

2026

List of Covered Drugs (Formulary)

- UCare's MSHO
- UCare Connect + Medicare

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

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs are covered by UCare's MSHO and UCare Connect + Medicare. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by UCare's MSHO and UCare Connect + Medicare. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

This formulary was updated on 10/15/2025.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

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

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

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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.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လီတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປຣໂປທີໝາຍເລກຂ້າງເທິງນີ້.

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.

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For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

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A. Disclaimers

This is a list of drugs that members can get in UCare's MSHO and UCare Connect + Medicare.

- UCare's MSHO and UCare Connect + Medicare are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO and UCare Connect + Medicare depends on contract renewal.
- The *List of Covered Drugs* and/or pharmacy and provider networks may change throughout the year.
- Benefits and/or copays may change on January 1 of each year.
- You can always check UCare's MSHO or UCare Connect + Medicare's up-to-date *List of Covered Drugs* online at **ucare.org** or call Customer Service at the number listed at the bottom of this page. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Service at the number listed at the bottom of this page. This call is free.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Customer Service at the number at the bottom of this page.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts in Section C are the drugs covered by UCare's MSHO and UCare Connect + Medicare. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

- UCare's MSHO and UCare Connect + Medicare will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - UCare's MSHO and UCare Connect + Medicare agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a UCare's MSHO and UCare Connect + Medicare network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at **ucare.org** or call Customer Services at the number listed at the bottom of this page.

B2. Does the Drug List ever change?

Yes, and UCare's MSHO and UCare Connect + Medicare must follow Medicare and Medical Assistance rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from UCare's MSHO or UCare Connect + Medicare before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits.)
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

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

- You can always check UCare's MSHO and UCare Connect + Medicare's up-to-date Drug List online at **ucare.org**. Updates to the Drug List are posted on the website monthly.
- You can also call Customer Service at the number listed at the bottom of this page to check the current Drug List.

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

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

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

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

- Remove unsafe drugs and other drugs that are taken off the market. Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the Drug List. If you're taking the drug, we'll send you a notice. Members should also contact their doctor or pharmacy for further information.

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

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

When these changes happen, we'll

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

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

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

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

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

- **Prior Authorization:** For some drugs, you or your doctor, or other prescriber must get authorization from UCare's MSHO or UCare Connect + Medicare before you fill your prescription. Prior authorization is different from a referral. UCare's MSHO and UCare Connect + Medicare may not cover the drug if you don't get prior authorization.
- **Quantity Limits:** Sometimes UCare's MSHO and UCare Connect + Medicare limits the amount of a drug you can get.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

- **Step Therapy:** Sometimes UCare's MSHO and UCare Connect + Medicare requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the table in Section C1. You can also get more information by visiting our website at ucare.org. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

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

B6. What happens if UCare's MSHO and UCare Connect + Medicare changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

- You can search alphabetically, *or*
- You can search by drug type

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 137. The Index of Covered Drugs is an alphabetical list of all the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the Index.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at ucare.org.

To search **by drug type**, find the section C1 labeled “List of Drugs by Drug Type.” The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

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

If you don't find your drug on the Drug List, call Customer Service at the number listed at the bottom of this page and ask about it. If you learn that UCare's MSHO and UCare Connect + Medicare won't cover the drug, you can do one of these things:

- Ask Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. ***Or***
- Ask UCare's MSHO and UCare Connect + Medicare to make an exception to cover your drug. Refer to questions B10–B12 for more information about exceptions.

B9. What if I'm a new UCare's MSHO or UCare Connect + Medicare member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UCare's MSHO or UCare Connect + Medicare. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

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

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

- you are taking a drug that isn't on our Drug List, ***or***
- our plan rules do not let you get the amount ordered by your prescriber, ***or***
- the drug requires prior authorization by UCare's MSHO or UCare Connect + Medicare, ***or***
- you are taking a drug that is part of a step therapy restriction

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **[ucare.org](https://www.ucare.org)**.

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new UCare's MSHO or UCare Connect + Medicare member.
- This is in addition to the temporary supply during the first 90 days you're a member of UCare's MSHO or UCare Connect + Medicare.

If you are a current member transitioning to a different level of care, you may be prescribed medications not on our formulary. While you are talking with your doctor to determine your course of action, you are eligible to receive a 31-day transition supply of the drug since you are transitioning to a different level of care. If you are a current member, admitted or discharged from a long-term care facility, you will be allowed refill-too-soon overrides to ensure that you have access to an adequate supply of your medications.

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

Yes. You can ask UCare's MSHO or UCare Connect + Medicare to make an exception to cover a drug that is not on the Drug List.

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

- For example, UCare's MSHO or UCare Connect + Medicare may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. A Customer Service representative will work with you and your prescriber to help you ask for an exception. You can also read Chapter 9, Section G of the *Member Handbook* to learn more about exceptions.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

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

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

Prior Authorization and formulary exception requests can be initiated by calling Navitus Health Solutions at 1-833-837-4300 (this call is free) or by faxing the request form to 1-855-668-8552. Providers can also submit requests through ePA.

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

B13. What are generic drugs?

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

UCare's MSHO and UCare Connect + Medicare covers both brand name drugs and generic drugs.

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

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

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

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

B15. What are OTC drugs?

OTC stands for “over-the-counter.” UCare's MSHO and UCare Connect + Medicare covers some OTC drugs when they are written as prescriptions by your provider.

You can read the UCare's MSHO and UCare Connect + Medicare Drug List to find out what OTC drugs are covered.

B16. Does UCare's MSHO and UCare Connect + Medicare cover non-drug OTC products?

UCare's MSHO and UCare Connect + Medicare covers some non-drug OTC products when they're written as prescriptions by your provider. Examples of non-drug OTC products include gauze pads and bandages. You can read the drug list in section UCare's MSHO and UCare Connect + Medicare List of Covered Drugs to find out what non-drug OTC products are covered.

B17. Does UCare's MSHO and UCare Connect + Medicare cover long term supplies of prescriptions?

- **Mail-order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered drugs. A 90-day supply has the same copay as a one-month supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What is my copay?

UCare's MSHO and UCare Connect + Medicare members pay nothing for prescription drugs as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

- Tier 1 Generic drugs have the lowest copay. The copay is from \$0 to \$5.10, depending on your income and level of Medical Assistance eligibility.
- Tier 1 Brand drugs have a higher copay. The copay is from \$0 to \$12.65, depending on your income and level of Medical Assistance eligibility.
- OTCs have a \$0 copay.

If you have questions, call Customer Service at the number at the bottom of this page. We can help you understand what your copays will be.

C. Overview of the List of Covered Drugs

The *List of Covered Drugs* gives you information about the drugs covered by UCare's MSHO and UCare Connect + Medicare. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs in Section D. The index alphabetically lists all drugs covered by UCare's MSHO and UCare Connect + Medicare.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *azathioprine*), brand name drugs are capitalized (e.g., JANUVIA), and over-the-counter (OTC) drugs are listed separately after the Index of Covered Drugs at the end of the document. The information in the “Necessary actions, restrictions, or limits on use” column tells you if UCare's MSHO or UCare Connect + Medicare has any rules for covering your drug.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

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

PA	Prior authorization: Drugs that require approval from UCare before we'll cover it.
PA ²	Prior Authorization: Drugs that require approval if you haven't taken the drug before
PA ³	Prior Authorization: Drugs that require review to determine coverage under Part B or Part D
ST	Step Therapy: Drugs that require you to try another drug before we'll cover it
QL	Quantity limit: There are limits to the amount of drug you can receive per fill
Part B Covered	Diabetic supplies covered under Part B (medical) benefit
VAC	Part D Adult Vaccine covered at \$0 (no cost)
VAC AGE	Part D Adult Vaccine covered at \$0 (no cost) for ages 19 – 45.
MFG	Drug coverage is limited to certain manufacturers
NDS	Drugs limited to 30-day supply per fill

C1. List of Drugs by Drug Type

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

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.

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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>	TIER 1	
<i>amphetamine-dextroamphetamine</i>	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>	TIER 1	
ANTI-OBESITY AGENTS		
<i>liraglutide -weight management</i>	\$0 (Medicaid Covered)	PA, QL (15 ML PER 30 DAYS), NDS
<i>phentermine hcl (37.5 mg cap, 37.5 mg tab)</i>	\$0 (Medicaid Covered)	QL (30 EA PER 30 DAYS)
<i>phentermine hcl 15 mg cap</i>	\$0 (Medicaid Covered)	QL (30 EA PER 30 DAYS)
<i>phentermine hcl 30 mg cap</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>	TIER 1	QL (60 EA PER 30 DAYS)
<i>clonidine hcl er</i>	TIER 1	
<i>guanfacine hcl er</i>	TIER 1	QL (30 EA PER 30 DAYS)
STIMULANTS - MISC.		
<i>armodafinil</i>	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>	TIER 1	
<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>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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>	TIER 1	
<i>modafinil (100 mg tab, 200 mg tab)</i>	TIER 1	PA, QL (60 EA PER 30 DAYS)

AMINOGLYCOSIDES

<i>amikacin sulfate (1 gm/4ml, 500 mg/2ml)</i>	TIER 1	
ARIKAYCE	TIER 1	PA, QL (235.2 ML PER 28 DAYS), NDS
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION)	TIER 1	
<i>gentamicin sulfate (10 mg/ml, 40 mg/ml)</i>	TIER 1	
<i>neomycin sulfate 500 mg tab</i>	TIER 1	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	TIER 1	
<i>tobramycin 300 mg/5ml nebu soln</i>	TIER 1	PA, QL (280 ML PER 28 DAYS), NDS
<i>tobramycin sulfate (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)</i>	TIER 1	

