	\$0 (Tier 1)	
<i>lopinavir-ritonavir</i>	\$0 (Tier 1)	
<i>maraviroc</i>	\$0 (Tier 1)	NDS
<i>nevirapine er 400 mg tab 24h</i>	\$0 (Tier 1)	
<i>nevirapine nevirapine 200 mg tab, nevirapine 50 mg/5ml suspension</i>	\$0 (Tier 1)	
NORVIR 100 MG PACKET	\$0 (Tier 1)	
ODEFSEY	\$0 (Tier 1)	NDS
PIFELTRO	\$0 (Tier 1)	NDS
PREZCOBIX	\$0 (Tier 1)	NDS
PREZISTA 100 MG/ML SUSPENSION, 150 MG TAB	\$0 (Tier 1)	NDS
PREZISTA 75 MG TAB	\$0 (Tier 1)	
REYATAZ 50 MG PACKET	\$0 (Tier 1)	NDS
<i>ritonavir</i>	\$0 (Tier 1)	
RUKOBIA	\$0 (Tier 1)	NDS
SELZENTRY 20 MG/ML SOLUTION, 75 MG TAB	\$0 (Tier 1)	NDS
SELZENTRY 25 MG TAB	\$0 (Tier 1)	
STRIBILD	\$0 (Tier 1)	NDS
SUNLENCA 4 300 MG TAB THPK, 5 300 MG TAB THPK	\$0 (Tier 1)	NDS
SYMTUZA	\$0 (Tier 1)	NDS
<i>tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	
TIVICAY 10 MG TAB	\$0 (Tier 1)	
TIVICAY 25 MG TAB, 50 MG TAB	\$0 (Tier 1)	NDS
TIVICAY PD	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRIUMEQ	\$0 (Tier 1)	NDS
TRIUMEQ PD	\$0 (Tier 1)	
VIRACEPT	\$0 (Tier 1)	NDS
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	\$0 (Tier 1)	NDS
<i>zidovudine</i>	\$0 (Tier 1)	
CMV AGENTS		
LIVTENCITY	\$0 (Tier 1)	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 240 MG TAB, 480 MG TAB	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
<i>valganciclovir hcl 450 mg tab</i>	\$0 (Tier 1)	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	\$0 (Tier 1)	NDS
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	\$0 (Tier 1)	
BARACLUDE 0.05 MG/ML SOLUTION	\$0 (Tier 1)	NDS
<i>entecavir</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	\$0 (Tier 1)	
LEDIPASVIR-SOFOSBUVIR	\$0 (Tier 1)	PA, QL (28 EA PER 28 DAYS), NDS
MAVYRET 100-40 MG TAB	\$0 (Tier 1)	PA, QL (84 EA PER 28 DAYS), NDS
MAVYRET 50-20 MG PACKET	\$0 (Tier 1)	PA, QL (168 EA PER 28 DAYS), NDS
PEGASYS	\$0 (Tier 1)	PA, NDS
RIBAVIRIN 200 MG CAP	\$0 (Tier 1)	
RIBAVIRIN 200 MG TAB	\$0 (Tier 1)	
SOFOSBUVIR-VELPATASVIR	\$0 (Tier 1)	PA, QL (28 EA PER 28 DAYS), NDS
VEMLIDY	\$0 (Tier 1)	NDS
VOSEVI	\$0 (Tier 1)	PA, QL (28 EA PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HERPES AGENTS		
<i>acyclovir 200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab</i>	\$0 (Tier 1)	
<i>acyclovir sodium</i>	\$0 (Tier 1)	PA ³
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	\$0 (Tier 1)	
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	\$0 (Tier 1)	
INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	\$0 (Tier 1)	QL (84 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	\$0 (Tier 1)	QL (42 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	\$0 (Tier 1)	QL (540 ML PER 180 OVER TIME)
RIMANTADINE HCL	\$0 (Tier 1)	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	\$0 (Tier 1)	
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	\$0 (Tier 1)	
MISC. ANTIVIRALS		
PAXLOVID (150/100)	\$0 (Tier 1)	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	\$0 (Tier 1)	QL (30 EA PER 5 OVER TIME)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	\$0 (Tier 1)	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	\$0 (Tier 1)	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	\$0 (Tier 1)	
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>metoprolol succinate er</i>	\$0 (Tier 1)	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>nebivolol hcl</i>	\$0 (Tier 1)	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	\$0 (Tier 1)	
<i>pindolol</i>	\$0 (Tier 1)	
<i>propranolol hcl er</i>	\$0 (Tier 1)	
<i>propranolol hcl propranolol hcl 40 mg/5ml solution, propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab</i>	\$0 (Tier 1)	
<i>sorine</i>	\$0 (Tier 1)	
<i>sotalol hcl</i>	\$0 (Tier 1)	
<i>sotalol hcl (af)</i>	\$0 (Tier 1)	
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>cartia xt</i>	\$0 (Tier 1)	
<i>dilt-xr</i>	\$0 (Tier 1)	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	\$0 (Tier 1)	
<i>diltiazem hcl er</i>	\$0 (Tier 1)	
<i>diltiazem hcl er beads</i>	\$0 (Tier 1)	
<i>diltiazem hcl er coated beads</i>	\$0 (Tier 1)	
<i>felodipine er</i>	\$0 (Tier 1)	
<i>isradipine</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>matzim la</i>	\$0 (Tier 1)	
<i>nifedipine er</i>	\$0 (Tier 1)	
<i>nifedipine er osmotic release</i>	\$0 (Tier 1)	
<i>nimodipine 30 mg cap</i>	\$0 (Tier 1)	
<i>tiadylt er</i>	\$0 (Tier 1)	
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	\$0 (Tier 1)	
<i>verapamil hcl er verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg tab er, verapamil hcl er 100 mg cap er 24h, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 300 mg cap er 24h, verapamil hcl er 360 mg cap er 24h, verapamil hcl er 240 mg cap er 24h</i>	\$0 (Tier 1)	

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>droxidopa</i>	\$0 (Tier 1)	PA, NDS
<i>midodrine hcl</i>	\$0 (Tier 1)	

CARDIOVASCULAR AGENTS, OTHER

<i>amlodipine-atorvastatin</i>	\$0 (Tier 1)	
CORLANOR 5 MG/5ML SOLUTION	\$0 (Tier 1)	QL (450 ML PER 30 DAYS)
DIGOXIN 0.05 MG/ML SOLUTION	\$0 (Tier 1)	
<i>digoxin 125 mcg tab, 250 mcg tab</i>	\$0 (Tier 1)	
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>ivabradine hcl</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>pentoxifylline er</i>	\$0 (Tier 1)	
<i>ranolazine er</i>	\$0 (Tier 1)	
VERQUVO	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VYNDAMAX	\$0 (Tier 1)	PA, LA, QL (30 EA PER 30 DAYS), NDS
WEGOVY 0.25 MG/0.5ML SOLN -INJ, 0.5 MG/0.5ML SOLN -INJ	\$0 (Tier 1)	PA, QL (4 ML PER 365 OVER TIME), NDS
WEGOVY 1 MG/0.5ML SOLN A-INJ	\$0 (Tier 1)	PA, QL (4 ML PER 365 OVER TIME), NDS
WEGOVY 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ	\$0 (Tier 1)	PA, QL (3 ML PER 28 DAYS), NDS

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cefadroxil 500 mg/5ml recon susp, cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap</i>	\$0 (Tier 1)	
CEFAZOLIN SODIUM 100 GM RECON SOLN	\$0 (Tier 1)	
CEFAZOLIN SODIUM 2 GM RECON SOLN	\$0 (Tier 1)	
CEFAZOLIN SODIUM 300 GM RECON SOLN	\$0 (Tier 1)	
<i>cefazolin sodium cefazolin sodium 1 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln</i>	\$0 (Tier 1)	
CEFAZOLIN SODIUM-DEXTROSE -1-4 GM-%(50ML) RECON SOLN, -1-4 GM/50ML-% SOLUTION, -2-3 GM-%(50ML) RECON SOLN	\$0 (Tier 1)	
<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap</i>	\$0 (Tier 1)	

CEPHALOSPORINS - 2ND GENERATION

CEFACLOR 250 MG CAP, 500 MG CAP	\$0 (Tier 1)	
<i>cefotetan disodium</i>	\$0 (Tier 1)	
CEFOTETAN DISODIUM-DEXTROSE	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cefoxitin sodium</i>	\$0 (Tier 1)	
CEFOXITIN SODIUM-DEXTROSE	\$0 (Tier 1)	
<i>cefprozil</i>	\$0 (Tier 1)	
<i>cefuroxime axetil</i>	\$0 (Tier 1)	
<i>cefuroxime sodium</i>	\$0 (Tier 1)	

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir</i>	\$0 (Tier 1)	
<i>cefixime</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil</i>	\$0 (Tier 1)	
<i>ceftazidime 1 gm soln, 2 gm soln, 6 gm soln</i>	\$0 (Tier 1)	
CEFTAZIDIME AND DEXTROSE	\$0 (Tier 1)	
CEFTRIAXONE SODIUM CEFTRIAXONE SODIUM 1 GM RECON SOLN, CEFTRIAXONE SODIUM 2 GM RECON SOLN, CEFTRIAXONE SODIUM 10 GM RECON SOLN, CEFTRIAXONE SODIUM 250 MG RECON SOLN, CEFTRIAXONE SODIUM 100 GM RECON SOLN, CEFTRIAXONE SODIUM 500 MG RECON SOLN	\$0 (Tier 1)	
CEFTRIAXONE SODIUM IN DEXTROSE	\$0 (Tier 1)	
CEFTRIAXONE SODIUM-DEXTROSE	\$0 (Tier 1)	
<i>tazicef 1 gm recon soln</i>	\$0 (Tier 1)	
<i>tazicef 2 gm recon soln</i>	\$0 (Tier 1)	
TAZICEF 6 GM RECON SOLN	\$0 (Tier 1)	

CONTRACEPTIVES

EMERGENCY CONTRACEPTIVES

<i>levonorgestrel (plan b)</i>	\$0 (OTC)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	\$0 (Tier 1)	
<i>budesonide er</i>	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
<i>decadron 0.5 mg tab, 0.75 mg tab</i>	\$0 (Tier 1)	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i>	\$0 (Tier 1)	
DEXAMETHASONE INTENSOL	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	\$0 (Tier 1)	
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>hydrocortisone sod suc (pf)</i>	\$0 (Tier 1)	
<i>methylprednisolone 4 mg tab thpk</i>	\$0 (Tier 1)	
<i>methylprednisolone 4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab</i>	\$0 (Tier 1)	PA ³
<i>prednisolone 15 mg/5ml solution</i>	\$0 (Tier 1)	PA ³
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	\$0 (Tier 1)	PA ³
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml, 25 mg/5ml</i>	\$0 (Tier 1)	PA ³
<i>prednisone 5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk</i>	\$0 (Tier 1)	
PREDNISON INTENSOL	\$0 (Tier 1)	PA ³
PREDNISON PREDNISON 5 MG/5ML SOLUTION, PREDNISON 1 MG TAB, PREDNISON 2.5 MG TAB, PREDNISON 5 MG TAB, PREDNISON 10 MG TAB, PREDNISON 20 MG TAB, PREDNISON 50 MG TAB	\$0 (Tier 1)	PA ³
SOLU-CORTEF	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SOLU-MEDROL	\$0 (Tier 1)	
SOLU-MEDROL (PF)	\$0 (Tier 1)	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate 0.1 mg tab</i>	\$0 (Tier 1)	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate 100 mg cap, 200 mg cap</i>	\$0 (Medicaid Covered)	
<i>dextromethorphan (robatussin)</i>	\$0 (OTC)	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>cetirizine / pseudoephedrine (zyrtec – d)</i>	\$0 (OTC)	
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	\$0 (OTC)	
<i>chlorpheniramine / phenylephrine / aspirin</i>	\$0 (OTC)	
<i>dextromethorphan / acetaminophen / chlorpheniramine</i>	\$0 (OTC)	
<i>dextromethorphan / phenylephrine / acetaminophen</i>	\$0 (OTC)	
<i>diphenhydramine / phenylephrine / acetaminophen</i>	\$0 (OTC)	
<i>doxylamine / dextromethorphan</i>	\$0 (OTC)	
<i>ephedrine / guaifenesin</i>	\$0 (OTC)	
<i>g tussin ac</i>	\$0 (OTC)	
<i>guaiaatussin ac</i>	\$0 (OTC)	
<i>guaifenesin / dextromethorphan (mucinex dm)</i>	\$0 (OTC)	
<i>guaifenesin / dextromethorphan / phenylephrine</i>	\$0 (OTC)	
<i>guaifenesin / dextromethorphan / pseudoephedrine</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>guaifenesin ac</i>	\$0 (OTC)	
<i>guaifenesin-codeine</i>	\$0 (OTC)	
<i>loratadine / pseudoephedrine (claritin – d)</i>	\$0 (OTC)	
<i>maxi-tuss ac</i>	\$0 (OTC)	
<i>phenylephrine / acetaminophen</i>	\$0 (OTC)	
<i>phenylephrine / bropheniramine / dextromethorphan</i>	\$0 (OTC)	
<i>phenylephrine / chlorpheniramine / dextromethorphan</i>	\$0 (OTC)	
<i>phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen</i>	\$0 (OTC)	
<i>phenylephrine / dextromethorphan</i>	\$0 (OTC)	
<i>phenylephrine / dextromethorphan / guaifenesin / acetaminophen</i>	\$0 (OTC)	
<i>phenylephrine / doxylamine / dextromethorphan / acetaminophen</i>	\$0 (OTC)	
<i>phenylephrine / guaifenesin</i>	\$0 (OTC)	
<i>pseudoephedrine / acetaminophen</i>	\$0 (OTC)	
<i>pseudoephedrine / guaifenesin</i>	\$0 (OTC)	
<i>pseudoephedrine / ibuprofen</i>	\$0 (OTC)	
<i>virtussin a/c</i>	\$0 (OTC)	
<i>virtussin ac w/alc</i>	\$0 (OTC)	
EXPECTORANTS		
<i>guaifenesin (mucinex)</i>	\$0 (OTC)	
MISC. RESPIRATORY INHALANTS		
<i>camphor</i>	\$0 (OTC)	
<i>camphor / eucalyptus / menthol</i>	\$0 (OTC)	
<i>sodium chloride nasal spray</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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MUCOLYTICS

<i>acetylcysteine 10 %, 20 %</i>	\$0 (Tier 1)	PA ³
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DENTAL AND ORAL AGENTS

<i>cavarest</i>	\$0 (Tier 1)	
<i>cevimeline hcl</i>	\$0 (Tier 1)	
<i>chlorhexidine gluconate 0.12 % solution</i>	\$0 (Tier 1)	
<i>clinpro 5000</i>	\$0 (Tier 1)	
<i>clotrimazole 10 mg troche</i>	\$0 (Tier 1)	
<i>denta 5000 plus</i>	\$0 (Tier 1)	
<i>dentagel</i>	\$0 (Tier 1)	
<i>fluoridex</i>	\$0 (Tier 1)	
<i>fluoridex enhanced whitening</i>	\$0 (Tier 1)	
<i>fluorimax 5000</i>	\$0 (Tier 1)	
<i>fraiche 5000 dental</i>	\$0 (Tier 1)	
<i>hydrogen peroxide / benzyl alcohol</i>	\$0 (OTC)	
<i>just right 5000</i>	\$0 (Tier 1)	
<i>kourzeq</i>	\$0 (Tier 1)	
LIDOCAINE HCL 4 % SOLUTION	\$0 (Tier 1)	QL (50 ML PER 30 DAYS)
<i>lidocaine viscous hcl</i>	\$0 (Tier 1)	
<i>menthol</i>	\$0 (OTC)	
<i>nystatin 100000 unit/ml suspension</i>	\$0 (Tier 1)	
<i>periogard</i>	\$0 (Tier 1)	
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	\$0 (Tier 1)	
PREVIDENT 5000 ENAMEL PROTECT	\$0 (Tier 1)	
PREVIDENT 5000 SENSITIVE	\$0 (Tier 1)	
<i>sf</i>	\$0 (Tier 1)	
<i>sf 5000 plus</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SOD FLUORIDE-POTASSIUM NITRATE	\$0 (Tier 1)	
<i>sodium fluoride 1.1 % cream, 1.1 % gel</i>	\$0 (Tier 1)	
SODIUM FLUORIDE 5000 ENAMEL	\$0 (Tier 1)	
<i>sodium fluoride 5000 plus</i>	\$0 (Tier 1)	
<i>sodium fluoride 5000 ppm</i>	\$0 (Tier 1)	
SODIUM FLUORIDE 5000 SENSITIVE	\$0 (Tier 1)	
<i>throat lozenge</i>	\$0 (OTC)	
<i>throat lozenges</i>	\$0 (OTC)	
<i>triamcinolone acetonide 0.1 % paste</i>	\$0 (Tier 1)	