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	TIER 1	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL MINI	TIER 1	PA, QL (8 ML PER 28 DAYS), NDS
ENBREL SURECLICK	TIER 1	PA, QL (8 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HADLIMA 40 MG/0.4ML SOLN PRSYR	TIER 1	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA 40 MG/0.8ML SOLN PRSYR	TIER 1	PA, QL (4.8 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	TIER 1	PA, QL (2.4 ML PER 28 DAYS), NDS
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	TIER 1	PA, QL (4.8 ML PER 28 DAYS), NDS
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	TIER 1	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	TIER 1	PA, QL (3 EA PER 28 DAYS), NDS
SIMLANDI (1 SYRINGE)	TIER 1	PA, QL (3 EA PER 28 DAYS), NDS
SIMLANDI (2 PEN)	TIER 1	PA, QL (6 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	TIER 1	PA, QL (2 EA PER 28 DAYS), NDS
SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	TIER 1	PA, QL (6 EA PER 28 DAYS), NDS
ANTIRHEUMATIC - ENZYME INHIBITORS		
<i>leflunomide (10 mg tab, 20 mg tab)</i>	TIER 1	
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	TIER 1	PA, QL (30 EA PER 30 DAYS), NDS
RINVOQ 45 MG TAB ER 24H	TIER 1	PA, QL (84 EA PER 180 OVER TIME), NDS
RINVOQ LQ	TIER 1	PA, QL (360 ML PER 30 DAYS), NDS
XELJANZ (5 MG TAB, 10 MG TAB)	TIER 1	PA, QL (60 EA PER 30 DAYS), NDS
XELJANZ 1 MG/ML SOLUTION	TIER 1	PA, QL (300 ML PER 30 DAYS), NDS
XELJANZ XR	TIER 1	PA, 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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>aspirin (tablet, suppository)</i>	\$0 (OTC)	
<i>aspirin buffered</i>	\$0 (OTC)	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	TIER 1	
<i>diclofenac 1% gel otc</i>	\$0 (OTC)	
<i>diclofenac potassium 50 mg tab</i>	TIER 1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	TIER 1	
<i>diclofenac sodium 1.5 % solution</i>	TIER 1	QL (300 ML PER 30 DAYS)
<i>diclofenac sodium er</i>	TIER 1	
<i>diflunisal 500 mg tab</i>	TIER 1	
<i>ec-naproxen 375 mg tab dr</i>	TIER 1	
<i>etodolac</i>	TIER 1	
<i>flurbiprofen (flurbiprofen 100 mg tab, flurbiprofen 100 mg tab)</i>	TIER 1	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab, 100 mg suspension, 200 mg suspension) (rx only)</i>	TIER 1	
<i>ibuprofen tablet and oral suspension</i>	\$0 (OTC)	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	TIER 1	
<i>ketorolac tromethamine 10 mg tab</i>	TIER 1	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	TIER 1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	TIER 1	
<i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab)</i>	TIER 1	
<i>naproxen (aleve)</i>	\$0 (OTC)	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	TIER 1	
<i>sulindac (150 mg tab, 200 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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 tablet</i>	\$0 (OTC)	
<i>aspirin / acetaminophen / caffeine tablet</i>	\$0 (OTC)	

ANALGESICS OTHER

<i>acetaminophen (tablet, capsule, liquid, suppository)</i>	\$0 (OTC)	
JOURNAVX	TIER 1	PA, QL (29 EA PER 30 OVER TIME)

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>	TIER 1	PA, QL (10 EA PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml liquid</i>	TIER 1	QL (2400 ML PER 30 OVER TIME)
<i>hydromorphone hcl 2 mg tab</i>	TIER 1	QL (450 EA PER 30 DAYS)
<i>hydromorphone hcl 4 mg tab</i>	TIER 1	QL (240 EA PER 30 DAYS)
<i>hydromorphone hcl 8 mg tab</i>	TIER 1	QL (120 EA PER 30 DAYS)
<i>methadone hcl (5 mg tab, 10 mg tab)</i>	TIER 1	PA, QL (360 EA PER 30 DAYS)
METHADONE HCL (METHADONE HCL 10 MG/5ML SOLUTION, METHADONE HCL 10 MG/5ML SOLUTION)	TIER 1	PA, QL (1800 ML PER 30 DAYS)
METHADONE HCL (METHADONE HCL 5 MG/5ML SOLUTION, METHADONE HCL 5 MG/5ML SOLUTION)	TIER 1	PA, QL (3600 ML PER 30 DAYS)
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	TIER 1	QL (180 EA PER 30 DAYS)
MORPHINE SULFATE (15 MG TAB, 30 MG TAB)	TIER 1	QL (180 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>morphine sulfate (concentrate)</i>	TIER 1	QL (180 ML PER 30 DAYS)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	TIER 1	QL (180 ML PER 30 DAYS)
<i>morphine sulfate 10 mg/5ml solution</i>	TIER 1	QL (1800 ML PER 30 DAYS)
MORPHINE SULFATE 10 MG/5ML SOLUTION	TIER 1	QL (1800 ML PER 30 DAYS)
MORPHINE SULFATE 20 MG/5ML SOLUTION	TIER 1	QL (900 ML PER 30 DAYS)
<i>morphine sulfate 20 mg/5ml solution</i>	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>	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>	TIER 1	QL (180 EA PER 30 DAYS)
<i>oxycodone hcl (5 mg cap, 5 mg tab)</i>	TIER 1	QL (360 EA PER 30 DAYS)
<i>oxycodone hcl 100 mg/5ml conc</i>	TIER 1	QL (270 ML PER 30 DAYS)
<i>oxycodone hcl 5 mg/5ml solution</i>	TIER 1	QL (5400 ML PER 30 DAYS)
<i>tramadol hcl 50 mg tab</i>	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>	TIER 1	QL (390 EA PER 30 DAYS)
<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>	TIER 1	QL (4980 ML PER 30 DAYS)
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)</i>	TIER 1	QL (5400 ML PER 30 DAYS)
<i>hydrocodone-acetaminophen (5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	TIER 1	QL (360 EA PER 30 DAYS)
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	TIER 1	QL (360 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tramadol-acetaminophen</i>	TIER 1	QL (360 EA PER 30 DAYS)
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl (2 mg tab, 8 mg tab)</i>	TIER 1	QL (120 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>	TIER 1	QL (120 EA PER 30 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	TIER 1	
<i>buprenorphine weekly patch</i>	TIER 1	PA, QL (4 EA PER 28 DAYS)
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 1	
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel)</i>	TIER 1	PA, QL (150 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>	TIER 1	PA, QL (300 GM PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	TIER 1	PA, QL (180 ML PER 30 DAYS)
<i>testosterone cypionate (testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i>	TIER 1	PA
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	TIER 1	PA
ANORECTAL AND RELATED PRODUCTS		
RECTAL LOCAL ANESTHETICS		
<i>pramoxine (procto-foam)</i>	\$0 (OTC)	
RECTAL PRODUCTS - MISC.		
<i>hemorrhoidal cream</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hemorrhoidal ointment</i>	\$0 (OTC)	
<i>hemorrhoidal suppository</i>	\$0 (OTC)	
<i>hydrocortisone (perianal) 2.5 % cream</i>	TIER 1	
<i>hydrocortisone 100 mg/60ml enema</i>	TIER 1	
<i>nitroglycerin 0.4 % ointment</i>	TIER 1	
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	\$0 (OTC)	
PREPARATION H 1 % CREAM	\$0 (OTC)	
PREPARATION H SOOTHING RELIEF 1 % CREAM	\$0 (OTC)	
<i>procto-med hc</i>	TIER 1	
<i>proctosol hc</i>	TIER 1	
<i>proctozone-hc</i>	TIER 1	

ANTACIDS

ANTACID COMBINATIONS

<i>calcium carbonate / magnesium hydroxide (chewable tablet, suspension)</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

ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	\$0 (OTC)	
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ANTACIDS - BICARBONATE

<i>sodium bicarbonate (325 mg tab, 650 mg tab)</i>	\$0 (OTC)	
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ANTACIDS - CALCIUM SALTS

<i>calcium carbonate antacid (chewable tablet, suspension)</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 17.

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

<i>magnesium oxide (antacid)</i>	\$0 (OTC)	
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ANTHELMINTICS

<i>albendazole 200 mg tab</i>	TIER 1	
<i>ivermectin 3 mg tab</i>	TIER 1	
<i>praziquantel 600 mg tab</i>	TIER 1	

ANTI-INFECTIVE AGENTS - MISC.

<i>atovaquone</i>	TIER 1	
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)</i>	TIER 1	
<i>aztreonam</i>	TIER 1	
<i>bacitracin 50000 unit recon soln</i>	TIER 1	
<i>cefepime hcl (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>	TIER 1	
CHLORAMPHENICOL SOD SUCCINATE	TIER 1	
CLARITHROMYCIN (CLARITHROMYCIN 250 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG TAB, CLARITHROMYCIN 500 MG TAB, CLARITHROMYCIN 125 MG/5ML RECON SUSP)	TIER 1	
<i>clarithromycin er</i>	TIER 1	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	TIER 1	
<i>clindamycin palmitate hcl</i>	TIER 1	
<i>clindamycin phosphate (9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clindamycin phosphate in d5w</i>	TIER 1	
CLINDAMYCIN PHOSPHATE IN NACL	TIER 1	
<i>colistimethate sodium (cba)</i>	TIER 1	
<i>daptomycin recon soln (350 mg, 500 mg)</i>	TIER 1	NDS
DIFICID 40 MG/ML RECON SUSP	TIER 1	QL (136 ML PER 10 OVER TIME), NDS
<i>ertapenem sodium</i>	TIER 1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	TIER 1	
<i>erythromycin base (250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	TIER 1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab)</i>	TIER 1	
<i>fidaxomicin</i>	TIER 1	QL (20 EA PER 10 OVER TIME), NDS
<i>fosfomycin tromethamine</i>	TIER 1	
<i>imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)</i>	TIER 1	
IMPAVIDO	TIER 1	PA, QL (84 EA PER 28 DAYS), NDS
<i>lincomycin hcl 300 mg/ml solution</i>	TIER 1	
<i>linezolid (600 mg tab, 600 mg/300ml solution)</i>	TIER 1	
<i>linezolid 100 mg/5ml recon susp</i>	TIER 1	NDS
LINEZOLID IN SODIUM CHLORIDE	TIER 1	
<i>meropenem (1 gm soln, 500 mg soln)</i>	TIER 1	
MEROPENEM-SODIUM CHLORIDE	TIER 1	
<i>methenamine hippurate</i>	TIER 1	
<i>methenamine mandelate (0.5 gm tab, 1 gm tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>metronidazole (metronidazole 500 mg/100ml solution, metronidazole 250 mg tab, metronidazole 500 mg tab, metronidazole 500 mg/100ml solution)</i>	TIER 1	
<i>nitazoxanide 500 mg tab</i>	TIER 1	QL (6 EA PER 3 OVER TIME), NDS
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	TIER 1	
<i>nitrofurantoin monohyd macro</i>	TIER 1	
<i>pentamidine isethionate for injection solution</i>	TIER 1	
<i>pentamidine isethionate for nebulization solution</i>	TIER 1	QL (1 EA PER 28 DAYS), PA ³
TEFLARO	TIER 1	NDS
<i>tigecycline</i>	TIER 1	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	TIER 1	
<i>trimethoprim 100 mg tab</i>	TIER 1	
TRIMETHOPRIM 100 MG TAB	TIER 1	
<i>vancomycin hcl (125 mg cap, 250 mg cap)</i>	TIER 1	QL (120 EA PER 30 DAYS)
<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 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.5 gm recon soln)</i>	TIER 1	
VANCOMYCIN HCL 750 MG RECON SOLN	TIER 1	
XIFAXAN 200 MG TAB	TIER 1	QL (9 EA PER 30 OVER TIME)
XIFAXAN 550 MG TAB	TIER 1	PA, QL (90 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

NITRATES

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 1	
<i>isosorbide mononitrate (isosorbide mononitrate, isosorbide mononitrate)</i>	TIER 1	
<i>isosorbide mononitrate er</i>	TIER 1	
NITRO-BID	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>	TIER 1	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

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

BENZODIAZEPINES

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

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lorazepam intensol</i>	TIER 1	QL (150 ML PER 30 DAYS)
<i>oxazepam</i>	TIER 1	QL (120 EA PER 30 DAYS)

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	TIER 1	PA ³
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ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES

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

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA	TIER 1	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA	TIER 1	QL (30 EA PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	TIER 1	PA ³
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	TIER 1	QL (4 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

<i>montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)</i>	TIER 1	
<i>zafirlukast</i>	TIER 1	

STEROID INHALANTS

ALVESCO	TIER 1	QL (12.2 GM PER 30 DAYS)
ARNUITY ELLIPTA	TIER 1	QL (30 EA PER 30 DAYS)
ASMANEX (120 METERED DOSES)	TIER 1	QL (1 EA PER 30 DAYS)
ASMANEX (30 METERED DOSES)	TIER 1	QL (1 EA PER 30 DAYS)
ASMANEX (60 METERED DOSES)	TIER 1	QL (1 EA PER 30 DAYS)
ASMANEX HFA	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>	TIER 1	QL (120 ML PER 30 DAYS), PA ³
QVAR REDHALER 40 MCG/ACT AERO BA	TIER 1	QL (10.6 GM PER 30 DAYS)
QVAR REDHALER 80 MCG/ACT AERO BA	TIER 1	QL (21.2 GM PER 30 DAYS)

SYMPATHOMIMETICS

ADVAIR HFA	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>	TIER 1	PA ³
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	TIER 1	
<i>albuterol sulfate (2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln)</i>	TIER 1	PA ³
<i>albuterol sulfate hfa (proair equivalent)</i>	TIER 1	QL (17 GM PER 30 DAYS)
<i>albuterol sulfate hfa (proventil equivalent)</i>	TIER 1	QL (13.4 GM PER 30 DAYS)
ANORO ELLIPTA	TIER 1	QL (60 EA PER 30 DAYS)
<i>arformoterol tartrate</i>	TIER 1	QL (120 ML PER 30 DAYS), PA ³
BREO ELLIPTA	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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>breyana</i>	TIER 1	QL (20.6 GM PER 30 DAYS)
BREZTRI AEROSPHERE	TIER 1	QL (10.7 GM PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	TIER 1	QL (20.4 GM PER 30 DAYS)
COMBIVENT RESPIMAT	TIER 1	QL (8 GM PER 30 DAYS)
DULERA	TIER 1	QL (26 GM PER 30 DAYS)
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	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>	TIER 1	QL (60 EA PER 30 DAYS)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	TIER 1	QL (120 ML PER 30 DAYS), PA ³
<i>ipratropium-albuterol</i>	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>	TIER 1	PA ³
LEVALBUTEROL TARTRATE	TIER 1	QL (30 GM PER 30 DAYS)
NEFFY 2 MG/0.1ML SOLUTION	TIER 1	QL (2 EA PER 30 OVER TIME)
STRIVERDI RESPIMAT	TIER 1	QL (4 GM PER 30 DAYS)
TRELEGY ELLIPTA	TIER 1	QL (60 EA PER 30 DAYS)
VENTOLIN HFA	TIER 1	QL (36 GM PER 30 DAYS)
<i>wixela inhub</i>	TIER 1	QL (60 EA PER 30 DAYS)

ANTICOAGULANTS

ANTICOAGULANTS - MISC.

<i>dabigatran etexilate mesylate</i>	TIER 1	
ELIQUIS (2.5 MG TAB, 5 MG TAB)	TIER 1	
ELIQUIS DVT/PE STARTER PACK	TIER 1	
<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>	TIER 1	
<i>fondaparinux sodium (5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml)</i>	TIER 1	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	TIER 1	
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>	TIER 1	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	TIER 1	
<i>jantoven</i>	TIER 1	
<i>rivaroxaban</i>	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>	TIER 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	TIER 1	
XARELTO 1 MG/ML RECON SUSP	TIER 1	
XARELTO 2.5 MG TAB	TIER 1	
XARELTO STARTER PACK	TIER 1	

ANTICONVULSANTS

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam (10 mg tab, 20 mg tab)</i>	TIER 1	QL (60 EA PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	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>	TIER 1	QL (90 EA PER 30 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	TIER 1	QL (300 EA PER 30 DAYS)
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	TIER 1	QL (10 EA PER 30 OVER TIME)
NAYZILAM	TIER 1	QL (10 EA PER 30 OVER TIME)
SYMPAZAN (10 MG FILM, 20 MG FILM)	TIER 1	QL (60 EA PER 30 DAYS), NDS
SYMPAZAN 5 MG FILM	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 17.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 1	
<i>lamotrigine er</i>	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>	TIER 1	
<i>levetiracetam er</i>	TIER 1	
<i>oxcarbazepine</i>	TIER 1	
<i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>perampanel 2 mg tab</i>	TIER 1	QL (60 EA PER 30 DAYS), PA ²
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	TIER 1	
<i>phenytek</i>	TIER 1	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	TIER 1	
<i>phenytoin infatabs</i>	TIER 1	
<i>phenytoin sodium extended</i>	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>	TIER 1	
PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB)	TIER 1	
<i>roweepra 500 mg tab</i>	TIER 1	
<i>rufinamide (40 mg/ml suspension, 400 mg tab)</i>	TIER 1	PA ² , NDS
<i>rufinamide 200 mg tab</i>	TIER 1	PA ²
SPRITAM (250 MG TAB, 500 MG TAB)	TIER 1	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 25 mg/ml solution, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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>	TIER 1	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	TIER 1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY	TIER 1	QL (60 EA PER 30 DAYS)
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	TIER 1	
<i>bupropion hcl er (sr)</i>	TIER 1	
<i>bupropion hcl er (xl) (er 150 mg tab er, er 300 mg tab er)</i>	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>	TIER 1	
ZURZUVAE (20 MG CAP, 25 MG CAP)	TIER 1	QL (28 EA PER 14 OVER TIME), PA ² , NDS
ZURZUVAE 30 MG CAP	TIER 1	QL (14 EA PER 14 OVER TIME), PA ² , NDS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM	TIER 1	NDS
MARPLAN	TIER 1	
PHENELZINE SULFATE (PHENELZINE SULFATE 15 MG TAB, PHENELZINE SULFATE 15 MG TAB)	TIER 1	
<i>tranylcypromine sulfate</i>	TIER 1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	TIER 1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 20 mg/5ml solution, 40 mg cap)</i>	TIER 1	
<i>fluvoxamine maleate</i>	TIER 1	
<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab, paroxetine hcl 10 mg/5ml suspension)</i>	TIER 1	
<i>paroxetine hcl er</i>	TIER 1	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
SEROTONIN MODULATORS		
NEFAZODONE HCL	TIER 1	
RALDESY	TIER 1	QL (1200 ML PER 30 DAYS), PA ² , NDS
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	TIER 1	
TRINTELLIX	TIER 1	QL (30 EA PER 30 DAYS)
<i>vilazodone hcl</i>	TIER 1	QL (30 EA PER 30 DAYS)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	TIER 1	
DRIZALMA SPRINKLE	TIER 1	QL (60 EA PER 30 DAYS)
<i>duloxetine hcl (20 mg dr, 30 mg dr, 60 mg dr)</i>	TIER 1	
FETZIMA	TIER 1	QL (30 EA PER 30 DAYS)
FETZIMA TITRATION	TIER 1	QL (28 EA PER 180 OVER TIME)
<i>venlafaxine hcl er (er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er)</i>	TIER 1	
<i>venlafaxine hcl ir tab (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100mg tab)</i>	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>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