DERMATOLOGICALS

ACNE PRODUCTS

<i>accutane</i>	\$0 (Tier 1)	
<i>amnesteam</i>	\$0 (Tier 1)	
<i>avita 0.025 % cream</i>	\$0 (Tier 1)	PA, QL (45 GM PER 30 DAYS)
<i>benzoyl peroxide</i>	\$0 (OTC)	
<i>claravis</i>	\$0 (Tier 1)	
<i>clindamycin phosphate 1 % gel</i>	\$0 (Tier 1)	QL (75 GM PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion, 1 % solution</i>	\$0 (Tier 1)	QL (60 ML PER 30 DAYS)
ERY	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>erythromycin 2 % solution</i>	\$0 (Tier 1)	QL (60 ML PER 30 DAYS)
<i>isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium (acne)</i>	\$0 (Tier 1)	QL (118 ML PER 30 DAYS)
<i>tretinoin 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1)	PA, QL (45 GM PER 30 DAYS)
<i>zenatane</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTIBIOTICS - TOPICAL

<i>bacitracin</i>	\$0 (OTC)	
<i>bacitracin / polymyxin b (polysporin)</i>	\$0 (OTC)	
<i>bacitracin zinc</i>	\$0 (OTC)	
<i>gentamicin sulfate 0.1 % cream</i>	\$0 (Tier 1)	QL (30 GM PER 30 DAYS)
<i>gentamicin sulfate 0.1 % ointment</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>mupirocin 2% ointment</i>	\$0 (Tier 1)	QL (220 GM PER 30 DAYS)
<i>neomycin / bacitracin / polymixin (neosporin)</i>	\$0 (OTC)	
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	\$0 (OTC)	

ANTIFUNGALS - TOPICAL

<i>ciclopirox 0.77 % gel</i>	\$0 (Tier 1)	QL (100 GM PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	\$0 (Tier 1)	QL (13.2 ML PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream</i>	\$0 (Tier 1)	QL (90 GM PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	\$0 (Tier 1)	QL (60 ML PER 30 DAYS)
<i>clotrimazole (lotrimin)</i>	\$0 (OTC)	
<i>clotrimazole cream (lotrimin) rx only</i>	\$0 (Tier 1)	QL (45 GM PER 30 DAYS)
<i>clotrimazole solution (lotrimin) rx only</i>	\$0 (Tier 1)	QL (30 ML PER 28 OVER TIME)
<i>clotrimazole-betamethasone -1-0.05 % cream</i>	\$0 (Tier 1)	QL (90 GM PER 30 DAYS)
<i>econazole nitrate 1 % cream</i>	\$0 (Tier 1)	QL (170 GM PER 30 DAYS)
<i>ketoconazole 2 % cream</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>ketoconazole 2 % shampoo</i>	\$0 (Tier 1)	QL (240 ML PER 30 DAYS)
<i>klayesta</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>miconazole (micatin)</i>	\$0 (OTC)	
<i>nyamyc</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm cream, 100000 unit/gm powder</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm ointment</i>	\$0 (Tier 1)	QL (30 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nystatin-triamcinolone</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>nystop</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>terbinafine (lamisil)</i>	\$0 (OTC)	
<i>tolnaftate (tinactin)</i>	\$0 (OTC)	
ANTIHISTAMINES-TOPICAL		
<i>diphenhydramine</i>	\$0 (OTC)	
<i>diphenhydramine / zinc</i>	\$0 (OTC)	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS), PA ² , NDS
<i>diclofenac sodium 3 % gel</i>	\$0 (Tier 1)	PA, QL (100 GM PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	\$0 (Tier 1)	QL (80 GM PER 30 DAYS)
FLUOROURACIL FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION	\$0 (Tier 1)	QL (10 ML PER 30 DAYS)
PANRETIN	\$0 (Tier 1)	PA ² , NDS
VALCHLOR	\$0 (Tier 1)	LA, QL (240 GM PER 30 DAYS), PA ² , NDS
ANTIPSORIATICS		
<i>acitretin</i>	\$0 (Tier 1)	
<i>calcipotriene 0.005 % cream, 0.005 % ointment</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
CALCIPOTRIENE CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % SOLUTION	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
CALCITRIOL 3 MCG/GM OINTMENT	\$0 (Tier 1)	
COSENTYX (300 MG DOSE)	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 150 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 75 MG/0.5ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (2 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COSENTYX SENSOREADY (300 MG)	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY PEN	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX UNOREADY	\$0 (Tier 1)	PA, QL (8 ML PER 28 DAYS), NDS
METHOXSALLEN RAPID	\$0 (Tier 1)	NDS
OTEZLA 10 & 20 & 30 MG TAB THPK	\$0 (Tier 1)	PA, LA, QL (55 EA PER 180 OVER TIME), NDS
OTEZLA 20 MG TAB	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 30 MG TAB	\$0 (Tier 1)	PA, LA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	\$0 (Tier 1)	PA, QL (55 EA PER 28 DAYS), NDS
SKYRIZI 150 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (2 ML PER 28 DAYS), NDS
SKYRIZI PEN	\$0 (Tier 1)	PA, QL (2 ML PER 28 DAYS), NDS
STELARA 45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION	\$0 (Tier 1)	PA, QL (0.5 ML PER 28 DAYS), NDS
STELARA 90 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, QL (1 ML PER 28 DAYS), NDS
<i>tazarotene 0.1 % cream</i>	\$0 (Tier 1)	PA, QL (60 GM PER 30 DAYS)
BATH PRODUCTS		
<i>bath oil</i>	\$0 (OTC)	
<i>body wash</i>	\$0 (OTC)	
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate 0.05 % cream, 0.05 % ointment</i>	\$0 (Tier 1)	QL (90 GM PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % lotion</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
<i>betamethasone dipropionate aug 0.05 % lotion</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>betamethasone dipropionate aug betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment</i>	\$0 (Tier 1)	QL (100 GM PER 30 DAYS)
<i>betamethasone valerate 0.1 % cream, 0.1 % ointment</i>	\$0 (Tier 1)	QL (180 GM PER 30 DAYS)
<i>betamethasone valerate 0.1 % lotion</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
<i>clobetasol prop emollient base</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % cream, 0.05 % gel, 0.05 % ointment</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % foam</i>	\$0 (Tier 1)	QL (100 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % lotion</i>	\$0 (Tier 1)	QL (118 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	\$0 (Tier 1)	QL (236 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % solution</i>	\$0 (Tier 1)	QL (100 ML PER 30 DAYS)
<i>clobetasol propionate e</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>clodan 0.05 % shampoo</i>	\$0 (Tier 1)	QL (236 ML PER 30 DAYS)
<i>cortizone-10 feminine itch</i>	\$0 (OTC)	
<i>desonide 0.05 % cream, 0.05 % ointment</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>desoximetasone 0.25 % cream, 0.25 % ointment</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide 0.01 % solution</i>	\$0 (Tier 1)	QL (90 ML PER 30 DAYS)
<i>fluocinolone acetonide 0.025 % ointment</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>fluocinolone acetonide body</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
<i>fluocinolone acetonide scalp</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
<i>fluocinonide 0.05 % cream, 0.05 % ointment</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
FLUOCINONIDE 0.05 % GEL	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	\$0 (Tier 1)	QL (60 ML PER 30 DAYS)
<i>fluocinonide 0.1 % cream</i>	\$0 (Tier 1)	
<i>gynecort 10</i>	\$0 (OTC)	
<i>halobetasol propionate 0.05 % cream</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>halobetasol propionate 0.05 % ointment</i>	\$0 (Tier 1)	QL (50 GM PER 30 DAYS)
<i>hydrocortisone</i>	\$0 (OTC)	
HYDROCORTISONE 2.5 % LOTION	\$0 (Tier 1)	QL (118 ML PER 30 DAYS)
<i>hydrocortisone cream</i>	\$0 (Tier 1)	QL (240 GM PER 30 DAYS)
<i>mometasone furoate 0.1 % cream, 0.1 % ointment</i>	\$0 (Tier 1)	QL (180 GM PER 30 DAYS)
<i>mometasone furoate 0.1 % solution</i>	\$0 (Tier 1)	QL (180 ML PER 30 DAYS)
MONISTAT CARE INSTANT ITCH RLF	\$0 (OTC)	
<i>triamcinolone acetonide 0.025 % cream, 0.025 % ointment, 0.1 % cream, 0.1 % ointment, 0.5 % cream</i>	\$0 (Tier 1)	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide 0.025 %, 0.1 %</i>	\$0 (Tier 1)	QL (120 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.5 % ointment</i>	\$0 (Tier 1)	QL (120 GM PER 30 DAYS)
<i>triderm</i>	\$0 (Tier 1)	QL (454 GM PER 30 DAYS)
<i>vagisil 1 % cream</i>	\$0 (OTC)	
DIAPER RASH PRODUCTS		
<i>diaper rash products</i>	\$0 (OTC)	
ECZEMA AGENTS		
<i>anti-itch -0.5-0.5 % lotion</i>	\$0 (OTC)	
<i>cvs anti-itch -0.5-0.5 % lotion</i>	\$0 (OTC)	
<i>gnp anti-itch -0.5-0.5 % lotion</i>	\$0 (OTC)	
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea 10% and 20% (carmol)</i>	\$0 (OTC)	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	\$0 (Tier 1)	QL (100 GM PER 30 DAYS)
<i>tacrolimus 0.03 %, 0.1 %</i>	\$0 (Tier 1)	QL (100 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LINIMENTS		
<i>camphor / menthol / methyl salicylate (salonpas)</i>	\$0 (OTC)	
<i>methyl salicylate / menthol</i>	\$0 (OTC)	
<i>trolamine salicylate (myoflex)</i>	\$0 (OTC)	
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin (zostrix)</i>	\$0 (OTC)	
<i>capsaicin / menthol (salonpas)</i>	\$0 (OTC)	
<i>lidocaine hcl 4 % solution</i>	\$0 (Tier 1)	QL (50 ML PER 30 DAYS)
<i>lidocaine ointment rx only</i>	\$0 (Tier 1)	QL (107 GM PER 30 DAYS)
<i>lidocaine patches</i>	\$0 (OTC)	
<i>lidocaine patches rx only</i>	\$0 (Tier 1)	PA, QL (90 EA PER 30 DAYS)
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	\$0 (Tier 1)	QL (30 GM PER 30 DAYS)
<i>pramoxine / calamine</i>	\$0 (OTC)	
MISC. TOPICAL		
<i>acyclovir 5 % ointment</i>	\$0 (Tier 1)	QL (30 GM PER 30 DAYS)
<i>ammonium lactate (amlactin)</i>	\$0 (OTC)	
<i>ammonium lactate (amlactin) rx only</i>	\$0 (Tier 1)	
<i>calamine</i>	\$0 (OTC)	
<i>calamine / zinc oxide</i>	\$0 (OTC)	
<i>dimethicone</i>	\$0 (OTC)	
DIMETHICONE CREAM	\$0 (OTC)	
DRYSOL	\$0 (Medicaid Covered)	
<i>emollient</i>	\$0 (OTC)	
<i>eyelid cleansers</i>	\$0 (OTC)	
<i>glycerin</i>	\$0 (OTC)	
<i>imiquimod 5 % cream</i>	\$0 (Tier 1)	QL (24 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lanolin / petrolatum</i>	\$0 (OTC)	
<i>lanolin/mineral oil/white petrolatum (eucerin)</i>	\$0 (OTC)	
<i>malathion</i>	\$0 (Tier 1)	
<i>menthol / zinc oxide</i>	\$0 (OTC)	
<i>mineral oil / petrolatum</i>	\$0 (OTC)	
MOISTURIZING CREAM (VANICREAM)	\$0 (OTC)	
<i>permethrin (nix)</i>	\$0 (OTC)	
<i>permethrin (nix) rx only</i>	\$0 (Tier 1)	
<i>piperonyl / pyrethrins (rid)</i>	\$0 (OTC)	
PODOFILOX 0.5 % SOLUTION	\$0 (Tier 1)	QL (7 ML PER 30 DAYS)
<i>salicylic acid</i>	\$0 (OTC)	
<i>selenium sulfide 2.5 % lotion</i>	\$0 (Tier 1)	
SKIN OIL (JOHNSONS BABY OIL)	\$0 (OTC)	
<i>skin oils</i>	\$0 (OTC)	
<i>sodium chloride</i>	\$0 (OTC)	
<i>vitamin a</i>	\$0 (OTC)	
<i>vitamin a / vitamin d</i>	\$0 (OTC)	
<i>witch hazel</i>	\$0 (OTC)	
<i>zinc oxide (desitin)</i>	\$0 (OTC)	
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	\$0 (Tier 1)	QL (50 GM PER 30 DAYS)
<i>ivermectin 1 % cream</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
<i>metronidazole 0.75 % cream, 0.75 % gel</i>	\$0 (Tier 1)	QL (45 GM PER 30 DAYS)
<i>metronidazole 0.75 % lotion</i>	\$0 (Tier 1)	QL (118 ML PER 30 DAYS)
<i>metronidazole 1 % gel</i>	\$0 (Tier 1)	QL (60 GM PER 30 DAYS)
TAR PRODUCTS		
<i>coal tar</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
WOUND CARE PRODUCTS		
SANTYL	\$0 (Tier 1)	QL (180 GM PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	\$0 (Tier 1)	
<i>ssd</i>	\$0 (Tier 1)	
<i>wound care supplies</i>	\$0 (OTC)	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
KETONE TEST STRIPS	\$0 (OTC)	
ONETOUCH ULTRA	\$0 (Part B Covered)	
ONETOUCH ULTRA BLUE TEST	\$0 (Part B Covered)	
ONETOUCH ULTRA TEST	\$0 (Part B Covered)	
ONETOUCH VERIO STRIP	\$0 (Part B Covered)	
URINE DIAGNOSTIC STRIPS	\$0 (OTC)	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
<i>l-methylfolate</i>	\$0 (OTC)	
<i>l-methylfolate combinations</i>	\$0 (OTC)	
NUTRITIONAL SUPPLEMENTS		
<i>coenzyme q10</i>	\$0 (OTC)	
<i>cranberry supplement</i>	\$0 (OTC)	
<i>flaxseed oil</i>	\$0 (OTC)	
<i>glucosamine / chondroitin</i>	\$0 (OTC)	
<i>glucosamine sulfate</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>melatonin</i>	\$0 (OTC)	
<i>melatonin / pyridoxine</i>	\$0 (OTC)	
<i>msm supplement</i>	\$0 (OTC)	
<i>nutritional supplements</i>	\$0 (OTC)	
<i>omega-3 fatty acids (fish oil)</i>	\$0 (OTC)	
<i>sam-e supplement</i>	\$0 (OTC)	

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON	\$0 (Tier 1)	
<i>lactase (lactaid)</i>	\$0 (OTC)	
SUCRAID	\$0 (Tier 1)	PA, LA, NDS

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide 125 mg tab, 250 mg tab</i>	\$0 (Tier 1)	
<i>acetazolamide er</i>	\$0 (Tier 1)	
<i>methazolamide 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	

DIURETIC COMBINATIONS

AMILORIDE- HYDROCHLOROTHIAZIDE AMILORIDE- HYDROCHLOROTHIAZIDE, AMILORIDE- HYDROCHLOROTHIAZIDE	\$0 (Tier 1)	
<i>spironolactone-hctz</i>	\$0 (Tier 1)	
<i>triamterene-hctz</i>	\$0 (Tier 1)	

LOOP DIURETICS

<i>bumetanide</i>	\$0 (Tier 1)	
<i>ethacrynic acid</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>furosemide furosemide 10 mg/ml solution, furosemide 8 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab</i>	\$0 (Tier 1)	
<i>torseamide</i>	\$0 (Tier 1)	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	\$0 (Tier 1)	
<i>spironolactone 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	
<i>indapamide</i>	\$0 (Tier 1)	
<i>metolazone</i>	\$0 (Tier 1)	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution</i>	\$0 (Tier 1)	
<i>calcitonin (salmon) 200 unit/act solution</i>	\$0 (Tier 1)	
<i>ibandronate sodium 150 mg tab</i>	\$0 (Tier 1)	QL (1 EA PER 30 DAYS)
<i>raloxifene hcl</i>	\$0 (Tier 1)	
<i>risedronate sodium</i>	\$0 (Tier 1)	
<i>teriparatide</i>	\$0 (Tier 1)	PA, QL (2.48 ML PER 28 DAYS), NDS
TERIPARATIDE (RECOMBINANT) TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	\$0 (Tier 1)	PA, QL (2.48 ML PER 28 DAYS), NDS
XGEVA	\$0 (Tier 1)	PA, QL (1.7 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GROWTH HORMONES		
OMNITROPE	\$0 (Tier 1)	PA, NDS
SKYTROFA	\$0 (Tier 1)	PA, LA, NDS
METABOLIC MODIFIERS		
<i>betaine</i>	\$0 (Tier 1)	LA, NDS
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution</i>	\$0 (Tier 1)	
<i>carglumic acid</i>	\$0 (Tier 1)	PA, LA, NDS
<i>cinacalcet hcl</i>	\$0 (Tier 1)	PA
<i>doxercalciferol 0.5 mcg cap, 1 mcg cap, 2.5 mcg cap</i>	\$0 (Tier 1)	
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	\$0 (Tier 1)	
<i>levocarnitine sf</i>	\$0 (Tier 1)	
NEXVIAZYME	\$0 (Tier 1)	PA, LA, NDS
<i>paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap</i>	\$0 (Tier 1)	
<i>sapropterin dihydrochloride 100 mg packet, 500 mg packet</i>	\$0 (Tier 1)	PA, LA, NDS
<i>sodium phenylbutyrate 500 mg tab</i>	\$0 (Tier 1)	PA, NDS
SOMATOSTATIC AGENTS		
<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	\$0 (Tier 1)	PA
SIGNIFOR	\$0 (Tier 1)	PA, LA, QL (60 ML PER 30 DAYS), NDS
ENDOCRINE MEDICATIONS		
OTHER ENDOCRINE DRUGS		
<i>cabergoline</i>	\$0 (Tier 1)	
<i>desmopressin ace spray refrig</i>	\$0 (Tier 1)	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>desmopressin acetate spray</i>	\$0 (Tier 1)	
INCRELEX	\$0 (Tier 1)	PA, LA, NDS
KERENDIA	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS)
SOMAVERT	\$0 (Tier 1)	PA, LA, NDS

ESTROGENS

ESTROGEN COMBINATIONS

<i>afirmelle</i>	\$0 (Tier 1)	
<i>altavera</i>	\$0 (Tier 1)	
<i>alyacen 1/35</i>	\$0 (Tier 1)	
<i>alyacen 7/7/7</i>	\$0 (Tier 1)	
<i>amethia</i>	\$0 (Tier 1)	
<i>amethia lo</i>	\$0 (Tier 1)	
<i>apri</i>	\$0 (Tier 1)	
<i>aranelle</i>	\$0 (Tier 1)	
<i>ashlyna</i>	\$0 (Tier 1)	
<i>aubra</i>	\$0 (Tier 1)	
<i>aubra eq</i>	\$0 (Tier 1)	
<i>aurovela 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela 1/20</i>	\$0 (Tier 1)	
<i>aurovela 24 fe</i>	\$0 (Tier 1)	
<i>aurovela fe 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela fe 1/20</i>	\$0 (Tier 1)	
<i>aviane</i>	\$0 (Tier 1)	
<i>ayuna</i>	\$0 (Tier 1)	
<i>azurette</i>	\$0 (Tier 1)	
<i>balziva</i>	\$0 (Tier 1)	
<i>bekyree</i>	\$0 (Tier 1)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>blisovi 24 fe</i>	\$0 (Tier 1)	
<i>blisovi fe 1.5/30</i>	\$0 (Tier 1)	
<i>blisovi fe 1/20</i>	\$0 (Tier 1)	
<i>briellyn</i>	\$0 (Tier 1)	
<i>camrese</i>	\$0 (Tier 1)	
<i>camrese lo</i>	\$0 (Tier 1)	
<i>charlotte 24 fe</i>	\$0 (Tier 1)	
<i>chateal</i>	\$0 (Tier 1)	
<i>chateal eq</i>	\$0 (Tier 1)	
<i>cryselle-28</i>	\$0 (Tier 1)	
<i>cyclafem 1/35</i>	\$0 (Tier 1)	
<i>cyclafem 7/7/7</i>	\$0 (Tier 1)	
<i>cyred</i>	\$0 (Tier 1)	
<i>cyred eq</i>	\$0 (Tier 1)	
<i>dasetta 1/35</i>	\$0 (Tier 1)	
<i>dasetta 7/7/7</i>	\$0 (Tier 1)	
<i>daysee</i>	\$0 (Tier 1)	
<i>delyla</i>	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol</i>	\$0 (Tier 1)	
<i>elinest</i>	\$0 (Tier 1)	
<i>eluryng</i>	\$0 (Tier 1)	
<i>emoquette</i>	\$0 (Tier 1)	
<i>enilloring</i>	\$0 (Tier 1)	
<i>enpresse-28</i>	\$0 (Tier 1)	
<i>enskyce</i>	\$0 (Tier 1)	
<i>estarylla</i>	\$0 (Tier 1)	
<i>estradiol-norethindrone acet</i>	\$0 (Tier 1)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ethynodiol diac-eth estradiol</i>	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol</i>	\$0 (Tier 1)	
<i>falmina</i>	\$0 (Tier 1)	
<i>femynor</i>	\$0 (Tier 1)	
<i>finzala</i>	\$0 (Tier 1)	
<i>fyavolv</i>	\$0 (Tier 1)	
<i>gianvi</i>	\$0 (Tier 1)	
<i>hailey 1.5/30</i>	\$0 (Tier 1)	
<i>hailey 24 fe</i>	\$0 (Tier 1)	
<i>hailey fe 1.5/30</i>	\$0 (Tier 1)	
<i>hailey fe 1/20</i>	\$0 (Tier 1)	
<i>haloette</i>	\$0 (Tier 1)	
<i>iclevia</i>	\$0 (Tier 1)	
<i>introvale</i>	\$0 (Tier 1)	
<i>isibloom</i>	\$0 (Tier 1)	
<i>jaimiess</i>	\$0 (Tier 1)	
<i>jasmiel</i>	\$0 (Tier 1)	
<i>jinteli</i>	\$0 (Tier 1)	
<i>jolessa</i>	\$0 (Tier 1)	
<i>juleber</i>	\$0 (Tier 1)	
<i>junel 1.5/30</i>	\$0 (Tier 1)	
<i>junel 1/20</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30</i>	\$0 (Tier 1)	
<i>junel fe 1/20</i>	\$0 (Tier 1)	
<i>junel fe 24</i>	\$0 (Tier 1)	
<i>kalliga</i>	\$0 (Tier 1)	
<i>kariva</i>	\$0 (Tier 1)	
<i>kelnor 1/35</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>kelnor 1/50</i>	\$0 (Tier 1)	
<i>kurvelo</i>	\$0 (Tier 1)	
<i>larin 1.5/30</i>	\$0 (Tier 1)	
<i>larin 1/20</i>	\$0 (Tier 1)	
<i>larin 24 fe</i>	\$0 (Tier 1)	
<i>larin fe 1.5/30</i>	\$0 (Tier 1)	
<i>larin fe 1/20</i>	\$0 (Tier 1)	
<i>larissia</i>	\$0 (Tier 1)	
<i>leena</i>	\$0 (Tier 1)	
<i>lessina</i>	\$0 (Tier 1)	
<i>levonest</i>	\$0 (Tier 1)	
<i>levonorg-eth estrad triphasic</i>	\$0 (Tier 1)	
<i>levonorgest-eth estrad 91-day</i>	\$0 (Tier 1)	
<i>levonorgest-eth estradiol-iron</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad -0.1-20 mg-mcg tab, -0.15-30 mg-mcg tab</i>	\$0 (Tier 1)	
<i>levora 0.15/30 (28)</i>	\$0 (Tier 1)	
<i>lillow</i>	\$0 (Tier 1)	
<i>lo-zumandimine</i>	\$0 (Tier 1)	
<i>loestrin 1.5/30 (21)</i>	\$0 (Tier 1)	
<i>loestrin 1/20 (21)</i>	\$0 (Tier 1)	
<i>loestrin fe 1.5/30</i>	\$0 (Tier 1)	
<i>loestrin fe 1/20</i>	\$0 (Tier 1)	
<i>lojaimiess</i>	\$0 (Tier 1)	
<i>loryna</i>	\$0 (Tier 1)	
<i>low-ogestrel</i>	\$0 (Tier 1)	
<i>lutra</i>	\$0 (Tier 1)	
<i>marlissa</i>	\$0 (Tier 1)	
<i>melodetta 24 fe</i>	\$0 (Tier 1)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mibelas 24 fe</i>	\$0 (Tier 1)	
<i>microgestin 1.5/30</i>	\$0 (Tier 1)	
<i>microgestin 1/20</i>	\$0 (Tier 1)	
<i>microgestin 24 fe</i>	\$0 (Tier 1)	
<i>microgestin fe 1.5/30</i>	\$0 (Tier 1)	
<i>microgestin fe 1/20</i>	\$0 (Tier 1)	
<i>mili</i>	\$0 (Tier 1)	
<i>mono-lynyah</i>	\$0 (Tier 1)	
<i>necon 0.5/35 (28)</i>	\$0 (Tier 1)	
<i>nikki</i>	\$0 (Tier 1)	
<i>norelgestromin-eth estradiol</i>	\$0 (Tier 1)	
<i>norethin ace-eth estrad-fe norin --1-20 mg-mcg tab, norin --1-20 mg-mcg(24) chew tab, norin --1-20 mg-mcg(24) tab, norin --1.5-30 mg-mcg tab</i>	\$0 (Tier 1)	
<i>norethindrone acet-ethinyl est</i>	\$0 (Tier 1)	
<i>norethindrone-eth estradiol</i>	\$0 (Tier 1)	
<i>norgestim-eth estrad triphasic</i>	\$0 (Tier 1)	
<i>norgestimate-eth estradiol</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28)</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (21)</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (28)</i>	\$0 (Tier 1)	
<i>nortrel 7/7/7</i>	\$0 (Tier 1)	
<i>nylia 1/35</i>	\$0 (Tier 1)	
<i>nylia 7/7/7</i>	\$0 (Tier 1)	
<i>nymyo</i>	\$0 (Tier 1)	
<i>ocella</i>	\$0 (Tier 1)	
<i>orsythia</i>	\$0 (Tier 1)	
<i>philith</i>	\$0 (Tier 1)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pimtree</i>	\$0 (Tier 1)	
<i>pirmella 1/35</i>	\$0 (Tier 1)	
<i>pirmella 7/7/7</i>	\$0 (Tier 1)	
<i>portia-28</i>	\$0 (Tier 1)	
<i>previfem</i>	\$0 (Tier 1)	
<i>reclipsen</i>	\$0 (Tier 1)	
<i>setlakin</i>	\$0 (Tier 1)	
<i>simliya</i>	\$0 (Tier 1)	
<i>simpesse</i>	\$0 (Tier 1)	
<i>sprintec 28</i>	\$0 (Tier 1)	
<i>sronyx</i>	\$0 (Tier 1)	
<i>syeda</i>	\$0 (Tier 1)	
<i>tarina 24 fe</i>	\$0 (Tier 1)	
<i>tarina fe 1/20</i>	\$0 (Tier 1)	
<i>tarina fe 1/20 eq</i>	\$0 (Tier 1)	
<i>tri femynor</i>	\$0 (Tier 1)	
<i>tri-estarylla</i>	\$0 (Tier 1)	
<i>tri-linyah</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla</i>	\$0 (Tier 1)	
<i>tri-lo-marzia</i>	\$0 (Tier 1)	
<i>tri-lo-mili</i>	\$0 (Tier 1)	
<i>tri-lo-sprintec</i>	\$0 (Tier 1)	
<i>tri-mili</i>	\$0 (Tier 1)	
<i>tri-nymyo</i>	\$0 (Tier 1)	
<i>tri-previfem</i>	\$0 (Tier 1)	
<i>tri-sprintec</i>	\$0 (Tier 1)	
<i>tri-vylibra</i>	\$0 (Tier 1)	
<i>tri-vylibra lo</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>trivora (28)</i>	\$0 (Tier 1)	
<i>turqoz</i>	\$0 (Tier 1)	
VELIVET	\$0 (Tier 1)	
<i>vestura</i>	\$0 (Tier 1)	
<i>vienva</i>	\$0 (Tier 1)	
<i>viorele</i>	\$0 (Tier 1)	
<i>volnea</i>	\$0 (Tier 1)	
<i>vyfemla</i>	\$0 (Tier 1)	
<i>vylibra</i>	\$0 (Tier 1)	
<i>wera</i>	\$0 (Tier 1)	
<i>xulane</i>	\$0 (Tier 1)	
<i>zafemy</i>	\$0 (Tier 1)	
<i>zarah</i>	\$0 (Tier 1)	
<i>zovia 1/35 (28)</i>	\$0 (Tier 1)	
<i>zovia 1/35e (28)</i>	\$0 (Tier 1)	
<i>zumandimine</i>	\$0 (Tier 1)	
<i>dotti</i>	\$0 (Tier 1)	
<i>estradiol 0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)	
<i>estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>lyllana</i>	\$0 (Tier 1)	
MENEST	\$0 (Tier 1)	

FLUOROQUINOLONES

<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	\$0 (Tier 1)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CIPROFLOXACIN IN D5W CIPROFLOXACIN IN D5W, CIPROFLOXACIN IN D5W	\$0 (Tier 1)	
<i>levofloxacin 25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab</i>	\$0 (Tier 1)	
<i>levofloxacin in d5w</i>	\$0 (Tier 1)	
MOXIFLOXACIN HCL IN NAACL	\$0 (Tier 1)	
MOXIFLOXACIN HCL MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	\$0 (Tier 1)	
OFLOXACIN OFLOXACIN 400 MG TAB, OFLOXACIN 300 MG TAB	\$0 (Tier 1)	

GASTROINTESTINAL AGENTS

GASTROINTESTINAL AGENTS, OTHER

<i>cromolyn sodium 100 mg/5ml conc</i>	\$0 (Tier 1)	
<i>enulose</i>	\$0 (Tier 1)	
<i>generlac</i>	\$0 (Tier 1)	
<i>lactulose encephalopathy</i>	\$0 (Tier 1)	
<i>metoclopramide hcl 5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution</i>	\$0 (Tier 1)	
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	\$0 (Tier 1)	
VOWST	\$0 (Tier 1)	PA, QL (12 EA PER 30 OVER TIME), NDS

GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

<i>simethicone (mylicon)</i>	\$0 (OTC)	
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INFLAMMATORY BOWEL AGENTS

<i>balsalazide disodium</i>	\$0 (Tier 1)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mesalamine 1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos</i>	\$0 (Tier 1)	
<i>mesalamine er</i>	\$0 (Tier 1)	
<i>mesalamine-cleanser</i>	\$0 (Tier 1)	
SKYRIZI 180 MG/1.2ML SOLN CART	\$0 (Tier 1)	PA, QL (1.2 ML PER 56 OVER TIME), NDS
SKYRIZI 360 MG/2.4ML SOLN CART	\$0 (Tier 1)	PA, QL (2.4 ML PER 56 OVER TIME), NDS
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	\$0 (Tier 1)	

GENITOURINARY AGENTS

GENITOURINARY AGENTS, OTHER

<i>acetic acid 0.25 % solution</i>	\$0 (Tier 1)	
CYSTAGON	\$0 (Tier 1)	PA, LA
ELMIRON	\$0 (Tier 1)	
<i>phenazopyridine (azo)</i>	\$0 (OTC)	
<i>potassium citrate</i>	\$0 (OTC)	
<i>potassium citrate / sodium citrate (cytra-3)</i>	\$0 (OTC)	
<i>potassium citrate er</i>	\$0 (Tier 1)	
RENACIDIN	\$0 (Tier 1)	
<i>sodium chloride 0.9 % solution</i>	\$0 (Tier 1)	
<i>sodium citrate</i>	\$0 (OTC)	

GENITOURINARY AGENTS - MISCELLANEOUS

PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er</i>	\$0 (Tier 1)	
<i>dutasteride 0.5 mg cap</i>	\$0 (Tier 1)	
<i>dutasteride-tamsulosin hcl</i>	\$0 (Tier 1)	
<i>finasteride 5 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>silodosin</i>	\$0 (Tier 1)	
<i>tadalafil 2.5 mg tab, 5 mg tab</i>	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS)
<i>tamsulosin hcl</i>	\$0 (Tier 1)	

GOUT AGENTS

<i>allopurinol 100 mg tab, 300 mg tab</i>	\$0 (Tier 1)	
<i>colchicine 0.6 mg tab</i>	\$0 (Tier 1)	
<i>colchicine-probenecid</i>	\$0 (Tier 1)	
<i>febuxostat</i>	\$0 (Tier 1)	
<i>probenecid</i>	\$0 (Tier 1)	

HEMATOLOGICAL AGENTS - MISC.