ANTIDIABETICS

ANTIDIABETIC COMBINATIONS

<i>glipizide-metformin hcl</i>	TIER 1	
GLYXAMBI	TIER 1	QL (30 EA PER 30 DAYS)
JANUMET	TIER 1	QL (60 EA PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	TIER 1	QL (60 EA PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	TIER 1	QL (30 EA PER 30 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB)	TIER 1	QL (60 EA PER 30 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	TIER 1	QL (60 EA PER 30 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	TIER 1	QL (30 EA PER 30 DAYS)
<i>pioglitazone hcl-glimepiride</i>	TIER 1	
<i>pioglitazone hcl-metformin hcl</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SOLIQUA	TIER 1	QL (90 ML PER 30 DAYS), INS
SYNJARDY	TIER 1	QL (60 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)	TIER 1	QL (60 EA PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	TIER 1	QL (30 EA PER 30 DAYS)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	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)	TIER 1	QL (60 EA PER 30 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	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)	TIER 1	QL (30 EA PER 30 DAYS)
DIABETIC OTHER		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>dextrose tablet and gel</i>	\$0 (OTC)	
<i>diazoxide 50 mg/ml suspension</i>	TIER 1	
<i>glucagon emergency (glucagon emergency 1 mg recon soln, glucagon emergency 1 mg recon soln)</i>	TIER 1	
GVOKE HYPOPEN 1-PACK	TIER 1	
GVOKE HYPOPEN 2-PACK	TIER 1	
GVOKE KIT	TIER 1	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	TIER 1	
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	TIER 1	
<i>metformin hcl er</i>	TIER 1	
<i>mifepristone 300 mg tab</i>	TIER 1	PA, QL (120 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nateglinide</i>	TIER 1	
<i>pioglitazone hcl</i>	TIER 1	
<i>repaglinide</i>	TIER 1	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	TIER 1	QL (30 EA PER 30 DAYS)
TRADJENTA	TIER 1	QL (30 EA PER 30 DAYS)
INCRETIN MIMETIC AGENTS		
MOUNJARO	TIER 1	PA, QL (2 ML PER 28 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN	TIER 1	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	TIER 1	PA, QL (3 ML PER 28 DAYS)
OZEMPIC (2 MG/DOSE)	TIER 1	PA, QL (3 ML PER 28 DAYS)
RYBELSUS	TIER 1	PA, QL (30 EA PER 30 DAYS)
TRULICITY	TIER 1	PA, QL (2 ML PER 28 DAYS)
INSULIN		
FIASP	TIER 1	INS
FIASP FLEXTOUCH	TIER 1	INS
FIASP PENFILL	TIER 1	INS
FIASP PUMPCART	TIER 1	INS
HUMULIN R U-500 (CONCENTRATED)	TIER 1	PA ³ , INS
HUMULIN R U-500 KWIKPEN	TIER 1	INS
INSULIN ASPART	TIER 1	PA ³ , INS
INSULIN ASPART FLEXPEN	TIER 1	INS
INSULIN ASPART PENFILL	TIER 1	INS
INSULIN GLARGINE MAX SOLOSTAR	TIER 1	INS
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 1	INS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INSULIN GLARGINE-YFGN	TIER 1	INS
NOVOLIN 70/30	TIER 1	INS
NOVOLIN 70/30 FLEXPEN	TIER 1	INS
NOVOLIN 70/30 FLEXPEN RELION	TIER 1	INS
NOVOLIN 70/30 RELION	TIER 1	INS
NOVOLIN N	TIER 1	INS
NOVOLIN N FLEXPEN	TIER 1	INS
NOVOLIN N FLEXPEN RELION	TIER 1	INS
NOVOLIN N RELION	TIER 1	INS
NOVOLIN R	TIER 1	INS
NOVOLIN R FLEXPEN	TIER 1	INS
NOVOLIN R FLEXPEN RELION	TIER 1	INS
NOVOLIN R RELION	TIER 1	INS
NOVOLOG	TIER 1	PA ³ , INS
NOVOLOG 70/30 FLEXPEN RELION	TIER 1	INS
NOVOLOG FLEXPEN	TIER 1	INS
NOVOLOG FLEXPEN RELION	TIER 1	INS
NOVOLOG MIX 70/30	TIER 1	INS
NOVOLOG MIX 70/30 FLEXPEN	TIER 1	INS
NOVOLOG MIX 70/30 RELION	TIER 1	INS
NOVOLOG PENFILL	TIER 1	INS
NOVOLOG RELION	TIER 1	PA ³ , INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
DAPAGLIFLOZIN PROPANEDIOL	TIER 1	QL (30 EA PER 30 DAYS)
FARXIGA	TIER 1	QL (30 EA PER 30 DAYS)
JARDIANCE	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 17.

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

<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>glipizide er</i>	TIER 1	
<i>glipizide xl</i>	TIER 1	

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate (tablets, chewable, suspension)</i>	\$0 (OTC)	
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ANTIDIARRHEALS

ANTIDIARRHEAL AGENTS - MISC.

<i>alosetron hcl 0.5 mg tab</i>	TIER 1	QL (60 EA PER 30 DAYS)
<i>alosetron hcl 1 mg tab</i>	TIER 1	QL (60 EA PER 30 DAYS), NDS
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	TIER 1	
<i>loperamide (tablet, capsule, oral liquid)</i>	\$0 (OTC)	
<i>loperamide 2 mg capsule (rx only)</i>	TIER 1	
XERMELO	TIER 1	PA, QL (84 EA PER 28 DAYS), NDS

ANTIDOTES AND SPECIFIC ANTAGONISTS

<i>activated charcoal</i>	\$0 (OTC)	
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OPIOID ANTAGONISTS

<i>ft naloxone hcl</i>	\$0 (OTC)	
<i>gnp naloxone hcl</i>	\$0 (OTC)	
KLOXXADO	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>naloxone hcl (naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 4 mg/10ml solution)</i>	TIER 1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	\$0 (OTC)	
<i>naltrexone hcl 50 mg tab</i>	TIER 1	
NARCAN	TIER 1	
OPVEE	TIER 1	
VIVITROL	TIER 1	NDS

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

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

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate tablet</i>	\$0 (OTC)	
<i>meclizine 12.5 mg and 25 mg</i>	\$0 (OTC)	
<i>meclizine 12.5 mg and 25 mg (rx only)</i>	TIER 1	
<i>scopolamine</i>	TIER 1	

ANTIEMETICS - MISCELLANEOUS

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

ANTIFUNGALS

AMPHOTERICIN B 50 MG RECON SOLN	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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>amphotericin b liposome</i>	TIER 1	PA ³ , NDS
<i>caspofungin acetate (caspofungin acetate, caspofungin acetate)</i>	TIER 1	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	TIER 1	PA, NDS
CRESEMBA 372 MG RECON SOLN	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>	TIER 1	
<i>fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)</i>	TIER 1	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	TIER 1	NDS
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	TIER 1	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	TIER 1	
<i>itraconazole 100 mg cap</i>	TIER 1	PA
<i>ketoconazole 200 mg tab</i>	TIER 1	
<i>micafungin sodium (micafungin sodium, micafungin sodium)</i>	TIER 1	
<i>nystatin 500000 unit tab</i>	TIER 1	
<i>posaconazole 100 mg tab dr</i>	TIER 1	PA, NDS
<i>terbinafine hcl 250 mg tab</i>	TIER 1	
<i>voriconazole (50 mg tab, 200 mg tab)</i>	TIER 1	PA
<i>voriconazole 200 mg recon soln</i>	TIER 1	PA, NDS
<i>voriconazole 40 mg/ml recon susp</i>	TIER 1	PA, NDS

ANTHYPERLIPIDEMICS

ANTHYPERLIPIDEMICS - MISC.

<i>ezetimibe</i>	TIER 1	QL (30 EA PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>icosapent ethyl</i>	TIER 1	
NEXLETOL	TIER 1	PA, QL (30 EA PER 30 DAYS)
NEXLIZET	TIER 1	PA, QL (30 EA PER 30 DAYS)
<i>niacin er (antihyperlipidemic)</i>	TIER 1	
<i>omega-3-acid ethyl esters</i>	TIER 1	
REPATHA	TIER 1	QL (2 ML PER 28 DAYS)
REPATHA SURECLICK	TIER 1	QL (2 ML PER 28 DAYS)

BILE ACID SEQUESTRANTS

<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	TIER 1	
<i>cholestyramine light</i>	TIER 1	
<i>colesevelam hcl 625 mg tab</i>	TIER 1	
<i>colestipol hcl</i>	TIER 1	
<i>prevalite 4 gm/dose powder</i>	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>	TIER 1	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)</i>	TIER 1	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	TIER 1	
<i>gemfibrozil 600 mg tab</i>	TIER 1	

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>fluvastatin sodium</i>	TIER 1	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>pravastatin sodium</i>	TIER 1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)

TIER 1

ANTIHYPERTENSIVES

ACE INHIBITORS

benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)

TIER 1

captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)

TIER 1

enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)

TIER 1

fosinopril sodium

TIER 1

lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)

TIER 1

moexipril hcl

TIER 1

PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)

TIER 1

quinapril hcl

TIER 1

ramipril

TIER 1

trandolapril

TIER 1

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan cilexetil

TIER 1

irbesartan

TIER 1

losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)

TIER 1

olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)

TIER 1

telmisartan

TIER 1

valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)