PLATELET AGGREGATION INHIBITORS

<i>anagrelide hcl</i>	\$0 (Tier 1)	
<i>aspirin-dipyridamole er</i>	\$0 (Tier 1)	
BRILINTA	\$0 (Tier 1)	
<i>cilostazol</i>	\$0 (Tier 1)	
<i>clopidogrel bisulfate 75 mg tab</i>	\$0 (Tier 1)	
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	\$0 (Tier 1)	
<i>prasugrel hcl</i>	\$0 (Tier 1)	

HEMATOPOIETIC AGENTS

AGENTS FOR SICKLE CELL DISEASE

DROXIA	\$0 (Tier 1)	
<i>l-glutamine -glutamine 5 gm packet</i>	\$0 (Tier 1)	PA, LA, QL (180 EA PER 30 DAYS), NDS

COBALAMINS

<i>cyanocobalmin (vitamin b12)</i>	\$0 (OTC)	
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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FOLIC ACID/FOLATES		
<i>folic acid</i>	\$0 (OTC)	
HEMATOPOIETIC GROWTH FACTORS		
NYVEPRIA	\$0 (Tier 1)	NDS
PROMACTA 12.5 MG PACKET, 25 MG PACKET	\$0 (Tier 1)	PA, NDS
PROMACTA 12.5 MG TAB, 25 MG TAB	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
PROMACTA 50 MG TAB, 75 MG TAB	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
RETACRIT	\$0 (Tier 1)	PA
UDENYCA	\$0 (Tier 1)	NDS
ZARXIO	\$0 (Tier 1)	NDS
HEMATOPOIETIC MIXTURES		
<i>chewable iron</i>	\$0 (OTC)	
<i>cyanocobalmin (vitamin b12) / folic acid</i>	\$0 (OTC)	
<i>ferraplus 90</i>	\$0 (OTC)	
FERREX	\$0 (OTC)	
<i>ferrex 150 forte plus</i>	\$0 (OTC)	
<i>ferrex 150 plus</i>	\$0 (OTC)	
<i>ferrex 28</i>	\$0 (OTC)	
<i>ferrous fumarate / folic acid</i>	\$0 (OTC)	
<i>ferrous fumarate / vitamin b12 / vitamin c</i>	\$0 (OTC)	
<i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i>	\$0 (OTC)	
<i>ferrous fumarate polysaccharide complex</i>	\$0 (OTC)	
FERROUS SULFATE	\$0 (OTC)	
<i>ferrous sulfate combination</i>	\$0 (OTC)	
<i>folic acid / vitamin b6 / vitamin b12</i>	\$0 (OTC)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>folic acid / vitamin b6 / vitamin b12 / omega-3</i>	\$0 (OTC)	
<i>folic acid / vitamin d</i>	\$0 (OTC)	
<i>hemetab</i>	\$0 (OTC)	
<i>iron / folic acid / vitamin c / vitamin b6 / vitamin b12 / zinc</i>	\$0 (OTC)	
<i>iron / vitamin c / vitamin b12 / folic acid</i>	\$0 (OTC)	
<i>iron combinations</i>	\$0 (OTC)	
<i>iron polysaccharide complex</i>	\$0 (OTC)	
<i>multigen</i>	\$0 (OTC)	
<i>multigen folic</i>	\$0 (OTC)	
<i>multigen plus</i>	\$0 (OTC)	
MULTIGEN TABLET	\$0 (OTC)	
<i>taron forte</i>	\$0 (OTC)	
<i>vitamin c / iron (vitron-c)</i>	\$0 (OTC)	
IRON		
<i>carbonyl iron</i>	\$0 (OTC)	
<i>ferrous fumarate</i>	\$0 (OTC)	
<i>ferrous gluconate</i>	\$0 (OTC)	
<i>ferrous sulfate</i>	\$0 (OTC)	
<i>polysaccharide iron complex</i>	\$0 (OTC)	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	\$0 (Tier 1)	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
<i>diphenhydramine</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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NON-BARBITURATE HYPNOTICS

BELSOMRA	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>doxepin hcl 3 mg tab, 6 mg tab</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>eszopiclone</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>ramelteon</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>temazepam 15 mg cap, 30 mg cap</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS), PA ²
<i>zaleplon 10 mg cap</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
<i>zolpidem tartrate er</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)

IMMUNOLOGICAL AGENTS

ANGIOEDEMA (HAE) AGENTS

HAEGARDA	\$0 (Tier 1)	PA, LA, NDS
<i>icatibant acetate</i>	\$0 (Tier 1)	PA, LA, NDS
<i>sajazir</i>	\$0 (Tier 1)	PA, LA, NDS

LAXATIVES

BULK LAXATIVES

<i>benefiber on the go powder</i>	\$0 (OTC)	
<i>calcium polycarbophil (fiber laxative)</i>	\$0 (OTC)	
<i>cellulose (unifiber)</i>	\$0 (OTC)	
<i>clear soluble fiber</i>	\$0 (OTC)	
<i>eq fiber powder</i>	\$0 (OTC)	
<i>eq1 fiber supplement</i>	\$0 (OTC)	
<i>eq1 fiber supplement (wheat)</i>	\$0 (OTC)	
<i>gnp best fiber</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>goodsense best fiber</i>	\$0 (OTC)	
<i>methylcellulose (citrucel)</i>	\$0 (OTC)	
<i>psyllium (metamucil)</i>	\$0 (OTC)	
LAXATIVE COMBINATIONS		
GAVILYTE-C	\$0 (Tier 1)	
<i>gavilyte-g</i>	\$0 (Tier 1)	
<i>gavilyte-n with flavor pack</i>	\$0 (Tier 1)	
GOLYTELY	\$0 (Tier 1)	
<i>na sulfate-k sulfate-mg sulf</i>	\$0 (Tier 1)	
<i>peg 3350-kcl-na bicarb-nacl</i>	\$0 (Tier 1)	
<i>peg-3350/electrolytes</i>	\$0 (Tier 1)	
<i>peg-3350/electrolytes/ascorbat</i>	\$0 (Tier 1)	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	\$0 (Tier 1)	
<i>senna / docusate sodium (peri-colace)</i>	\$0 (OTC)	
SUFLAVE	\$0 (Tier 1)	
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	\$0 (Tier 1)	
<i>glycerin suppository</i>	\$0 (OTC)	
<i>lactulose 10 gm/15ml, 20 gm/30ml</i>	\$0 (Tier 1)	
LINZESS	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>lubiprostone</i>	\$0 (Tier 1)	
MOVANTIK	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>polyethylene glycol 3350 (miralax)</i>	\$0 (OTC)	
<i>sorbitol solution</i>	\$0 (OTC)	
LUBRICANT LAXATIVES		
<i>mineral oil</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SALINE LAXATIVES		
<i>enema</i>	\$0 (OTC)	
<i>magnesium citrate solution (citroma)</i>	\$0 (OTC)	
<i>magnesium hydroxide (phillips' milk of magnesia)</i>	\$0 (OTC)	
STIMULANT LAXATIVES		
<i>bisacodyl (dulcolax)</i>	\$0 (OTC)	
<i>sennosides</i>	\$0 (OTC)	
SURFACTANT LAXATIVES		
<i>docusate calcium (surfak)</i>	\$0 (OTC)	
<i>docusate sodium (colace)</i>	\$0 (OTC)	
MEDICAL DEVICES AND SUPPLIES		
AUDITORY SUPPLIES		
<i>hearing aid batteries</i>	\$0 (OTC)	
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS	\$0 (Tier 1)	
<i>gauze pads and dressings</i>	\$0 (OTC)	
CONTRACEPTIVES		
<i>female condoms</i>	\$0 (OTC)	
<i>male condoms</i>	\$0 (OTC)	
DIABETIC SUPPLIES		
<i>blood glucose monitoring supplies</i>	\$0 (Part B Covered)	
DEXCOM G5 MOB/G4 PLAT SENSOR	\$0 (Part B Covered)	PA
DEXCOM G5 MOBILE RECEIVER	\$0 (Part B Covered)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DEXCOM G5 MOBILE TRANSMITTER	\$0 (Part B Covered)	PA
DEXCOM G5 RECEIVER KIT	\$0 (Part B Covered)	PA
DEXCOM G6 RECEIVER	\$0 (Part B Covered)	PA, QL (1 EA PER 274 OVER TIME)
DEXCOM G6 SENSOR	\$0 (Part B Covered)	PA, QL (3 EA PER 30 DAYS)
DEXCOM G6 TRANSMITTER	\$0 (Part B Covered)	PA, QL (1 EA PER 68 OVER TIME)
DEXCOM G7 RECEIVER	\$0 (Part B Covered)	PA, QL (1 EA PER 275 OVER TIME)
DEXCOM G7 SENSOR	\$0 (Part B Covered)	PA, QL (3 EA PER 30 DAYS)
FREESTYLE LIBRE 14 DAY READER	\$0 (Part B Covered)	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 14 DAY SENSOR	\$0 (Part B Covered)	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 2 PLUS SENSOR	\$0 (Part B Covered)	PA, QL (2 EA PER 30 DAYS)
FREESTYLE LIBRE 2 READER	\$0 (Part B Covered)	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 2 SENSOR	\$0 (Part B Covered)	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE 3 PLUS SENSOR	\$0 (Part B Covered)	PA, QL (2 EA PER 30 DAYS)
FREESTYLE LIBRE 3 READER	\$0 (Part B Covered)	PA, QL (1 EA PER 274 OVER TIME)
FREESTYLE LIBRE 3 SENSOR	\$0 (Part B Covered)	PA, QL (2 EA PER 28 DAYS)
FREESTYLE LIBRE READER	\$0 (Part B Covered)	PA, QL (1 EA PER 274 OVER TIME)
<i>lancet device</i>	\$0 (Part B Covered)	
<i>lancets</i>	\$0 (Part B Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OMNIPOD 5 DEXG7G6 PODS GEN 5	\$0 (Tier 1)	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G6 INTRO (GEN 5)	\$0 (Tier 1)	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G6 PODS (GEN 5)	\$0 (Tier 1)	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G7 INTRO (GEN 5)	\$0 (Tier 1)	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G7 PODS (GEN 5)	\$0 (Tier 1)	QL (15 EA PER 30 DAYS)
OMNIPOD 5 LIBRE2 PLUS G6	\$0 (Tier 1)	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0 (Tier 1)	QL (15 EA PER 30 DAYS)
OMNIPOD 5 PACK	\$0 (Tier 1)	QL (15 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3)	\$0 (Tier 1)	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH INTRO (GEN 4)	\$0 (Tier 1)	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PDM (GEN 4)	\$0 (Tier 1)	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PODS (GEN 4)	\$0 (Tier 1)	QL (15 EA PER 30 DAYS)
GI-GU OSTOMY & IRRIGATION SUPPLIES		
<i>catheter</i>	\$0 (OTC)	
<i>incontinence supplies</i>	\$0 (OTC)	
<i>ostomy supplies</i>	\$0 (OTC)	
INFANT CARE PRODUCTS		
<i>diapers</i>	\$0 (OTC)	
MISC. DEVICES		
<i>alcohol swabs</i>	\$0 (Tier 1)	
ALCOHOL SWABS 1X1	\$0 (Tier 1)	
OPTICAL AND OPHTHALMIC SUPPLIES		
<i>optical supplies</i>	\$0 (OTC)	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	\$0 (Tier 1)	
INSULIN SYRINGE (DISP) U-100 0.3 ML	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INSULIN SYRINGE (DISP) U-100 1 ML	\$0 (Tier 1)	
INSULIN SYRINGE (DISP) U-100 1/2 ML	\$0 (Tier 1)	
MONOJECT SYRINGES	\$0 (Medicaid Covered)	
NEEDLES AND SYRINGES (OTC)	\$0 (OTC)	
NEEDLES AND SYRINGES NEEDLES AND SYRINGES, NEEDLES AND SYRINGES	\$0 (Tier 1)	
<i>needles and syringes rx only</i>	\$0 (OTC)	
SYRINGE 20G 1-1/2" 12 ML MISC, 21G 1" 12 ML MISC, 21G 1-1/2" 12 ML MISC	\$0 (OTC)	
SYRINGE/HYPODERMIC SAFETY	\$0 (OTC)	
RESPIRATORY THERAPY SUPPLIES		
DISPOSABLE MOUTHPIECE	\$0 (OTC)	
DISPOSABLE MOUTHPIECE (RX)	\$0 (Medicaid Covered)	
INHALER SPACER	\$0 (OTC)	
INHALER SPACER (RX)	\$0 (OTC)	
PEAK FLOW METER	\$0 (OTC)	
PEAK FLOW METER (RX)	\$0 (Medicaid Covered)	
<i>respiratory therapy supplies</i>	\$0 (OTC)	
MIGRAINE PRODUCTS		
AIMOVIG	\$0 (Tier 1)	PA, QL (1 ML PER 30 DAYS)
AJOVY	\$0 (Tier 1)	PA, QL (1.5 ML PER 30 DAYS)
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (16 ML PER 30 DAYS)
EMGALITY	\$0 (Tier 1)	PA, QL (2 ML PER 30 DAYS)
EMGALITY (300 MG DOSE)	\$0 (Tier 1)	PA, QL (3 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ERGOTAMINE-CAFFEINE	\$0 (Tier 1)	
MIGERGOT	\$0 (Tier 1)	
NURTEC	\$0 (Tier 1)	PA, QL (16 EA PER 30 DAYS)

SEROTONIN AGONISTS

<i>eletriptan hydrobromide</i>	\$0 (Tier 1)	QL (18 EA PER 30 OVER TIME)
<i>naratriptan hcl</i>	\$0 (Tier 1)	QL (18 EA PER 30 OVER TIME)
<i>rizatriptan benzoate</i>	\$0 (Tier 1)	QL (36 EA PER 28 OVER TIME)
<i>sumatriptan 5 mg/act, 20 mg/act</i>	\$0 (Tier 1)	QL (12 EA PER 30 OVER TIME)
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0 (Tier 1)	QL (18 EA PER 30 OVER TIME)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution</i>	\$0 (Tier 1)	QL (8 ML PER 28 DAYS)
<i>sumatriptan succinate refill sumatriptan succinate refill, sumatriptan succinate refill</i>	\$0 (Tier 1)	QL (8 ML PER 28 DAYS)
<i>zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp</i>	\$0 (Tier 1)	QL (18 EA PER 30 OVER TIME)

MINERALS ELECTROLYTES

CALCIUM

<i>calcium / magnesium / vitamin d</i>	\$0 (OTC)	
<i>calcium / magnesium / zinc</i>	\$0 (OTC)	
<i>calcium / phosphorus / vitamin d</i>	\$0 (OTC)	
<i>calcium / vitamin c / vitamin d</i>	\$0 (OTC)	
<i>calcium / vitamin d / vitamin k</i>	\$0 (OTC)	
<i>calcium carbonate</i>	\$0 (OTC)	
<i>calcium carbonate / folic acid / vitamin d</i>	\$0 (OTC)	
<i>calcium carbonate / vitamin d</i>	\$0 (OTC)	
<i>calcium carbonate / vitamin d / minerals</i>	\$0 (OTC)	
<i>calcium citrate</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>calcium citrate / vitamin d</i>	\$0 (OTC)	
<i>calcium gluconate 10 % solution</i>	\$0 (Tier 1)	
ELECTROLYTE MIXTURES		
<i>electrolyte solution</i>	\$0 (OTC)	
<i>kcl in dextrose-nacl kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution</i>	\$0 (Tier 1)	
LACTATED RINGERS LACTATED RINGERS, LACTATED RINGERS	\$0 (Tier 1)	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	\$0 (Tier 1)	
<i>ringers</i>	\$0 (Medicaid Covered)	
FLUORIDE		
<i>sodium fluoride</i>	\$0 (Tier 1)	
<i>sodium fluoride chewable tablet</i>	\$0 (Tier 1)	
MAGNESIUM		
<i>magnesium</i>	\$0 (OTC)	
<i>magnesium chloride</i>	\$0 (OTC)	
<i>magnesium gluconate</i>	\$0 (OTC)	
<i>magnesium oxide</i>	\$0 (OTC)	
<i>magnesium sulfate 50 % solution</i>	\$0 (Tier 1)	
MINERAL COMBINATIONS		
<i>multivitamins / minerals</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PHOSPHATE		
K-PHOS	\$0 (Tier 1)	
<i>phosphorus supplement</i>	\$0 (OTC)	
<i>potassium / sodium phosphate</i>	\$0 (OTC)	
POTASSIUM		
<i>klor-con</i>	\$0 (Tier 1)	
<i>klor-con 10</i>	\$0 (Tier 1)	
<i>klor-con m10</i>	\$0 (Tier 1)	
<i>klor-con m15</i>	\$0 (Tier 1)	
<i>klor-con m20</i>	\$0 (Tier 1)	
<i>potassium chloride 2 meq/ml solution</i>	\$0 (Tier 1)	
<i>potassium chloride 20 meq packet</i>	\$0 (Tier 1)	
<i>potassium chloride 20 meq/15ml (10%) solution</i>	\$0 (Tier 1)	
<i>potassium chloride 40 meq/15ml (20%) solution</i>	\$0 (Tier 1)	
<i>potassium chloride crys er er 10 tab er, er 20 tab er</i>	\$0 (Tier 1)	
<i>potassium chloride er potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er</i>	\$0 (Tier 1)	
POTASSIUM CHLORIDE POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/50ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/50ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>potassium gluconate</i>	\$0 (OTC)	
SODIUM		
<i>sodium chloride rx only</i>	\$0 (Tier 1)	
TRACE MINERALS		
<i>chromium</i>	\$0 (OTC)	
<i>selenium</i>	\$0 (OTC)	
ZINC		
<i>zinc</i>	\$0 (OTC)	
<i>zinc gluconate</i>	\$0 (OTC)	
<i>zinc sulfate</i>	\$0 (OTC)	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CHEMET	\$0 (Tier 1)	
<i>deferasirox 90 mg tab, 180 mg tab, 360 mg tab</i>	\$0 (Tier 1)	PA
<i>penicillamine 250 mg tab</i>	\$0 (Tier 1)	PA, NDS
<i>trientine hcl 250 mg cap</i>	\$0 (Tier 1)	PA, NDS
IMMUNOMODULATORS		
<i>lenalidomide</i>	\$0 (Tier 1)	LA, QL (28 EA PER 28 DAYS), PA ² , NDS
REVLIMID	\$0 (Tier 1)	LA, QL (28 EA PER 28 DAYS), PA ² , NDS
REZUROCK	\$0 (Tier 1)	PA, LA, QL (30 EA PER 30 DAYS), NDS
THALOMID 150 MG CAP, 200 MG CAP	\$0 (Tier 1)	LA, QL (60 EA PER 30 DAYS), NDS
THALOMID 50 MG CAP, 100 MG CAP	\$0 (Tier 1)	LA, QL (30 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IMMUNOSUPPRESSIVE AGENTS		
ARCALYST	\$0 (Tier 1)	PA, LA, NDS
<i>azathioprine 50 mg tab</i>	\$0 (Tier 1)	PA ³
BENLYSTA 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	\$0 (Tier 1)	PA, LA, QL (4 ML PER 28 DAYS), NDS
<i>cyclosporine 25 mg cap, 100 mg cap</i>	\$0 (Tier 1)	PA ³
<i>cyclosporine modified</i>	\$0 (Tier 1)	PA ³
ENVARUSUS XR	\$0 (Tier 1)	PA ³
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	\$0 (Tier 1)	PA ³ , NDS
<i>engraf</i>	\$0 (Tier 1)	PA ³
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	\$0 (Tier 1)	PA ³ , NDS
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	\$0 (Tier 1)	PA ³
<i>mycophenolate sodium</i>	\$0 (Tier 1)	PA ³
<i>mycophenolic acid</i>	\$0 (Tier 1)	PA ³
PROGRAF 0.2 MG PACKET, 1 MG PACKET	\$0 (Tier 1)	PA ³
<i>sirolimus 0.5 mg tab, 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)	PA ³
<i>sirolimus 1 mg/ml solution</i>	\$0 (Tier 1)	PA ³ , NDS
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	\$0 (Tier 1)	PA ³
IRRIGATION SOLUTIONS		
<i>ringers irrigation</i>	\$0 (Medicaid Covered)	
<i>tis-u-sol</i>	\$0 (Medicaid Covered)	
MISC NATURAL PRODUCTS		
<i>miscellaneous natural products</i>	\$0 (OTC)	
BACTERIOSTATIC WATER(BENZ ALC)	\$0 (Medicaid Covered)	
<i>flavor syrup</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
METHYLCELLULOSE (CITRUCEL)	\$0 (OTC)	
<i>petrolatum (vaseline)</i>	\$0 (OTC)	
<i>saline bacteriostatic</i>	\$0 (Medicaid Covered)	
<i>sodium chloride bacteriostatic</i>	\$0 (Medicaid Covered)	
<i>sterile water for injection</i>	\$0 (Medicaid Covered)	
THICK-IT - POWDER	\$0 (OTC)	
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	\$0 (Tier 1)	
LOKELMA	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate</i>	\$0 (Tier 1)	
<i>sps (sodium polystyrene sulf) sps (sodium polystyrene sulf) 30 gm/120ml suspension, sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	\$0 (Tier 1)	
VELTASSA 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	\$0 (Tier 1)	
MULTIVITAMINS		
B-COMPLEX VITAMINS		
<i>vitamin b complex combinations</i>	\$0 (OTC)	
BIOFLAVONOID PRODUCTS		
<i>bioflavonoids</i>	\$0 (OTC)	
MULTIPLE VITAMINS W/ CALCIUM		
<i>multivitamins / calcium</i>	\$0 (OTC)	
MULTIPLE VITAMINS W/ IRON		
<i>multivitamins / iron</i>	\$0 (OTC)	
<i>multivitamins</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multivitamin combinations</i>	\$0 (OTC)	
PEDIATRIC VITAMINS		
PEDIATRIC MULTIVITAMIN COMBINATIONS	\$0 (OTC)	
PRENATAL VITAMINS		
ONE-A-DAY WOMENS PRENATAL -- DY PRENTL 28-0.8 & 440 MG MISC	\$0 (OTC)	
<i>prenatal vitamin</i>	\$0 (OTC)	
<i>prenatal vitamin rx only</i>	\$0 (Tier 1)	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	\$0 (Tier 1)	
SM ONE DAILY PRENATAL	\$0 (OTC)	
VITAMIN MIXTURES		
<i>niacin</i>	\$0 (OTC)	
<i>vitamin a / vitamin c / vitamin d</i>	\$0 (OTC)	
<i>vitamin d / vitamin k</i>	\$0 (OTC)	
VITAMINS W/ LIPOTROPICS		
<i>vitamins / lipotropics</i>	\$0 (OTC)	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>chlorzoxazone 500 mg tab</i>	\$0 (Tier 1)	
<i>cyclobenzaprine hcl 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	\$0 (Tier 1)	
<i>tizanidine hcl 2 mg tab, 4 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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DIRECT MUSCLE RELAXANTS

<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	\$0 (Tier 1)	
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NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL ANTIALLERGY

<i>azelastine hcl 0.1 %, 137 mcg/spray</i>	\$0 (Tier 1)	
<i>cromolyn (nasalcrom)</i>	\$0 (OTC)	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	\$0 (Tier 1)	QL (50 ML PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	\$0 (Tier 1)	QL (32 GM PER 30 DAYS)
<i>ipratropium bromide 0.03 %, 0.06 %</i>	\$0 (Tier 1)	
<i>mometasone furoate 50 mcg/act suspension</i>	\$0 (Tier 1)	QL (34 GM PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide (nasacort)</i>	\$0 (OTC)	

SYMPATHOMIMETIC DECONGESTANTS

<i>oxymetazoline (afrin)</i>	\$0 (OTC)	
<i>phenylephrine (neo-synephrine)</i>	\$0 (OTC)	
<i>phenylephrine (sudafed pe)</i>	\$0 (OTC)	
<i>pseudoephedrine (sudafed)</i>	\$0 (OTC)	

NEUROMUSCULAR AGENTS

ALS AGENTS

RADICAVA ORS	\$0 (Tier 1)	PA, LA, QL (70 ML PER 28 DAYS), NDS
RADICAVA ORS STARTER KIT	\$0 (Tier 1)	PA, LA, QL (70 ML PER 28 DAYS), NDS
<i>riluzole</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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NUTRIENTS

MISC. NUTRITIONAL SUBSTANCES

<i>pyridoxine (vitamin b6)</i>	\$0 (OTC)	
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PROTEINS

<i>plenamine</i>	\$0 (Tier 1)	PA ³
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OPHTHALMIC AGENTS

BETA-BLOCKERS - OPTHALMIC

BETAXOLOL HCL BETAXOLOL HCL 0.5 % SOLUTION, BETAXOLOL HCL 0.5 % SOLUTION	\$0 (Tier 1)	
<i>brimonidine tartrate-timolol</i>	\$0 (Tier 1)	
CARTEOLOL HCL	\$0 (Tier 1)	
<i>dorzolamide hcl-timolol mal</i>	\$0 (Tier 1)	
<i>dorzolamide hcl-timolol mal pf</i>	\$0 (Tier 1)	
LEVOBUNOLOL HCL	\$0 (Tier 1)	
<i>timolol maleate 0.25 %, 0.5 %</i>	\$0 (Tier 1)	

OPHTHALMIC ADRENERGIC AGENTS

APRACLONIDINE HCL 0.5 % SOLUTION	\$0 (Tier 1)	
<i>brimonidine tartrate 0.1 %, 0.15 %, 0.2 %</i>	\$0 (Tier 1)	
SIMBRINZA	\$0 (Tier 1)	