TIER 1

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	TIER 1	
<i>clonidine weekly patch</i>	TIER 1	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	TIER 1	
<i>guanfacine hcl</i>	TIER 1	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	TIER 1	
<i>terazosin hcl</i>	TIER 1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	TIER 1	
<i>amlodipine besylate-valsartan</i>	TIER 1	
<i>amlodipine-olmesartan</i>	TIER 1	
<i>atenolol-chlorthalidone</i>	TIER 1	
<i>benazepril-hydrochlorothiazide</i>	TIER 1	
<i>bisoprolol-hydrochlorothiazide</i>	TIER 1	
<i>enalapril-hydrochlorothiazide</i>	TIER 1	
<i>fosinopril sodium-hctz</i>	TIER 1	
<i>irbesartan-hydrochlorothiazide</i>	TIER 1	
<i>lisinopril-hydrochlorothiazide</i>	TIER 1	
<i>losartan potassium-hctz</i>	TIER 1	
<i>metoprolol-hydrochlorothiazide</i>	TIER 1	
<i>olmesartan medoxomil-hctz</i>	TIER 1	
<i>telmisartan-hctz</i>	TIER 1	
<i>valsartan-hydrochlorothiazide</i>	TIER 1	
ANTIHYPERTENSIVES - MISC.		
<i>aliskiren fumarate</i>	TIER 1	
<i>eplerenone</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>metirosine</i>	TIER 1	PA, NDS
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	TIER 1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	TIER 1	
CHLOROQUINE PHOSPHATE (CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE 500 MG TAB)	TIER 1	
COARTEM	TIER 1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	TIER 1	
<i>mefloquine hcl</i>	TIER 1	
<i>primaquine phosphate (primaquine phosphate, primaquine phosphate)</i>	TIER 1	
<i>pyrimethamine 25 mg tab</i>	TIER 1	PA, NDS
<i>quinine sulfate 324 mg cap</i>	TIER 1	PA
ANTIMYCOBACTERIAL AGENTS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	TIER 1	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	TIER 1	
<i>isoniazid (isoniazid 50 mg/5ml syrup, isoniazid 100 mg tab, isoniazid 300 mg tab, isoniazid 100 mg/ml solution)</i>	TIER 1	
PRIFTIN	TIER 1	
<i>pyrazinamide 500 mg tab</i>	TIER 1	
<i>rifabutin</i>	TIER 1	
<i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SIRTURO	TIER 1	NDS

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

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

ANTIMETABOLITES

<i>capecitabine</i>	\$0 (Part B Covered)	
<i>mercaptopurine 2000 mg/100ml suspension</i>	TIER 1	NDS
<i>mercaptopurine 50 mg tab</i>	TIER 1	
METHOTREXATE 1000 MG/40ML SOLUTION	TIER 1	
METHOTREXATE SODIUM (METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 250 MG/10ML SOLUTION, METHOTREXATE SODIUM 2.5 MG TAB)	TIER 1	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	TIER 1	
ONUREG	TIER 1	QL (14 EA PER 28 DAYS), PA ² , NDS
TABLOID	TIER 1	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	TIER 1	QL (84 EA PER 28 DAYS), PA ² , NDS
FRUZAQLA 5 MG CAP	TIER 1	QL (21 EA PER 28 DAYS), PA ² , NDS
INLYTA 1 MG TAB	TIER 1	QL (180 EA PER 30 DAYS), PA ² , NDS
INLYTA 5 MG TAB	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
LENVIMA (10 MG DAILY DOSE)	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (12 MG DAILY DOSE)	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (14 MG DAILY DOSE)	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (18 MG DAILY DOSE)	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (20 MG DAILY DOSE)	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
LENVIMA (24 MG DAILY DOSE)	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
LENVIMA (4 MG DAILY DOSE)	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
LENVIMA (8 MG DAILY DOSE)	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	TIER 1	QL (30 EA PER 30 DAYS), PA ²
<i>erlotinib hcl 25 mg tab</i>	TIER 1	QL (90 EA PER 30 DAYS), PA ²
<i>gefitinib</i>	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
GILOTRIF	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
LAZCLUZE 240 MG TAB	TIER 1	QL (30 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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LAZCLUZE 80 MG TAB	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
TAGRISSE	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
VIZIMPRO	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