OPHTHALMIC ANTI-INFECTIVES

<i>ak-poly-bac</i>	\$0 (Tier 1)	QL (7 GM PER 7 OVER TIME)
BACITRACIN 500 UNIT/GM OINTMENT	\$0 (Tier 1)	
<i>bacitracin-polymyxin b</i>	\$0 (Tier 1)	QL (7 GM PER 7 OVER TIME)
<i>ciprofloxacin hcl 0.3 % solution</i>	\$0 (Tier 1)	QL (60 ML PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>erythromycin 5 mg/gm ointment</i>	\$0 (Tier 1)	QL (7 GM PER 7 OVER TIME)
<i>gatifloxacin 0.5 % solution</i>	\$0 (Tier 1)	QL (5 ML PER 7 OVER TIME)
<i>gentamicin sulfate 0.3 % solution</i>	\$0 (Tier 1)	QL (10 ML PER 7 OVER TIME)
LEVOFLOXACIN 0.5 % SOLUTION	\$0 (Tier 1)	QL (60 ML PER 30 OVER TIME)
LEVOFLOXACIN 1.5 % SOLUTION	\$0 (Tier 1)	
MOXIFLOXACIN HCL (2X DAY)	\$0 (Tier 1)	QL (6 ML PER 7 OVER TIME)
<i>moxifloxacin hcl 0.5 % solution</i>	\$0 (Tier 1)	QL (6 ML PER 7 OVER TIME)
<i>neomycin-bacitracin zn-polymyx</i>	\$0 (Tier 1)	QL (7 GM PER 7 OVER TIME)
NEOMYCIN-POLYMYXIN-GRAMICIDIN	\$0 (Tier 1)	QL (10 ML PER 7 OVER TIME)
<i>ofloxacin 0.3 % solution</i>	\$0 (Tier 1)	QL (60 ML PER 30 OVER TIME)
<i>polymyxin b-trimethoprim</i>	\$0 (Tier 1)	QL (10 ML PER 7 OVER TIME)
SULFACETAMIDE SODIUM 10 % OINTMENT	\$0 (Tier 1)	
<i>sulfacetamide sodium 10 % solution</i>	\$0 (Tier 1)	QL (15 ML PER 7 OVER TIME)
<i>tobramycin 0.3 % solution</i>	\$0 (Tier 1)	QL (60 ML PER 30 OVER TIME)
TRIFLURIDINE	\$0 (Tier 1)	QL (15 ML PER 7 OVER TIME)
XDEMVY	\$0 (Tier 1)	PA, QL (10 ML PER 42 DAYS), NDS
ZIRGAN	\$0 (Tier 1)	
OPHTHALMIC DECONGESTANTS		
<i>naphazoline /pheniramine drops (naphcon-a)</i>	\$0 (OTC)	
<i>tetrahydrazoline drops (visine)</i>	\$0 (OTC)	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	\$0 (Tier 1)	
ROCKLATAN	\$0 (Tier 1)	
OPHTHALMIC LOCAL ANESTHETICS		
<i>altacaine</i>	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tetracaine hcl 0.5 % solution</i>	\$0 (Medicaid Covered)	
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc</i>	\$0 (Tier 1)	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	\$0 (Tier 1)	
<i>fluorometholone</i>	\$0 (Tier 1)	
<i>loteprednol etabonate 0.5 % gel, 0.5 % suspension</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexameth</i>	\$0 (Tier 1)	
NEOMYCIN-POLYMYXIN-HC --3.5-10000-1 SUSPENSION	\$0 (Tier 1)	
<i>prednisolone acetate 1 % suspension</i>	\$0 (Tier 1)	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	\$0 (Tier 1)	
SULFACETAMIDE-PREDNISOLONE	\$0 (Tier 1)	
<i>tobramycin-dexamethasone</i>	\$0 (Tier 1)	
OPHTHALMICS - MISC.		
<i>artificial tear drops</i>	\$0 (OTC)	
<i>atropine sulfate 1 % solution</i>	\$0 (Tier 1)	
ATROPINE SULFATE 1 % SOLUTION	\$0 (Tier 1)	
<i>azelastine hcl 0.05 % solution</i>	\$0 (Tier 1)	
<i>balanced salt</i>	\$0 (Medicaid Covered)	
CROMOLYN SODIUM CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION	\$0 (Tier 1)	
<i>cyclosporine 0.05 % emulsion</i>	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
CYSTARAN	\$0 (Tier 1)	PA, LA, QL (60 ML PER 28 DAYS), NDS
<i>dextran 70/he-cell drops (genteal tears)</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diclofenac sodium 0.1 % solution</i>	\$0 (Tier 1)	
<i>dorzolamide hcl 2 % solution</i>	\$0 (Tier 1)	
<i>epinastine hcl</i>	\$0 (Tier 1)	
FLURBIPROFEN SODIUM	\$0 (Tier 1)	
<i>ketorolac tromethamine 0.4 %, 0.5 %</i>	\$0 (Tier 1)	
<i>ketotifen drops (zaditor)</i>	\$0 (OTC)	
<i>lubricant eye drops</i>	\$0 (OTC)	
<i>lubricant eye ointment</i>	\$0 (OTC)	
<i>olopatadine</i>	\$0 (OTC)	
<i>pilocarpine hcl 1 %, 2 %, 4 %</i>	\$0 (Tier 1)	
<i>polyethylene glycol drops</i>	\$0 (OTC)	
<i>polyvinyl alcohol / povidone drops (refresh)</i>	\$0 (OTC)	
<i>polyvinyl alcohol drops (hypotears)</i>	\$0 (OTC)	
<i>sodium chloride eye products (muro 128)</i>	\$0 (OTC)	
XIIDRA	\$0 (Tier 1)	QL (60 EA PER 30 DAYS)
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost 0.03 % solution</i>	\$0 (Tier 1)	QL (5 ML PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	\$0 (Tier 1)	
LUMIGAN	\$0 (Tier 1)	QL (5 ML PER 30 DAYS)
<i>tafluprost (pf)</i>	\$0 (Tier 1)	
<i>travoprost (bak free)</i>	\$0 (Tier 1)	QL (5 ML PER 30 DAYS)
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	\$0 (Tier 1)	
<i>carbamide peroxide (debrox)</i>	\$0 (OTC)	
<i>flac</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide 0.01 % oil</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocortisone-acetic acid</i>	\$0 (Tier 1)	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc --3.5-10000-1</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	\$0 (Tier 1)	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAKED 1 GM/10ML SOLUTION	\$0 (Tier 1)	PA, NDS
GAMUNEX-C -1 GM/10ML SOLUTION	\$0 (Tier 1)	PA, NDS
PRIVIGEN 20 GM/200ML SOLUTION	\$0 (Tier 1)	PA, NDS
VARIZIG	\$0 (Tier 1)	VAC
MONOCLONAL ANTIBODIES		
BEYFORTUS	\$0 (Tier 1)	
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN 125 MG CHEW TAB	\$0 (Tier 1)	
<i>amoxicillin 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab</i>	\$0 (Tier 1)	
AMOXICILLIN 250 MG CHEW TAB	\$0 (Tier 1)	
<i>ampicillin</i>	\$0 (Tier 1)	
<i>ampicillin sodium 1 gm recon soln</i>	\$0 (Tier 1)	
<i>ampicillin sodium 10 gm recon soln</i>	\$0 (Tier 1)	
AMPICILLIN SODIUM AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NATURAL PENICILLINS		
BICILLIN L-A	\$0 (Tier 1)	
<i>penicillin g potassium</i>	\$0 (Tier 1)	
PENICILLIN G PROCAINE	\$0 (Tier 1)	
PENICILLIN G SODIUM	\$0 (Tier 1)	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN	\$0 (Tier 1)	
<i>penicillin v potassium 250 mg tab</i>	\$0 (Tier 1)	
<i>penicillin v potassium 500 mg tab</i>	\$0 (Tier 1)	
PENICILLIN COMBINATIONS		
AMOXICILLIN-POT CLAVULANATE - 400-57 MG CHEW TAB	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 400-57 mg/5ml recon susp</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 500-125 mg tab</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate 875-125 mg tab</i>	\$0 (Tier 1)	
AMOXICILLIN-POT CLAVULANATE ER	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	\$0 (Tier 1)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>piperacillin sod-tazobactam so</i>	\$0 (Tier 1)	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	\$0 (Tier 1)	
<i>nafcillin sodium 10 gm recon soln</i>	\$0 (Tier 1)	NDS
NAFCILLIN SODIUM IN DEXTROSE	\$0 (Tier 1)	
<i>nafcillin sodium nafcillin sodium 2 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln</i>	\$0 (Tier 1)	
<i>oxacillin sodium</i>	\$0 (Tier 1)	
OXACILLIN SODIUM IN DEXTROSE	\$0 (Tier 1)	
PROGESTINS		
<i>camila</i>	\$0 (Tier 1)	
<i>deblitane</i>	\$0 (Tier 1)	
DEPO-SUBQ PROVERA 104	\$0 (Tier 1)	
<i>emzahh</i>	\$0 (Tier 1)	
<i>errin</i>	\$0 (Tier 1)	
<i>gallifrey</i>	\$0 (Tier 1)	
<i>heather</i>	\$0 (Tier 1)	
<i>incassia</i>	\$0 (Tier 1)	
<i>jencycla</i>	\$0 (Tier 1)	
LILETTA (52 MG)	\$0 (Tier 1)	
<i>lyleq</i>	\$0 (Tier 1)	
<i>lyza</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension</i>	\$0 (Tier 1)	
MEGESTROL ACETATE MEGESTROL ACETATE 625 MG/5ML SUSPENSION, MEGESTROL ACETATE 625 MG/5ML SUSPENSION	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NEXPLANON	\$0 (Tier 1)	
<i>nora-be</i>	\$0 (Tier 1)	
<i>norethindrone 0.35 mg tab</i>	\$0 (Tier 1)	
<i>norethindrone acetate 5 mg tab</i>	\$0 (Tier 1)	
<i>norlyda</i>	\$0 (Tier 1)	
<i>norlyroc</i>	\$0 (Tier 1)	
<i>progesterone 100 mg cap, 200 mg cap</i>	\$0 (Tier 1)	
<i>sharobel</i>	\$0 (Tier 1)	
<i>tulana</i>	\$0 (Tier 1)	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium</i>	\$0 (Tier 1)	
<i>disulfiram 250 mg tab</i>	\$0 (Tier 1)	
DISULFIRAM 500 MG TAB	\$0 (Tier 1)	

ANTIDEMENTIA AGENTS

<i>donepezil hcl 5 mg tab disp, 10 mg tab disp, 23 mg tab</i>	\$0 (Tier 1)	QL (30 EA PER 30 DAYS)
<i>donepezil hcl 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide er</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide galantamine hydrobromide 4 mg tab, galantamine hydrobromide 12 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab</i>	\$0 (Tier 1)	
<i>memantine hcl 2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution</i>	\$0 (Tier 1)	
<i>memantine hcl er</i>	\$0 (Tier 1)	
<i>rivastigmine</i>	\$0 (Tier 1)	
<i>rivastigmine tartrate</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 6 MG TAB	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO 9 MG TAB, 12 MG TAB	\$0 (Tier 1)	PA, QL (120 EA PER 30 DAYS), NDS
AUSTEDO XR 12 MG TAB ER 24H, 24 MG TAB ER 24H	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO XR 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
AUSTEDO XR 6 MG TAB ER 24H	\$0 (Tier 1)	PA, QL (90 EA PER 30 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	\$0 (Tier 1)	PA, QL (28 EA PER 28 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	\$0 (Tier 1)	PA, QL (42 EA PER 28 DAYS), NDS
INGREZZA 40 & 80 MG CAP THPK	\$0 (Tier 1)	PA, QL (28 EA PER 28 DAYS), NDS
INGREZZA 40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
<i>tetrabenazine</i>	\$0 (Tier 1)	NDS
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	\$0 (Tier 1)	PA, QL (1 EA PER 28 DAYS), NDS
AVONEX PREFILLED	\$0 (Tier 1)	PA, QL (1 EA PER 28 DAYS), NDS
<i>dalfampridine er</i>	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	\$0 (Tier 1)	PA, QL (14 EA PER 30 DAYS), NDS
<i>dimethyl fumarate 240 mg cap dr</i>	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
<i>dimethyl fumarate starter pack</i>	\$0 (Tier 1)	PA, QL (120 EA PER 180 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fingolimod hcl</i>	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	\$0 (Tier 1)	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	\$0 (Tier 1)	PA, QL (12 ML PER 28 DAYS), NDS
<i>glatopa 20 mg/ml soln prsyr</i>	\$0 (Tier 1)	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatopa 40 mg/ml soln prsyr</i>	\$0 (Tier 1)	PA, QL (12 ML PER 28 DAYS), NDS
KESIMPTA	\$0 (Tier 1)	PA, QL (1.6 ML PER 28 DAYS), NDS
PLEGRIDY	\$0 (Tier 1)	PA, LA, QL (1 ML PER 28 DAYS), NDS
<i>teriflunomide</i>	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS), NDS
VUMERITY	\$0 (Tier 1)	PA, LA, QL (120 EA PER 30 DAYS), NDS
NUEDEXTA	\$0 (Tier 1)	PA, NDS
PIMOZIDE	\$0 (Tier 1)	

SMOKING DETERRENTS

<i>bupropion hcl er (smoking det)</i>	\$0 (Tier 1)	
<i>nicotine gum / lozenge</i>	\$0 (OTC)	
<i>nicotine patch (nicoderm)</i>	\$0 (OTC)	
NICOTROL	\$0 (Tier 1)	
<i>varenicline tartrate</i>	\$0 (Tier 1)	
<i>varenicline tartrate (starter)</i>	\$0 (Tier 1)	
<i>varenicline tartrate(continue)</i>	\$0 (Tier 1)	

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

CAYSTON	\$0 (Tier 1)	PA, LA, QL (84 ML PER 28 DAYS), NDS
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KALYDECO 13.4 MG PACKET	\$0 (Tier 1)	PA, LA, QL (56 EA PER 28 DAYS), NDS
KALYDECO 150 MG TAB	\$0 (Tier 1)	PA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 25 MG PACKET, 50 MG PACKET, 75 MG PACKET	\$0 (Tier 1)	PA, LA, QL (60 EA PER 30 DAYS), NDS
KALYDECO 5.8 MG PACKET	\$0 (Tier 1)	PA, QL (56 EA PER 28 DAYS), NDS
ORKAMBI 100-125 MG PACKET, 150-188 MG PACKET	\$0 (Tier 1)	PA, LA, QL (60 EA PER 30 DAYS), NDS
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	\$0 (Tier 1)	PA, LA, QL (120 EA PER 30 DAYS), NDS
ORKAMBI 75-94 MG PACKET	\$0 (Tier 1)	PA, LA, QL (56 EA PER 28 DAYS), NDS
PULMOZYME	\$0 (Tier 1)	QL (150 ML PER 30 DAYS), PA ³ , NDS
TRIKAFTA 100-50-75 & 150 MG TAB THPK	\$0 (Tier 1)	PA, LA, QL (90 EA PER 30 DAYS), NDS
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	\$0 (Tier 1)	PA, LA, QL (84 EA PER 28 DAYS), NDS
TRIKAFTA 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK	\$0 (Tier 1)	PA, LA, QL (56 EA PER 28 DAYS), NDS
PULMONARY FIBROSIS AGENTS		
OFEV	\$0 (Tier 1)	PA, LA, QL (60 EA PER 30 DAYS), NDS
<i>pirfenidone 267 mg cap, 267 mg tab</i>	\$0 (Tier 1)	PA, QL (270 EA PER 30 DAYS), NDS
<i>pirfenidone 801 mg tab</i>	\$0 (Tier 1)	PA, QL (90 EA PER 30 DAYS), NDS
RESPIRATORY TRACT AGENTS		
ANTIHISTAMINES		
<i>cetirizine (zyrtec)</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cetirizine (zyrtec) rx only</i>	\$0 (Tier 1)	
<i>chlorpheniramine</i>	\$0 (OTC)	
<i>clemastine fumarate</i>	\$0 (OTC)	
<i>desloratadine 5 mg tab</i>	\$0 (Tier 1)	
<i>dexbrompheniramine</i>	\$0 (OTC)	
<i>diphenhydramine (benadryl)</i>	\$0 (OTC)	
<i>fexofenadine (allegra)</i>	\$0 (OTC)	
<i>levocetirizine (xyzal)</i>	\$0 (OTC)	
<i>levocetirizine (xyzal) rx only</i>	\$0 (Tier 1)	
<i>loratadine (claritin)</i>	\$0 (OTC)	
<i>promethazine hcl 25 mg/ml, 50 mg/ml</i>	\$0 (Medicaid Covered)	
<i>promethazine hcl 6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	

PULMONARY ANTIHYPERTENSIVES

<i>alyq</i>	\$0 (Tier 1)	PA, NDS
<i>ambrisentan</i>	\$0 (Tier 1)	PA, LA, QL (30 EA PER 30 DAYS), NDS
<i>bosentan</i>	\$0 (Tier 1)	PA, LA, QL (60 EA PER 30 DAYS), NDS
OPSUMIT	\$0 (Tier 1)	PA, LA, NDS
<i>sildenafil citrate 20 mg tab</i>	\$0 (Tier 1)	PA
<i>tadalafil (pah)</i>	\$0 (Tier 1)	PA, NDS
UPTRAVI 200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	\$0 (Tier 1)	PA, LA, NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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RESPIRATORY TRACT/PULMONARY AGENTS

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>roflumilast</i>	\$0 (Tier 1)	
<i>theophylline er theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h</i>	\$0 (Tier 1)	

SLEEP DISORDER AGENTS

SLEEP DISORDERS, OTHER

SODIUM OXYBATE	\$0 (Tier 1)	PA, LA, QL (540 ML PER 30 DAYS), NDS
SUNOSI	\$0 (Tier 1)	PA, QL (30 EA PER 30 DAYS)

SULFONAMIDES

<i>sulfadiazine 500 mg tab</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim -200-40 mg/5ml suspension, -400-80 mg tab, -800-160 mg tab, -800-160 mg/20ml suspension</i>	\$0 (Tier 1)	

TETRACYCLINES

<i>demeclocycline hcl</i>	\$0 (Tier 1)	
<i>doxy 100</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg recon soln, 100 mg tab</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab</i>	\$0 (Tier 1)	
<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	\$0 (Tier 1)	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	\$0 (Tier 1)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>propylthiouracil 50 mg tab</i>	\$0 (Tier 1)	

THYROID HORMONES

<i>euthyrox</i>	\$0 (Tier 1)	
<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	\$0 (Tier 1)	
<i>levoxyl</i>	\$0 (Tier 1)	
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	\$0 (Tier 1)	
SYNTHROID	\$0 (Tier 1)	
<i>unithroid</i>	\$0 (Tier 1)	

TOXOIDS

TOXOID COMBINATIONS

ADACEL	\$0 (Tier 1)	VAC
BOOSTRIX	\$0 (Tier 1)	VAC
DAPTACEL	\$0 (Tier 1)	
DIPHThERIA-TETANUS TOXOIDS DT	\$0 (Tier 1)	PA ³
INFANRIX	\$0 (Tier 1)	
KINRIX	\$0 (Tier 1)	
PEDIARIX	\$0 (Tier 1)	
PENTACEL	\$0 (Tier 1)	
QUADRACEL	\$0 (Tier 1)	
TDVAX	\$0 (Tier 1)	PA ³ , VAC

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TENIVAC	\$0 (Tier 1)	PA ³ , VAC

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>dicyclomine hcl 10 mg cap, 10 mg/5ml solution, 20 mg tab</i>	\$0 (Tier 1)
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)

H-2 ANTAGONISTS

<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	\$0 (Tier 1)
<i>famotidine (pepcid)</i>	\$0 (OTC)
<i>famotidine (pepcid) rx only</i>	\$0 (Tier 1)

MISC. ANTI-ULCER

<i>misoprostol 100 mcg tab, 200 mcg tab</i>	\$0 (Tier 1)
<i>sucralfate 1 gm tab, 1 gm/10ml suspension</i>	\$0 (Tier 1)

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium 20 mg cap dr, 40 mg cap dr</i>	\$0 (Tier 1)
<i>lansoprazole (prevacid)</i>	\$0 (OTC)
<i>lansoprazole (prevacid) rx only</i>	\$0 (Tier 1)
<i>omeprazole (prilosec)</i>	\$0 (OTC)
<i>omeprazole (prilosec) rx only</i>	\$0 (Tier 1)
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	\$0 (Tier 1)
<i>rabeprazole sodium 20 mg tab dr</i>	\$0 (Tier 1)

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide er</i>	\$0 (Tier 1)
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fesoterodine fumarate er</i>	\$0 (Tier 1)	
<i>oxybutynin chloride 5 mg tab, 5 mg/5ml solution</i>	\$0 (Tier 1)	
<i>oxybutynin chloride er</i>	\$0 (Tier 1)	
<i>solifenacin succinate</i>	\$0 (Tier 1)	
<i>tolterodine tartrate</i>	\$0 (Tier 1)	
<i>tolterodine tartrate er</i>	\$0 (Tier 1)	
<i>trospium chloride</i>	\$0 (Tier 1)	
<i>trospium chloride er</i>	\$0 (Tier 1)	
<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	
<i>flavoxate hcl</i>	\$0 (Tier 1)	
GEMTESA	\$0 (Tier 1)	
<i>mirabegron er</i>	\$0 (Tier 1)	
MYRBETRIQ 8 MG/ML SRER	\$0 (Tier 1)	