DAURISMO 100 MG TAB	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
DAURISMO 25 MG TAB	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
ERIVEDGE	TIER 1	QL (28 EA PER 28 DAYS), PA ² , NDS
ODOMZO	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate 250 mg tab</i>	TIER 1	QL (120 EA PER 30 DAYS)
<i>abirtega</i>	TIER 1	QL (120 EA PER 30 DAYS)
AKEEGA	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
<i>anastrozole 1 mg tab</i>	TIER 1	
<i>bicalutamide</i>	TIER 1	
ELIGARD 22.5 MG KIT	TIER 1	QL (1 EA PER 84 OVER TIME)
ELIGARD 30 MG KIT	TIER 1	QL (1 EA PER 112 OVER TIME)
ELIGARD 45 MG KIT	TIER 1	QL (1 EA PER 168 OVER TIME)
ELIGARD 7.5 MG KIT	TIER 1	QL (1 EA PER 28 DAYS)
ERLEADA 240 MG TAB	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
ERLEADA 60 MG TAB	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
EULEXIN	TIER 1	QL (180 EA PER 30 DAYS), NDS
<i>exemestane</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FIRMAGON	TIER 1	PA ²
FIRMAGON (240 MG DOSE)	TIER 1	PA ²
<i>letrozole 2.5 mg tab</i>	TIER 1	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	TIER 1	QL (1 EA PER 28 DAYS), NDS
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	TIER 1	QL (1 EA PER 84 OVER TIME), NDS
LYSODREN	TIER 1	NDS
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	TIER 1	PA ²
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	TIER 1	PA
<i>nilutamide</i>	TIER 1	PA ² , NDS
NUBEQA	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
ORGOVYX	TIER 1	QL (30 EA PER 28 DAYS), PA ² , NDS
ORSERDU 345 MG TAB	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
ORSERDU 86 MG TAB	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
SOLTAMOX	TIER 1	NDS
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	TIER 1	
<i>toremifene citrate</i>	TIER 1	NDS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	TIER 1	QL (1 EA PER 84 OVER TIME)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	TIER 1	QL (1 EA PER 168 OVER TIME)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	TIER 1	QL (1 EA PER 28 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
XTANDI 80 MG TAB	TIER 1	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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI FAKZYNJA CO-PACK	TIER 1	QL (66 EA PER 28 DAYS), PA ² , NDS
INQOVI	TIER 1	QL (5 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (200 MG DOSE)	TIER 1	QL (49 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (400 MG DOSE)	TIER 1	QL (70 EA PER 28 DAYS), PA ² , NDS
KISQALI FEMARA (600 MG DOSE)	TIER 1	QL (91 EA PER 28 DAYS), PA ² , NDS
LONSURF 15-6.14 MG TAB	TIER 1	QL (100 EA PER 28 DAYS), PA ² , NDS
LONSURF 20-8.19 MG TAB	TIER 1	QL (80 EA PER 28 DAYS), PA ² , NDS
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	TIER 1	QL (240 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
ALUNBRIG 30 MG TAB	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
AUGTYRO 160 MG CAP	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
AUGTYRO 40 MG CAP	TIER 1	QL (240 EA PER 30 DAYS), PA ² , NDS
BALVERSA (3 MG TAB, 4 MG TAB)	TIER 1	QL (56 EA PER 28 DAYS), PA ² , NDS
BALVERSA 5 MG TAB	TIER 1	QL (28 EA PER 28 DAYS), PA ² , NDS
BOSULIF (50 MG CAP, 400 MG TAB, 500 MG TAB)	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
BOSULIF 100 MG CAP	TIER 1	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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BOSULIF 100 MG TAB	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
BRAFTOVI	TIER 1	QL (180 EA PER 30 DAYS), PA ² , NDS
BRUKINSA 160 MG TAB	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
BRUKINSA 80 MG CAP	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
CABOMETYX	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
CALQUENCE 100 MG TAB	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 100 MG TAB	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
CAPRELSA 300 MG TAB	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
COMETRIQ (100 MG DAILY DOSE)	TIER 1	QL (56 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (140 MG DAILY DOSE)	TIER 1	QL (112 EA PER 28 DAYS), PA ² , NDS
COMETRIQ (60 MG DAILY DOSE)	TIER 1	QL (84 EA PER 28 DAYS), PA ² , NDS
COPIKTRA	TIER 1	QL (56 EA PER 28 DAYS), PA ² , NDS
COTELLIC	TIER 1	QL (63 EA PER 28 DAYS), PA ² , NDS
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)</i>	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>dasatinib 20 mg tab</i>	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 2 mg tab sol</i>	TIER 1	QL (150 EA PER 30 DAYS), PA ² , NDS
<i>everolimus 3 mg tab sol</i>	TIER 1	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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>everolimus 5 mg tab sol</i>	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
FOTIVDA	TIER 1	QL (21 EA PER 28 DAYS), PA ² , NDS
GAVRETO	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
GOMEKLI 1 MG CAP	TIER 1	QL (42 EA PER 28 DAYS), PA ² , NDS
GOMEKLI 1 MG TAB SOL	TIER 1	QL (168 EA PER 28 DAYS), PA ² , NDS
GOMEKLI 2 MG CAP	TIER 1	QL (84 EA PER 28 DAYS), PA ² , NDS
IBRANCE	TIER 1	QL (21 EA PER 28 DAYS), PA ² , NDS
IBTROZI	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
ICLUSIG	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
IDHIFA	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>imatinib mesylate 100 mg tab</i>	TIER 1	QL (90 EA PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	TIER 1	QL (60 EA PER 30 DAYS), NDS
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB)	TIER 1	QL (28 EA PER 28 DAYS), PA ² , NDS
IMBRUVICA 140 MG CAP	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 420 MG TAB	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
IMBRUVICA 70 MG/ML SUSPENSION	TIER 1	QL (216 ML PER 27 DAYS), PA ² , NDS
IMKELDI	TIER 1	QL (280 ML PER 28 DAYS), PA ² , NDS
INREBIC	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
ITOVEBI 3 MG TAB	TIER 1	QL (56 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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ITOVEBI 9 MG TAB	TIER 1	QL (28 EA PER 28 DAYS), PA ² , NDS
JAKAFI	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
JAYPIRCA 100 MG TAB	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
JAYPIRCA 50 MG TAB	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
KISQALI (200 MG DOSE)	TIER 1	QL (21 EA PER 28 DAYS), PA ² , NDS
KISQALI (400 MG DOSE)	TIER 1	QL (42 EA PER 28 DAYS), PA ² , NDS
KISQALI (600 MG DOSE)	TIER 1	QL (63 EA PER 28 DAYS), PA ² , NDS
KOSELUGO 10 MG CAP	TIER 1	QL (240 EA PER 30 DAYS), PA ² , NDS
KOSELUGO 25 MG CAP	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
KRAZATI	TIER 1	QL (180 EA PER 30 DAYS), PA ² , NDS
<i>lapatinib ditosylate</i>	TIER 1	QL (180 EA PER 30 DAYS), PA ² , NDS
LORBRENA 100 MG TAB	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
LORBRENA 25 MG TAB	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 120 MG TAB	TIER 1	QL (240 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 240 MG TAB	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
LUMAKRAS 320 MG TAB	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
LYNPARZA	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
LYTGOBI (12 MG DAILY DOSE)	TIER 1	QL (84 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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LYTGOBI (16 MG DAILY DOSE)	TIER 1	QL (112 EA PER 28 DAYS), PA ² , NDS
LYTGOBI (20 MG DAILY DOSE)	TIER 1	QL (140 EA PER 28 DAYS), PA ² , NDS
MEKINIST 0.05 MG/ML RECON SOLN	TIER 1	QL (1200 ML PER 30 DAYS), PA ² , NDS
MEKINIST 0.5 MG TAB	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
MEKINIST 2 MG TAB	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
MEKTOVI	TIER 1	QL (180 EA PER 30 DAYS), PA ² , NDS
NERLYNX	TIER 1	QL (180 EA PER 30 DAYS), PA ² , NDS
<i>nilotinib hcl (150 mg cap, 200 mg cap)</i>	TIER 1	QL (112 EA PER 28 DAYS), PA ² , NDS
<i>nilotinib hcl 50 mg cap</i>	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
NINLARO	TIER 1	QL (3 EA PER 28 DAYS), PA ² , NDS
OGSIVEO (100 MG TAB, 150 MG TAB)	TIER 1	QL (56 EA PER 28 DAYS), PA ² , NDS
OGSIVEO 50 MG TAB	TIER 1	QL (180 EA PER 30 DAYS), PA ² , NDS
OJEMDA 100 MG TAB	TIER 1	QL (24 EA PER 28 DAYS), PA ² , NDS
OJEMDA 25 MG/ML RECON SUSP	TIER 1	QL (96 ML PER 28 DAYS), PA ² , NDS
OJJAARA	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
<i>pazopanib hcl</i>	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
PEMAZYRE	TIER 1	QL (28 EA PER 28 DAYS), PA ² , NDS
PIQRAY (200 MG DAILY DOSE)	TIER 1	QL (30 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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PIQRAY (250 MG DAILY DOSE)	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
PIQRAY (300 MG DAILY DOSE)	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
QINLOCK	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
RETEVMO 40 MG TAB	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
REZLIDHIA	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
ROMVIMZA	TIER 1	QL (8 EA PER 28 DAYS), PA ² , NDS
ROZLYTREK 100 MG CAP	TIER 1	QL (150 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 200 MG CAP	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
ROZLYTREK 50 MG PACKET	TIER 1	QL (336 EA PER 28 DAYS), PA ² , NDS
RUBRACA	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
RYDAPT	TIER 1	QL (224 EA PER 28 DAYS), PA ² , NDS
SCEMBLIX 100 MG TAB	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
SCEMBLIX 20 MG TAB	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
SCEMBLIX 40 MG TAB	TIER 1	QL (240 EA PER 30 DAYS), PA ² , NDS
<i>sorafenib tosylate</i>	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
STIVARGA	TIER 1	QL (84 EA PER 28 DAYS), PA ² , NDS
<i>sunitinib malate</i>	TIER 1	QL (28 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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TABRECTA	TIER 1	QL (112 EA PER 28 DAYS), PA ² , NDS
TAFINLAR (50 MG CAP, 75 MG CAP)	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
TAFINLAR 10 MG TAB SOL	TIER 1	QL (840 EA PER 28 DAYS), PA ² , NDS
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
TALZENNA 0.25 MG CAP	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
TAZVERIK	TIER 1	QL (240 EA PER 30 DAYS), PA ² , NDS
TEPMETKO	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
TIBSOVO	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
TRUQAP	TIER 1	QL (64 EA PER 28 DAYS), PA ² , NDS
TURALIO 125 MG CAP	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
VANFLYTA 17.7 MG TAB	TIER 1	QL (28 EA PER 28 DAYS), PA ² , NDS
VANFLYTA 26.5 MG TAB	TIER 1	QL (56 EA PER 28 DAYS), PA ² , NDS
VERZENIO	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 100 MG CAP	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
VITRAKVI 20 MG/ML SOLUTION	TIER 1	QL (300 ML PER 30 DAYS), PA ² , NDS
VITRAKVI 25 MG CAP	TIER 1	QL (180 EA PER 30 DAYS), PA ² , NDS
VONJO	TIER 1	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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VORANIGO 10 MG TAB	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
VORANIGO 40 MG TAB	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 250 MG CAP)	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
XALKORI 150 MG CAP SPRINK	TIER 1	QL (180 EA PER 30 DAYS), PA ² , NDS
XALKORI 200 MG CAP	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
XOSPATA	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
ZELBORAF	TIER 1	QL (240 EA PER 30 DAYS), PA ² , NDS
ZOLINZA	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
ZYDELIG	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
ZYKADIA	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
ANTINEOPLASTICS MISC.		
ACTIMMUNE	TIER 1	PA ² , NDS
AYVAKIT	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
BESREMI	TIER 1	QL (2 ML PER 28 DAYS), PA ² , NDS
<i>bexarotene 75 mg cap</i>	TIER 1	QL (300 EA PER 30 DAYS), PA ² , NDS
DROXIA	TIER 1	
HERNEXEOS	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
<i>hydroxyurea 500 mg cap</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MATULANE	TIER 1	NDS
MODEYSO	TIER 1	QL (20 EA PER 28 DAYS), PA ² , NDS
POMALYST	TIER 1	QL (21 EA PER 28 DAYS), PA ² , NDS
REVUFORJ 110 MG TAB	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
REVUFORJ 160 MG TAB	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
REVUFORJ 25 MG TAB	TIER 1	QL (240 EA PER 30 DAYS), PA ² , NDS
<i>tretinoin 10 mg cap</i>	TIER 1	NDS
TUKYSA	TIER 1	QL (120 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 10 MG TAB	TIER 1	QL (60 EA PER 30 DAYS), PA ²
VENCLEXTA 100 MG TAB	TIER 1	QL (180 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA 50 MG TAB	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
VENCLEXTA STARTING PACK	TIER 1	QL (42 EA PER 28 DAYS), PA ² , NDS
WELIREG	TIER 1	QL (90 EA PER 30 DAYS), PA ² , NDS
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	TIER 1	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	TIER 1	QL (16 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	TIER 1	QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	TIER 1	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	TIER 1	QL (4 EA PER 28 DAYS), PA ² , NDS
XPOVIO (60 MG TWICE WEEKLY)	TIER 1	QL (24 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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	TIER 1	QL (8 EA PER 28 DAYS), PA ² , NDS
XPOVIO (80 MG TWICE WEEKLY)	TIER 1	QL (32 EA PER 28 DAYS), PA ² , NDS

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

IWILFIN	TIER 1	QL (240 EA PER 30 DAYS), PA ² , NDS
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	TIER 1	
<i>mesna 400 mg tab</i>	TIER 1	NDS

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa 25 mg tab</i>	TIER 1	
<i>entacapone</i>	TIER 1	

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl, trihexyphenidyl hcl 0.4 mg/ml solution)</i>	TIER 1	

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap)</i>	TIER 1	
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	TIER 1	
<i>carbidopa-levodopa</i>	TIER 1	
<i>carbidopa-levodopa er</i>	TIER 1	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	TIER 1	
<i>pramipexole dihydrochloride</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ropinirole hcl</i>	TIER 1	
<i>ropinirole hcl er</i>	TIER 1	
RYTARY	TIER 1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	TIER 1	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	TIER 1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>divalproex sodium er</i>	TIER 1	
<i>lithium carbonate (150mg cap, 300mg cap, 600mg cap)</i>	TIER 1	
<i>lithium carbonate 300 mg tab</i>	TIER 1	
<i>lithium carbonate er tablet</i>	TIER 1	
<i>lithium oral solution</i>	TIER 1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
COBENFY	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
COBENFY STARTER PACK	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>	TIER 1	
<i>haloperidol decanoate (50 mg/ml, 100 mg/ml)</i>	TIER 1	
<i>haloperidol lactate</i>	TIER 1	
<i>lurasidone hcl</i>	TIER 1	
MOLINDONE HCL	TIER 1	
NUPLAZID	TIER 1	QL (30 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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>thiothixene</i>	TIER 1	
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	TIER 1	QL (30 EA PER 30 DAYS), NDS
<i>ziprasidone hcl tab</i>	TIER 1	
<i>ziprasidone mesylate recon soln</i>	TIER 1	QL (60 EA PER 30 DAYS)
BENZISOXAZOLES		
FANAPT	TIER 1	QL (60 EA PER 30 DAYS), PA ² , NDS
FANAPT TITRATION PACK A	TIER 1	QL (8 EA PER 180 OVER TIME), PA ²
FANAPT TITRATION PACK B	TIER 1	QL (12 EA PER 180 OVER TIME), PA ²
FANAPT TITRATION PACK C	TIER 1	QL (8 EA PER 180 OVER TIME), PA ²
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	TIER 1	QL (0.75 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	TIER 1	QL (1 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	TIER 1	QL (1.5 ML PER 28 DAYS), NDS
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	TIER 1	QL (0.25 ML PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	TIER 1	QL (0.5 ML PER 28 DAYS), NDS
<i>paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)</i>	TIER 1	QL (30 EA PER 30 DAYS)
<i>paliperidone er 6 mg tab 24h</i>	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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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>	TIER 1	
<i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i>	TIER 1	QL (2 EA PER 28 DAYS)
<i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i>	TIER 1	QL (2 EA PER 28 DAYS), NDS
DIBENZAPINES		
<i>asenapine maleate</i>	TIER 1	QL (60 EA PER 30 DAYS)
<i>clozapine (clozapine 25 mg tab, clozapine 50 mg tab, clozapine 12.5 mg tab disp, clozapine 25 mg tab disp, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	TIER 1	
<i>loxapine succinate</i>	TIER 1	
<i>olanzapine</i>	TIER 1	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	TIER 1	
<i>quetiapine fumarate er</i>	TIER 1	
SECUADO	TIER 1	QL (30 EA PER 30 DAYS), PA ² , NDS
VERSACLOZ	TIER 1	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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>	TIER 1	
<i>compro suppositories</i>	TIER 1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	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>	TIER 1	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	TIER 1	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>prochlorperazine suppositories</i>	TIER 1	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>trifluoperazine hcl</i>	TIER 1	

QUINOLINONE DERIVATIVES

ABILIFY MAINTENA	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>	TIER 1	
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	TIER 1	QL (60 EA PER 30 DAYS)
ARISTADA 1064 MG/3.9ML PRSYR	TIER 1	QL (3.9 ML PER 56 OVER TIME), NDS
ARISTADA 441 MG/1.6ML PRSYR	TIER 1	QL (1.6 ML PER 28 DAYS), NDS
ARISTADA 662 MG/2.4ML PRSYR	TIER 1	QL (2.4 ML PER 28 DAYS), NDS
ARISTADA 882 MG/3.2ML PRSYR	TIER 1	QL (3.2 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ARISTADA INITIO	TIER 1	QL (4.8 ML PER 365 OVER TIME), NDS
OPIPZA (2 MG FILM, 5 MG FILM)	TIER 1	QL (30 EA PER 30 DAYS), PA ²
OPIPZA 10 MG FILM	TIER 1	QL (90 EA PER 30 DAYS), PA ²
REXULTI	TIER 1	QL (30 EA PER 30 DAYS), NDS

ANTISEPTICS & DISINFECTANTS

<i>hydrogen peroxide</i>	\$0 (OTC)
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CHLORINE ANTISEPTICS

<i>chlorhexidine gluconate</i>	\$0 (OTC)
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IODINE ANTISEPTICS

<i>povidone-iodine (betadine)</i>	\$0 (OTC)
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ANTISPASTICITY AGENTS

<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1
<i>chlorzoxazone 500 mg tab</i>	TIER 1
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	TIER 1
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 1
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	TIER 1
<i>pyridostigmine bromide 60 mg tab</i>	TIER 1
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	TIER 1

ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate</i>	TIER 1	
<i>abacavir sulfate-lamivudine</i>	TIER 1	
APTIVUS	TIER 1	NDS
<i>atazanavir sulfate</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BIKTARVY	TIER 1	NDS
CIMDUO	TIER 1	NDS
<i>darunavir 600 mg tab</i>	TIER 1	
<i>darunavir 800 mg tab</i>	TIER 1	NDS
DELSTRIGO	TIER 1	NDS
DESCOVY	TIER 1	NDS
DOVATO	TIER 1	NDS
EDURANT	TIER 1	NDS
EDURANT PED	TIER 1	NDS
<i>efavirenz 600 mg tab</i>	TIER 1	
<i>efavirenz-emtricitab-tenofo df</i>	TIER 1	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB, EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TAB)	TIER 1	NDS
<i>emtricitab-rilpivir-tenofov df</i>	TIER 1	NDS
<i>emtricitabine</i>	TIER 1	
<i>emtricitabine-tenofovir df (100-150 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	TIER 1	
<i>emtricitabine-tenofovir df 133-200 mg</i>	TIER 1	NDS
EMTRIVA 10 MG/ML SOLUTION	TIER 1	
<i>etravirine</i>	TIER 1	NDS
EVOTAZ	TIER 1	NDS
<i>fosamprenavir calcium</i>	TIER 1	NDS
GENVOYA	TIER 1	NDS
INTELENCE 25 MG TAB	TIER 1	
ISENTRESS (100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB)	TIER 1	NDS
ISENTRESS 25 MG CHEW TAB	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ISENTRESS HD	TIER 1	NDS
JULUCA	TIER 1	NDS
KALETRA 400-100 MG/5ML SOLUTION	TIER 1	NDS
<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)</i>	TIER 1	
<i>lamivudine-zidovudine</i>	TIER 1	
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab)</i>	TIER 1	
<i>maraviroc</i>	TIER 1	NDS
<i>nevirapine (nevirapine 200 mg tab, nevirapine 50 mg/5ml suspension)</i>	TIER 1	
<i>nevirapine er 400 mg tab 24h</i>	TIER 1	
NORVIR 100 MG PACKET	TIER 1	
ODEFSEY	TIER 1	NDS
PIFELTRO	TIER 1	NDS
PREZCOBIX	TIER 1	NDS
PREZISTA (100 MG/ML SUSPENSION, 150 MG TAB)	TIER 1	NDS
PREZISTA 75 MG TAB	TIER 1	
REYATAZ 50 MG PACKET	TIER 1	NDS
<i>ritonavir</i>	TIER 1	
RUKOBIA	TIER 1	NDS
SELZENTRY 20 MG/ML SOLUTION	TIER 1	NDS
STRIBILD	TIER 1	NDS
SUNLENCA (4 300 MG TAB THPK, 5 300 MG TAB THPK)	TIER 1	NDS
SUNLENCA 300 MG TAB	TIER 1	QL (5 EA PER 28 OVER TIME), NDS
SYMTUZA	TIER 1	NDS
<i>tenofovir disoproxil fumarate</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TIVICAY 50 MG TAB	TIER 1	NDS
TIVICAY PD	TIER 1	NDS
TRIUMEQ	TIER 1	NDS
TRIUMEQ PD	TIER 1	
VIRACEPT	TIER 1	NDS
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	TIER 1	NDS
<i>zidovudine</i>	TIER 1	
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	TIER 1	
BARACLUDE 0.05 MG/ML SOLUTION	TIER 1	NDS
<i>entecavir</i>	TIER 1	QL (30 EA PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	TIER 1	
LEDIPASVIR-SOFOSBUVIR	TIER 1	PA, QL (28 EA PER 28 DAYS), NDS
MAVYRET 100-40 MG TAB	TIER 1	PA, QL (84 EA PER 28 DAYS), NDS
MAVYRET 50-20 MG PACKET	TIER 1	PA, QL (140 EA PER 28 DAYS), NDS
PEGASYS	TIER 1	PA, NDS
RIBAVIRIN (200 MG CAP, 200 MG TAB)	TIER 1	
SOFOSBUVIR-VELPATASVIR	TIER 1	PA, QL (28 EA PER 28 DAYS), NDS
VEMLIDY	TIER 1	NDS
VOSEVI	TIER 1	PA, QL (28 EA PER 28 DAYS), NDS
HERPES AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>acyclovir sodium</i>	TIER 1	PA ³
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	TIER 1	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	TIER 1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i>	TIER 1	QL (42 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 30 mg cap</i>	TIER 1	QL (84 EA PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	TIER 1	QL (540 ML PER 180 OVER TIME)
RIMANTADINE HCL	TIER 1	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	TIER 1	
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	TIER 1	
MISC. ANTIVIRALS		
LIVTENCITY	TIER 1	PA, QL (120 EA PER 30 DAYS), NDS
PAXLOVID	TIER 1	QL (11 EA PER 5 OVER TIME)
PAXLOVID (150/100)	TIER 1	QL (20 EA PER 5 OVER TIME)
PAXLOVID (300/100)	TIER 1	QL (30 EA PER 5 OVER TIME)
PREVYMIS 120 MG PACKET	TIER 1	PA, QL (120 EA PER 30 DAYS), NDS
PREVYMIS 240 MG TAB	TIER 1	PA, QL (28 EA PER 28 DAYS), NDS
PREVYMIS 480 MG TAB	TIER 1	PA, QL (30 EA PER 30 DAYS), NDS
<i>valganciclovir hcl 450 mg tab</i>	TIER 1	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	TIER 1	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

ALPHA-BETA BLOCKERS

<i>carvedilol</i>	TIER 1	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	TIER 1	

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	TIER 1	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	TIER 1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>metoprolol succinate er</i>	TIER 1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 1	
<i>nebivolol hcl</i>	TIER 1	

BETA BLOCKERS NON-SELECTIVE

<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>pindolol</i>	TIER 1	
<i>propranolol hcl (propranolol hcl 40 mg/5ml solution, propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 80 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 60 mg tab)</i>	TIER 1	
<i>propranolol hcl er</i>	TIER 1	
<i>sotalol hcl</i>	TIER 1	
<i>sotalol hcl (af)</i>	TIER 1	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	
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You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cartia xt</i>	TIER 1	
<i>dilt-xr</i>	TIER 1	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	TIER 1	
<i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h)</i>	TIER 1	
<i>diltiazem hcl er beads</i>	TIER 1	
<i>diltiazem hcl er coated beads</i>	TIER 1	
<i>felodipine er</i>	TIER 1	
<i>nifedipine er</i>	TIER 1	
<i>nifedipine er osmotic release</i>	TIER 1	
<i>nimodipine 30 mg cap</i>	TIER 1	
<i>tiadylt er</i>	TIER 1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	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 cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg tab er, verapamil hcl er 360 mg cap er 24h, verapamil hcl er 240 mg cap er 24h)</i>	TIER 1	