VACCINES

BACTERIAL VACCINES

ACTHIB	\$0 (Tier 1)	
BCG VACCINE	\$0 (Tier 1)	VAC
BEXSERO	\$0 (Tier 1)	VAC
CAPVAXIVE	\$0 (Part B Covered)	
HIBERIX	\$0 (Tier 1)	
MENACTRA	\$0 (Tier 1)	VAC
MENQUADFI	\$0 (Tier 1)	VAC
MENVEO	\$0 (Tier 1)	VAC
PEDVAX HIB	\$0 (Tier 1)	
PENBRAYA	\$0 (Tier 1)	VAC

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PNEUMOVAX 23	\$0 (Part B Covered)	
PREVNAR 20	\$0 (Part B Covered)	
TRUMENBA	\$0 (Tier 1)	VAC
TYPHIM VI	\$0 (Tier 1)	VAC
VAXCHORA	\$0 (Tier 1)	VAC
VAXNEUVANCE	\$0 (Part B Covered)	
VIRAL VACCINES		
ABRYSVO	\$0 (Tier 1)	VAC
AREXVY	\$0 (Tier 1)	VAC
COVID-19 VACCINES	\$0 (Part B Covered)	
ENGERIX-B	\$0 (Tier 1)	PA ³ , VAC
ERVEBO	\$0 (Tier 1)	VAC
GARDASIL 9	\$0 (Tier 1)	VAC-AGE
HAVRIX 1440 EL U/ML SUSPENSION	\$0 (Tier 1)	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	\$0 (Tier 1)	
HEPLISAV-B	\$0 (Tier 1)	PA ³ , VAC
IMOVAX RABIES	\$0 (Tier 1)	PA ³ , VAC
IPOL	\$0 (Tier 1)	VAC
IXCHIQ	\$0 (Tier 1)	VAC
IXIARO	\$0 (Tier 1)	VAC
JYNNEOS	\$0 (Tier 1)	VAC
M-M-R II	\$0 (Tier 1)	VAC
MRESVIA	\$0 (Tier 1)	VAC
PREHEVBRIO	\$0 (Tier 1)	PA ³ , VAC
PRIORIX	\$0 (Tier 1)	VAC

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PROQUAD	\$0 (Tier 1)	
QUADRIVALENT INFLUENZA VACCINES	\$0 (Part B Covered)	
RABAVERT	\$0 (Tier 1)	PA ³ , VAC
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION	\$0 (Tier 1)	PA ³ , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	\$0 (Tier 1)	PA ³ , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	\$0 (Tier 1)	PA ³ , VAC
ROTARIX	\$0 (Tier 1)	
ROTATEQ	\$0 (Tier 1)	
SHINGRIX	\$0 (Tier 1)	QL (2 EA PER 365 OVER TIME), VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	\$0 (Tier 1)	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	\$0 (Tier 1)	VAC
TWINRIX	\$0 (Tier 1)	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	\$0 (Tier 1)	
VAQTA 50 UNIT/ML SUSPENSION	\$0 (Tier 1)	VAC
VARIVAX	\$0 (Tier 1)	VAC
YF-VAX	\$0 (Tier 1)	VAC

VAGINAL AND RELATED PRODUCTS

SPERMICIDES

<i>contraceptive sponge / gel</i>	\$0 (OTC)	
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VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate 2 % cream</i>	\$0 (Tier 1)	
<i>clotrimazole (gyne-lotrimin)</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)	
<i>miconazole (monistat)</i>	\$0 (OTC)	
<i>povidone-iodine (summers eve)</i>	\$0 (OTC)	
<i>terconazole</i>	\$0 (Tier 1)	
<i>tioconazole (vagistat)</i>	\$0 (OTC)	
VAGINAL ESTROGENS		
<i>estradiol 0.1 mg/gm cream, 10 mcg tab</i>	\$0 (Tier 1)	
ESTRING	\$0 (Tier 1)	
PREMARIN 0.625 MG/GM CREAM	\$0 (Tier 1)	
<i>yuvafem</i>	\$0 (Tier 1)	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>beta-carotene</i>	\$0 (OTC)	
<i>phytonadione 1 mg/0.5ml solution, 5 mg tab, 10 mg/ml solution</i>	\$0 (Medicaid Covered)	
<i>vitamin d</i>	\$0 (OTC)	
<i>vitamin e</i>	\$0 (OTC)	
<i>vitamin k1 1 mg/0.5ml, 10 mg/ml</i>	\$0 (Medicaid Covered)	
WATER SOLUBLE VITAMINS		
<i>biotin</i>	\$0 (OTC)	
<i>calcium ascorbate</i>	\$0 (OTC)	
<i>calcium panthothenate</i>	\$0 (OTC)	
<i>niacinamide</i>	\$0 (OTC)	
<i>riboflavin (vitamin b2)</i>	\$0 (OTC)	
<i>thiamine (vitamin b1)</i>	\$0 (OTC)	
<i>vitamin c</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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RECON SOLN	84	SUCCINATE	clodan	94
CEFAZOLIN SODIUM 300 GM		chlorhexidine gluconate	clomipramine hcl	48
RECON SOLN	84	chloroquine phosphate	clonazepam	42
CEFAZOLIN SODIUM-		chlorpheniramine	clonidine hcl er	24
DEXTROSE	84	chlorpheniramine /	clonidine tablet	57
cefdinir	85	phenylephrine /	clonidine weekly patch	57
cefepime hcl	34	acetaminophen	clopidogrel bisulfate	111
CEFEPIME-DEXTROSE	34	chlorpheniramine /	clorazepate dipotassium	37
cefixime	85	phenylephrine / aspirin	clotrimazole	89
cefotetan disodium	84	chlorpromazine hcl	clotrimazole (GYNE-	
CEFOTETAN DISODIUM-		chlorthalidone	LOTRIMIN)	145
DEXTROSE	84	chlorzoxazone	clotrimazole (LOTRIMIN)	91
cefoxitin sodium	85	cholestyramine	clotrimazole cream (LOTRIMIN)	
CEFOXITIN SODIUM-		cholestyramine light	RX Only	91
DEXTROSE	85	chromium	clotrimazole solution (LOTRIMIN)	
cefpodoxime proxetil	85	ciclopirox	RX Only	91
cefprozil	85	ciclopirox olamine	clotrimazole-betamethasone	91
ceftazidime	85	cilostazol	clozapine	76
CEFTAZIDIME AND		CIMDUO	CLOZAPINE 12.5 MG TAB	
DEXTROSE	85	cimetidine	DISP	75
CEFTRIAZONE SODIUM	85	cinacalcet hcl	coal tar	97
CEFTRIAZONE SODIUM IN		ciprofloxacin hcl	COARTEM	58
DEXTROSE	85	CIPROFLOXACIN IN D5W	COBENFY	73

COBENFY STARTER PACK	73	cyanocobalmin (vitamin B12) /	dentagel	89
coenzyme Q10	98	folic acid	DEPO-SUBQ PROVERA	104.134
colchicine	111	cyclafem 1/35	DESCOVY	78
colchicine-probenecid	111	cyclafem 7/7/7	desipramine hcl	48
colesevelam hcl	55	cyclobenzaprine hcl	desloratadine	139
colestipol hcl	55	CYCLOPHOSPHAMIDE	desmopressin ace spray	
colistimethate sodium (cba)	34	cyclophosphamide 25 mg cap	refrig	101
COMBIVENT RESPIMAT	41	cyclophosphamide 50 mg cap	desmopressin acetate	101
COMETRIQ (100 MG DAILY DOSE)	64	CYCLOSET	desmopressin acetate spray	102
COMETRIQ (140 MG DAILY DOSE)	64	cyclosporine	desogestrel-ethinyl estradiol	103
COMETRIQ (60 MG DAILY DOSE)	64	cyclosporine modified	desonide	94
COMPLERA	78	cyred	desoximetasone	94
compro	76	cyred eq	desvenlafaxine succinate er	47
constulose	115	CYSTAGON	dexamethasone	86
contraceptive sponge / gel	145	CYSTARAN	DEXAMETHASONE	
COPIKTRA	64	D	INTENSOL	86
CORLANOR	83	dabigatran etexilate mesylate	dexamethasone sodium	
cortizone-10 feminine itch	94	dalfampridine er	phosphate	86
COSENTYX	92	danazol	DEXAMETHASONE SODIUM	
COSENTYX (300 MG DOSE)	92	dantrolene sodium	PHOSPHATE	130
COSENTYX SENSOREADY (300 MG)	93	dapsone	dexbropheniramine	139
COSENTYX SENSOREADY PEN	93	DAPTACEL	DEXCOM G5 MOB/G4 PLAT	
COSENTYX UNOREADY	93	daptomycin 350 mg recon	SENSOR	116
COTELLIC	65	soln	DEXCOM G5 MOBILE	
COVID-19 Vaccines	144	daptomycin 500 mg recon	RECEIVER	116
cranberry supplement	98	soln	DEXCOM G5 MOBILE	
CREON	99	darifenacin hydrobromide er	TRANSMITTER	117
CRESEMBA	54	darunavir	DEXCOM G5 RECEIVER KIT	117
cromolyn (NASALCROM)	127	dasatinib	DEXCOM G6 RECEIVER	117
cromolyn sodium	38,109	dasetta 1/35	DEXCOM G6 SENSOR	117
CROMOLYN SODIUM	130	dasetta 7/7/7	DEXCOM G6	
cryselle-28	103	DAURISMO	TRANSMITTER	117
cvs anti-itch	95	daysee	DEXCOM G7 RECEIVER	117
cyanocobalmin (vitamin B12)	111	deblitane	DEXCOM G7 SENSOR	117
		decadron	dextran 70/he-cell drops	
		deferasirox	(GENTEAL TEARS)	130
		DELSTRIGO	dextromethorphan	
		delyla	(ROBITUSSIN)	87
		demeclocycline hcl	dextromethorphan /	
		denta 5000 plus	acetaminophen /	
			chlorpheniramine	87

dextromethorphan / phenylephrine / acetaminophen	diphenhydramine / phenylephrine / acetaminophen	droxidopa	83
DIACOMIT	diphenhydramine / zinc	DRYSOL	96
diaper rash products	diphenoxylate-atropine	DULERA	41
diapers	diphenhydramine	duloxetine hcl	47
diazepam	DIPHThERIA-TETANUS	DUPIXENT	39
DIAZEPAM	TOXOIDS DT	dutasteride	110
diazepam intensol	dipyridamole	dutasteride-tamsulosin hcl	110
diazoxide	disopyramide phosphate	E	
diclofenac 1% gel	DISPOSABLE	ec-naproxen	28
diclofenac 1% gel OTC	MOUTHPIECE	econazole nitrate	91
diclofenac potassium	DISPOSABLE MOUTHPIECE (RX)	EDURANT	78
diclofenac sodium	disulfiram 250 mg tab	efavirenz	78
diclofenac sodium er	DISULFIRAM 500 MG TAB	efavirenz-emtricitab-tenofo df	78
dicloxacillin sodium	divalproex sodium	efavirenz-lamivudine-tenofovir	78
dicyclomine hcl	divalproex sodium er	electrolyte solution	121
DIFICID	docusate calcium (SURFAK)	eletriptan hydrobromide	120
diflunisal	docusate sodium (COLACE)	ELIGARD	62
digoxin	dofetilide	elinest	103
DIGOXIN 0.05 MG/ML SOLUTION	donepezil hcl	ELIQUIS	41
dihydroergotamine mesylate	dorzolamide hcl	ELIQUIS DVT/PE STARTER PACK	41
DILANTIN	dorzolamide hcl-timolol mal	ELMIRON	110
dilt-xr	pf	eluryng	103
diltiazem hcl	dotti	EMGALITY	119
diltiazem hcl er	DOVATO	EMGALITY (300 MG DOSE)	119
diltiazem hcl er beads	doxazosin mesylate	emollient	96
diltiazem hcl er coated beads	doxepin hcl	emoquette	103
dimenhydrinate (DRAMAMINE)	doxercalciferol	EMSAM	46
dimethicone	doxy 100	emtricitabine	78
DIMETHICONE CREAM	doxycycline hyclate	emtricitabine-tenofovir df	78
dimethyl fumarate	doxycycline monohydrate	EMTRIVA	78
dimethyl fumarate starter pack	doxylamine / dextromethorphan	emzahn	134
diphenhydramine	DRIZALMA SPRINKLE	enalapril maleate	56
diphenhydramine (BENADRYL)	dronabinol	enalapril-hydrochlorothiazide	57
	drospirenone-ethinyl estradiol	ENBREL	26
	DROXIA	ENBREL MINI	26
		ENBREL SURECLICK	26
		endocet	31
		enema	116
		ENGERIX-B	144

enillorig	103	eszopiclone	114	Ferrex 150 Plus	112
enoxaparin sodium	42	ethacrynic acid	99	Ferrex 28	112
enpresse-28	103	ethambutol hcl	59	ferrous fumarate	113
enskyce	103	ethosuximide	45	ferrous fumarate / folic acid	112
entacapone	72	ethynodiol diac-eth estradiol	104	ferrous fumarate / vitamin B12 / vitamin C	112
entecavir	80	etodolac	28	ferrous fumarate / vitamin C / vitamin B12 / folic acid	112
ENTRESTO	83	etonogestrel-ethinyl estradiol	104	ferrous fumarate polysaccharide complex	112
enulose	109	etravirine	78	ferrous gluconate	113
ENVARUSUS XR	124	euthyrox	141	FERROUS SULFATE	112
ephedrine / guaifenesin	87	everolimus	65,124	ferrous sulfate	113
EPIDIOLEX	43	EVOTAZ	78	ferrous sulfate combination	112
epinastine hcl	131	exemestane	62	ferrous sulfate er	143
Epinephrine 0.15/3ml, 0.30/3ml auto-injector (Teva and Mylan only)	41	eyelid cleansers	96	FESOTERODINE fumarate er	143
epitol	43	ezetimibe	54	FETZIMA	47
eplerenone	58	ezetimibe-simvastatin	54	FETZIMA TITRATION	47
EPRONTIA	43	F		fexofenadine (ALLEGRA)	139
eq fiber powder	114	falmina	104	finasteride	110
eql fiber supplement	114	famciclovir	81	finzala	104
eql fiber supplement (wheat)	114	famotidine (PEPCID)	142	FIRDAPSE	58
ERGOTAMINE-CAFFEINE	120	famotidine (PEPCID) RX Only	142	FIRMAGON	62
ERIVEDGE	61	FANAPT	74	FIRMAGON (240 MG DOSE)	62
ERLEADA	62	FANAPT TITRATION PACK	74	flac	131
erlotinib hcl	61	FARXIGA	51	flavor syrup	124
errin	134	FASENRA	39	flavoxate hcl	143
ertapenem sodium	36	FASENRA PEN	39	flaxseed oil	98
ERVEBO	144	febuxostat	111	flecainide acetate	38
ERY	90	felbamate	45	fluconazole	54
ery-tab	35	felodipine er	82	fluconazole in sodium chloride	54
erythromycin	35,90,129	female condoms	116	flucytosine	54
erythromycin base	35	femynor	104	fludrocortisone acetate	87
erythromycin ethylsuccinate	35	fenofibrate	55	flunisolide	127
escitalopram oxalate	47	fenofibrate micronized	55	fluocinolone acetonide	94,131
esomeprazole magnesium	142	fenofibric acid	55	fluocinolone acetonide body	94
estarylla	103	fentanyl	29	fluocinolone acetonide scalp	94
estradiol	108,146	fentanyl citrate	29	fluocinonide	94
estradiol valerate	108	FENTANYL CITRATE	29	FLUOCINONIDE 0.05 % GEL	94
estradiol-norethindrone acet	103	FerraPlus 90	112	fluoridex	89
ESTRING	146	FERREX	112		
		Ferrex 150 Forte Plus	112		

fluoridex enhanced whitening	89	FREESTYLE LIBRE 3 PLUS	glatiramer acetate	137
fluorimax 5000	89	SENSOR	glatopa	137
fluorometholone	130	FREESTYLE LIBRE 3	GLEOSTINE	59
fluorouracil	92	READER	glimepiride	51
FLUOROURACIL	92	FREESTYLE LIBRE 3	glipizide	51
fluoxetine hcl	47	SENSOR	glipizide er	51
fluphenazine decanoate	76	FREESTYLE LIBRE	glipizide xl	52
fluphenazine hcl	76	READER	glipizide-metformin hcl	48
flurbiprofen	28	FRUZAQLA	GLUCAGON EMERGENCY	49
FLURBIPROFEN SODIUM	131	furosemide	glucosamine / chondroitin	98
fluticasone propionate	127	FUZEON	glucosamine sulfate	98
FLUTICASONE PROPIONATE		fyavolv	glucose (Dextrose)	49
HFA	40	FYCOMPA	glycerin	96
fluticasone-salmeterol	41		glycerin suppository	115
fluvastatin sodium	55	G	glycopyrrolate	142
flvoxamine maleate	47	g tussin ac	GLYXAMBI	48
flvoxamine maleate er	47	gabapentin	gnp anti-itch	95
folic acid	112	galantamine hydrobromide	gnp best fiber	114
folic acid / vitamin B6 / vitamin B12	112	galantamine hydrobromide er	GOLYTELY	115
folic acid / vitamin B6 / vitamin B12 / omega-3	113	gallifrey	goodsense best fiber	115
folic acid / vitamin D	113	GAMMAKED	granisetron hcl	53
fondaparinux sodium	42	GAMUNEX-C	griseofulvin microsize	54
formoterol fumarate	41	GARDASIL 9	griseofulvin ultramicrosize	54
fosamprenavir calcium	78	GATIFLOXACIN	guaifenesin ac	87
fosfomycin tromethamine	36	GAUZE PADS	guaifenesin (MUCINEX)	88
fosinopril sodium	56	gauze pads and dressings	guaifenesin / dextromethorphan (MUCINEX DM)	87
fosinopril sodium-hctz	57	GAVILYTE-C	guaifenesin / dextromethorphan / phenylephrine	87
FOTIVDA	65	gavilyte-g	guaifenesin / dextromethorphan / pseudoephedrine	87
fraiche 5000 dental	89	gavilyte-n with flavor pack	guaifenesin ac	88
FREESTYLE LIBRE 14 DAY		GAVRETO	guaifenesin-codeine	88
READER	117	gefitinib	guanfacine hcl	57
FREESTYLE LIBRE 14 DAY		gemfibrozil	GVOKE HYPOPEN 1-PACK	49
SENSOR	117	GEMTESA	GVOKE HYPOPEN 2-PACK	49
FREESTYLE LIBRE 2 PLUS		generlac	GVOKE KIT	49
SENSOR	117	gengraf	GVOKE PFS	49
FREESTYLE LIBRE 2		GENTAMICIN IN SALINE	gynecort 10	94
READER	117	gentamicin sulfate		
FREESTYLE LIBRE 2		GENVOYA		
SENSOR	117	gianvi		
		GILOTRIF		

H		hydrocortisone sod suc (pf)...	86	INSULIN ASP PROT & ASP	
HADLIMA	26	hydrocortisone-acetic acid...	132	FLEXPEN	50
HADLIMA PUSH TOUCH	26	hydrogen peroxide	77	INSULIN ASPART	50
HAEGARDA	114	hydrogen peroxide / benzyl		INSULIN ASPART FLEXPEN	50
hailey 1.5/30	104	alcohol	89	INSULIN ASPART PENFILL	50
hailey 24 fe	104	hydromorphone hcl	29	INSULIN ASPART PROT &	
hailey fe 1.5/30	104	hydroxychloroquine sulfate	58	ASPART	50
hailey fe 1/20	104	hydroxyurea	71	INSULIN PEN NEEDLE	118
halobetasol propionate	94,95	hydroxyzine hcl	37	INSULIN SYRINGE (DISP) U-100	
haloette	104	hydroxyzine pamoate	37	0.3 ML	118
haloperidol	73			INSULIN SYRINGE (DISP) U-100	
haloperidol decanoate	73	I		1 ML	119
haloperidol lactate	74	ibandronate sodium	100	INSULIN SYRINGE (DISP) U-100	
HAVRIX	144	IBRANCE	65	1/2 ML	119
hearing aid batteries	116	ibuprofen (MOTRIN)	28	INTELENCE	78
heather	134	ibuprofen (MOTRIN) RX Only	28	introvale	104
HemeTab	113	icatibant acetate	114	INVEGA HAFYERA	74
hemorrhoidal cream	32	iclevia	104	INVEGA SUSTENNA	74
hemorrhoidal ointment	32	ICLUSIG	65	INVEGA TRINZA	74,75
hemorrhoidal suppository	32	icosapent ethyl	54	IPOL	144
HEPARIN NA (PORK) LOCK		IDHIFA	65	ipratropium bromide	39,127
FLSH PF	42	imatinib mesylate	65	ipratropium-albuterol	41
heparin sodium (porcine)	42	IMBRUVICA	65	irbesartan	56
heparin sodium (porcine) pf	42	imipenem-cilastatin	36	irbesartan-hydrochlorothiazide	57
HEPLISAV-B	144	imipramine hcl	48	iron / folic acid / vitamin C /	
HIBERIX	143	imiquimod	96	vitamin B6 / vitamin B12 / zinc	113
HUMULIN R U-500		IMOVAX RABIES	144	iron / vitamin C / vitamin B12 /	
(CONCENTRATED)	50	incassia	134	folic acid	113
HUMULIN R U-500		incontinence supplies	118	iron combinations	113
KWIKPEN	50	INCRELEX	102	iron polysaccharide complex	113
hydralazine hcl	58	INCRUSE ELLIPTA	39	ISENTRESS	78
hydrochlorothiazide	100	indapamide	100	ISENTRESS HD	78
hydrocodone-acetaminophen	31	indomethacin	28	isibloom	104
hydrocortisone	32,86	INFANRIX	141	isoniazid	59
HYDROCORTISONE	95	INGREZZA	136	isoniazid 300mg tab	59
hydrocortisone (perianal)	32	INHALER SPACER	119	isoniazid 50mg/5ml syrup	59
HYDROCORTISONE 2.5 %		INHALER SPACER (RX)	119	isosorbide dinitrate	37
LOTION	95	INLYTA	60	isosorbide mononitrate	37
HYDROCORTISONE		INQOVI	63	isosorbide mononitrate er	37
CREAM	95	INREBIC	65	isotretinoin	90
				isradipine	82

itraconazole	54	KERENDIA	102	lamivudine-zidovudine	79
ivabradine hcl	83	KESIMPTA	137	lamotrigine	44
ivermectin	33	ketoconazole	54,91	lamotrigine er	44
ivermectin 1 % cream	97	Ketone Test Strips	98	lancet device	117
IWILFIN	71	ketorolac tromethamine	28,131	lancets	117
IXCHIQ	144	ketotifen drops (ZADITOR)	131	lanolin / petrolatum	97
IXIARO	144	KEVZARA	27	lanolin/mineral oil/white petrolatum (EUCERIN)	97
J		KINRIX	141	lansoprazole (PREVACID)	142
jaimiess	104	kionex	125	lansoprazole (PREVACID) RX Only	142
JAKAFI	66	KISQALI (200 MG DOSE)	66	LANTUS	50
jantoven	42	KISQALI (400 MG DOSE)	66	LANTUS SOLOSTAR	50
JANUMET	48	KISQALI (600 MG DOSE)	66	lapatinib ditosylate	66
JANUMET XR	48	KISQALI FEMARA (200 MG DOSE)	63	larin 1.5/30	105
JANUVIA	50	KISQALI FEMARA (400 MG DOSE)	63	larin 1/20	105
JARDIANCE	51	KISQALI FEMARA (600 MG DOSE)	63	larin 24 fe	105
jasmiel	104	KISQALI FEMARA (600 MG DOSE)	63	larin fe 1.5/30	105
JAYPIRCA	66	klayesta	91	larin fe 1/20	105
jencycla	134	klor-con	122	larissia	105
JENTADUETO	48	klor-con 10	122	latanoprost	131
JENTADUETO XR	48	klor-con m10	122	LAZCLUZE	61
jinteli	104	klor-con m15	122	LEDIPASVIR-SOFOSBUVIR	80
jolessa	104	klor-con m20	122	leena	105
juleber	104	KLOXXADO	52	leflunomide	27
JULUCA	79	KOSELUGO	66	lenalidomide	123
junel 1.5/30	104	kourzeq	89	LENVIMA (10 MG DAILY DOSE)	60
junel 1/20	104	KRAZATI	66	LENVIMA (12 MG DAILY DOSE)	60
junel fe 1.5/30	104	kurvelo	105	LENVIMA (14 MG DAILY DOSE)	60
junel fe 1/20	104	L		LENVIMA (18 MG DAILY DOSE)	60
junel fe 24	104	l-glutamine	111	LENVIMA (20 MG DAILY DOSE)	60
just right 5000	89	L-methylfolate	98	LENVIMA (24 MG DAILY DOSE)	60
JYNNEOS	144	L-methylfolate combinations	98	LENVIMA (4 MG DAILY DOSE)	60
K		labetalol hcl	81		
K-PHOS	122	lacosamide	44		
kalliga	104	lactase (LACTAID)	99		
KALYDECO	138	LACTATED RINGERS	121		
kariva	104	lactulose	115		
kcl in dextrose-nacl	121	lactulose encephalopathy	109		
kelnor 1/35	104	lamivudine	79,80		
kelnor 1/50	105				

magnesium sulfate	121	methadone hcl	29	mifepristone	49
malathion	97	METHADONE HCL	30	MIGERGOT	120
male condoms	116	methamphetamine hcl	24	mili	106
maraviroc	79	methazolamide	99	mineral oil	115
marlissa	105	methenamine hippurate	36	mineral oil / petrolatum	97
MARPLAN	46	methenamine mandelate	36	minocycline hcl	140
MATULANE	71	methimazole	141	minoxidil	58
matzim la	83	methocarbamol	126	mirabegron er	143
MAVYRET	80	METHOTREXATE SODIUM	60	mirtazapine	46
maxi-tuss ac	88	methotrexate sodium (pf)	60	miscellaneous natural	
meclizine	53	METHOXSALEN RAPID	93	products	124
meclizine RX Only	53	methsuximide	45	misoprostol	142
medroxyprogesterone		methyl salicylate / menthol	96	modafinil	25
acetate	134	methylcellulose (CITRUCEL)	115	moexipril hcl	56
mefloquine hcl	58	METHYLCELLULOSE		MOISTURIZING CREAM	
megestrol acetate	62	(CITRUCEL)	125	(VANICREAM)	97
MEGESTROL ACETATE	134	methylphenidate hcl	24	MOLINDONE HCL	74
MEKINIST	67	methylphenidate hcl er	25	mometasone furoate	95,127
MEKTOVI	67	methylphenidate hcl er (osm)	24	MONISTAT CARE INSTANT	
melatonin	99	methylprednisolone	86	ITCH RLF	95
melatonin / pyridoxine	99	metoclopramide hcl	109	mono-lynyah	106
melodetta 24 fe	105	metolazone	100	Monoject Syringes	119
meloxicam	28	metoprolol succinate er	82	montelukast sodium	39
memantine hcl	135	metoprolol tartrate	82	MORPHINE SULFATE	30
memantine hcl er	135	metoprolol-		morphine sulfate	30
MENACTRA	143	hydrochlorothiazide	57	morphine sulfate (concentrate)	30
MENEST	108	metronidazole	35,97	MORPHINE SULFATE	
MENQUADFI	143	metronidazole vaginal gel 0.75		(CONCENTRATE)	30
menthol	89	%	146	MORPHINE SULFATE 10	
menthol / zinc oxide	97	metyrosine	58	MG/5ML SOLUTION	30
MENVEO	143	mexiletine hcl	38	MORPHINE SULFATE 20	
mercaptapurine	60	mibelas 24 fe	106	MG/5ML SOLUTION	30
meropenem	36	miconazole sodium	53	morphine sulfate er	30
MEROPENEM-SODIUM		miconazole (MICATIN)	91	MOUNJARO	50
CHLORIDE	36	miconazole (MONISTAT)	146	MOVANTIK	115
mesalamine	110	microgestin 1.5/30	106	MOXIFLOXACIN HCL	109
mesalamine er	110	microgestin 1/20	106	moxifloxacin hcl	129
mesalamine-cleanser	110	microgestin 24 fe	106	MOXIFLOXACIN HCL (2X	
MESNEX	72	microgestin fe 1.5/30	106	DAY)	129
metformin hcl	49	microgestin fe 1/20	106	MOXIFLOXACIN HCL IN	
metformin hcl er	49	midodrine hcl	83	NACL	109

MRESVIA.....	144	neomycin / bacitracin / polymixin (NEOSPORIN).....	91	norelgestromin-eth estradiol ..	106
MSM supplement.....	99	neomycin / bacitracin / polymixin / pramoxine (NEOSPORIN PLUS).....	91	norethin ace-eth estrad-fe....	106
Multigen.....	113	neomycin sulfate.....	25	norethindrone.....	135
Multigen Folic.....	113	neomycin-bacitracin zn- polymyx.....	129	norethindrone acet-ethinyl est	106
Multigen Plus.....	113	neomycin-polymyxin- dexameth.....	130	norethindrone acetate.....	135
MULTIGEN TABLET.....	113	NEOMYCIN-POLYMYXIN- GRAMICIDIN.....	129	norethindrone-eth estradiol ...	106
multivitamins.....	125	NEOMYCIN-POLYMYXIN- HC.....	130	norgestim-eth estrad triphasic	106
multivitamins / calcium.....	125	neomycin-polymyxin-hc.....	132	norgestimate-eth estradiol....	106
multivitamins / iron.....	125	neomycin-polymyxin-hc 3.5- 10000-1 suspension.....	132	norlyda.....	135
multivitamins / minerals.....	121	NERLYNX.....	67	norlyroc.....	135
mupirocin 2% ointment.....	91	nevirapine.....	79	nortrel 0.5/35 (28).....	106
mycophenolate mofetil.....	124	nevirapine er.....	79	nortrel 1/35 (21).....	106
mycophenolate sodium.....	124	NEXPLANON.....	135	nortrel 1/35 (28).....	106
mycophenolic acid.....	124	NEXVIAZYME.....	101	nortrel 7/7/7.....	106
MYRBETRIQ.....	143	niacin.....	126	nortriptyline hcl.....	48
N		niacin er (antihyperlipidemic) ..	54	NORVIR.....	79
na sulfate-k sulfate-mg sulf.	115	niacinamide.....	146	NOVOLIN 70/30.....	50
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VOSEVI.....	80	XPOVIO (60 MG ONCE WEEKLY).....	71	zonisamide.....	45
VOWST.....	109	XPOVIO (80 MG ONCE WEEKLY).....	71	zovia 1/35 (28).....	108
VRAYLAR.....	74	XPOVIO (80 MG ONCE WEEKLY).....	71	zovia 1/35e (28).....	108
VUMERITY.....	137	XPOVIO (80 MG ONCE WEEKLY).....	71	ZTALMY.....	45
vyfemla.....	108			zumandimine.....	108

ZURZUVAE.....	46
ZYDELIG.....	70
ZYKADIA.....	70
ZYPREXA RELPREVV.....	76
ZYVOX.....	36

Liiska rasmiga ah waxaa la cusboonaysiiyay 10/01/2024.

Wixii ku saabsan macluumaad dhow oo dheeraad ah ama su'aalo kale, nagala soo xiriir barta Macmiilka MSHO ee UCare Adeeg lambarka 612-676-6868 ama 1-866-280-7202 (wicitaankan waa bilaash), UCare Connect + Medicare Adeegga macaamiisha lambarka 612-676-3310 ama 1-855-260-9707 (wacitaankan waa bilaash). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash). 8 subaxnimo – 8 galabnimo, todobada maalmood ee todobaadka. Ama naga soo booqo **ucare.org**.



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