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>droxidopa (200 mg cap, 300 mg cap)</i>	TIER 1	PA, NDS
<i>droxidopa 100 mg cap</i>	TIER 1	PA
<i>midodrine hcl</i>	TIER 1	

ANTIARRHYTHMICS

<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	TIER 1	
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You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>disopyramide phosphate</i>	TIER 1	
<i>dofetilide</i>	TIER 1	
<i>flecainide acetate</i>	TIER 1	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	TIER 1	
<i>propafenone hcl</i>	TIER 1	
<i>propafenone hcl er</i>	TIER 1	
<i>quinidine sulfate (quinidine sulfate, quinidine sulfate)</i>	TIER 1	

CARDIOVASCULAR AGENTS, OTHER

ATTRUBY	TIER 1	PA, QL (112 EA PER 28 DAYS), NDS
<i>digoxin (digoxin 0.05 mg/ml solution, digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)</i>	TIER 1	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	TIER 1	QL (240 EA PER 30 DAYS)
<i>ivabradine hcl</i>	TIER 1	QL (60 EA PER 30 DAYS)
<i>pentoxifylline er</i>	TIER 1	
<i>ranolazine er</i>	TIER 1	
<i>sacubitril-valsartan</i>	TIER 1	QL (60 EA PER 30 DAYS)
VERQUVO	TIER 1	QL (30 EA PER 30 DAYS)
WEGOVY (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ)	TIER 1	PA, QL (2 ML PER 28 OVER TIME), NDS
WEGOVY (1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	TIER 1	PA, QL (3 ML PER 28 DAYS), NDS
WEGOVY 1 MG/0.5ML SOLN A-INJ	TIER 1	PA, QL (2 ML PER 28 OVER TIME), NDS

CENTRAL NERVOUS SYSTEM AGENTS

CENTRAL NERVOUS SYSTEM, OTHER

RADICAVA ORS	TIER 1	PA, QL (70 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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RADICAVA ORS STARTER KIT	TIER 1	PA, QL (70 ML PER 28 DAYS), NDS
<i>riluzole</i>	TIER 1	

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	TIER 1
<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 1 gm recon soln, cefazolin sodium 2 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	TIER 1
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	TIER 1

CEPHALOSPORINS - 2ND GENERATION

CEFACLOR (250 MG CAP, 500 MG CAP)	TIER 1
<i>cefotetan disodium</i>	TIER 1
<i>cefoxitin sodium</i>	TIER 1
<i>cefprozil</i>	TIER 1
<i>cefuroxime axetil</i>	TIER 1
<i>cefuroxime sodium</i>	TIER 1

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir</i>	TIER 1
<i>cefixime</i>	TIER 1
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 200 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp)</i>	TIER 1
CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)	TIER 1

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	TIER 1	
CEFTRIAXONE SODIUM IN DEXTROSE	TIER 1	
CEFTRIAXONE SODIUM-DEXTROSE	TIER 1	
<i>tazicef 1 gm recon soln</i>	TIER 1	
<i>tazicef 2 gm recon soln</i>	TIER 1	
TAZICEF 6 GM RECON SOLN	TIER 1	

CONTRACEPTIVES

EMERGENCY CONTRACEPTIVES

<i>levonorgestrel emergency contraceptive</i>	\$0 (OTC)
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COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>benzonatate (100 mg cap, 200 mg cap)</i>	\$0 (Medicaid Covered)
<i>dextromethorphan capsule and oral suspension</i>	\$0 (OTC)

EXPECTORANTS

<i>guaifenesin (mucinex)</i>	\$0 (OTC)
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MISC. RESPIRATORY INHALANTS

<i>camphor inhalant liquid</i>	\$0 (OTC)
<i>nasal mist</i>	\$0 (OTC)
<i>simply saline baby</i>	\$0 (OTC)

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

<i>cevimeline hcl</i>	TIER 1	
<i>chlorhexidine gluconate 0.12 % solution</i>	TIER 1	
<i>clotrimazole 10 mg troche</i>	TIER 1	
<i>hydrogen peroxide / benzyl alcohol</i>	\$0 (OTC)	
<i>kourzeq</i>	TIER 1	
<i>lidocaine viscous hcl</i>	TIER 1	
<i>menthol lozenge</i>	\$0 (OTC)	
<i>nystatin 100000 unit/ml suspension</i>	TIER 1	
<i>periogard</i>	TIER 1	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 1	
SODIUM FLUORIDE - POTASSIUM NITRATE 1.1-5% GEL	TIER 1	
<i>sodium fluoride 1.1% cream</i>	TIER 1	
<i>sodium fluoride 1.1% gel</i>	TIER 1	
<i>sodium fluoride 1.1% paste</i>	TIER 1	
<i>throat lozenge</i>	\$0 (OTC)	
<i>triamcinolone acetonide 0.1 % paste</i>	TIER 1	

DERMATOLOGICALS

ACNE PRODUCTS

<i>acutane</i>	TIER 1	
<i>amnesteem</i>	TIER 1	
<i>benzoyl peroxide (cream, gel, wash)</i>	\$0 (OTC)	
<i>claravis</i>	TIER 1	
<i>clindamycin phos (once-daily)</i>	TIER 1	QL (75 ML PER 30 DAYS)
<i>clindamycin phos (twice-daily)</i>	TIER 1	QL (75 GM PER 30 DAYS)
<i>clindamycin phosphate (1 % lotion, 1 % solution)</i>	TIER 1	QL (60 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ERY	TIER 1	QL (60 EA PER 30 DAYS)
<i>erythromycin 2 % solution</i>	TIER 1	QL (60 ML PER 30 DAYS)
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 1	
<i>sulfacetamide sodium (acne)</i>	TIER 1	QL (118 ML PER 30 DAYS)
<i>tretinoin cream (0.025 %, 0.05 %, 0.1 %)</i>	TIER 1	PA, QL (45 GM PER 30 DAYS)
<i>zenatane</i>	TIER 1	

ANTIBIOTICS - TOPICAL

<i>bacitracin / polymyxin b ointment</i>	\$0 (OTC)	
<i>bacitracin 500 unit/gram ointment</i>	\$0 (OTC)	
<i>bacitracin zinc 500 unit/gram ointment</i>	\$0 (OTC)	
<i>gentamicin sulfate 0.1 % cream</i>	TIER 1	QL (30 GM PER 30 DAYS)
<i>gentamicin sulfate 0.1 % ointment</i>	TIER 1	QL (120 GM PER 30 DAYS)
<i>mupirocin 2% ointment</i>	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>	TIER 1	QL (100 GM PER 30 DAYS)
<i>ciclopirox 1 % shampoo</i>	TIER 1	QL (120 ML PER 30 DAYS)
<i>ciclopirox 8 % solution</i>	TIER 1	QL (13.2 ML PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream</i>	TIER 1	QL (90 GM PER 30 DAYS)
<i>ciclopirox olamine 0.77 % suspension</i>	TIER 1	QL (60 ML PER 30 DAYS)
<i>clotrimazole 1% cream</i>	\$0 (OTC)	QL (30 ML PER 28 OVER TIME)
<i>clotrimazole 1% cream (rx only)</i>	TIER 1	QL (45 GM PER 30 DAYS)
<i>clotrimazole 1% solution (rx only)</i>	TIER 1	QL (30 ML PER 28 OVER TIME)
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	TIER 1	QL (90 GM PER 30 DAYS)
<i>econazole nitrate 1 % cream</i>	TIER 1	QL (170 GM PER 30 DAYS)
<i>ketoconazole 2 % cream</i>	TIER 1	QL (120 GM PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ketoconazole 2 % shampoo</i>	TIER 1	QL (240 ML PER 30 DAYS)
<i>klayesta</i>	TIER 1	QL (60 GM PER 30 DAYS)
<i>miconazole (micatin)</i>	\$0 (OTC)	
<i>nyamyc</i>	TIER 1	QL (60 GM PER 30 DAYS)
<i>nystatin (100000 unit/gm cream, 100000 unit/gm powder)</i>	TIER 1	QL (60 GM PER 30 DAYS)
<i>nystatin 100000 unit/gm ointment</i>	TIER 1	QL (30 GM PER 30 DAYS)
<i>nystatin-triamcinolone</i>	TIER 1	QL (60 GM PER 30 DAYS)
<i>nystop</i>	TIER 1	QL (60 GM PER 30 DAYS)
<i>terbinafine (lamisil)</i>	\$0 (OTC)	
<i>tolnaftate (tinactin)</i>	\$0 (OTC)	

ANTIHISTAMINES-TOPICAL

<i>diphenhydramine / zinc</i>	\$0 (OTC)	
<i>diphenhydramine 2% gel</i>	\$0 (OTC)	

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>bexarotene 1 % gel</i>	TIER 1	QL (60 GM PER 30 DAYS), PA ² , NDS
<i>diclofenac sodium 3 % gel</i>	TIER 1	PA, QL (100 GM PER 30 DAYS)
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	TIER 1	QL (10 ML PER 30 DAYS)
<i>fluorouracil 5 % cream</i>	TIER 1	QL (80 GM PER 30 DAYS)
PANRETIN	TIER 1	PA ² , NDS
VALCHLOR	TIER 1	QL (60 GM PER 30 DAYS), PA ² , NDS

ANTIPSORIATICS

<i>acitretin</i>	TIER 1	
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	TIER 1	QL (120 GM PER 30 DAYS)
CALCIPOTRIENE (CALCIPOTRIENE 0.005 % SOLUTION, CALCIPOTRIENE 0.005 % SOLUTION)	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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COSENTYX (300 MG DOSE)	TIER 1	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 150 MG/ML SOLN PRSYR	TIER 1	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX 75 MG/0.5ML SOLN PRSYR	TIER 1	PA, QL (2 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY (300 MG)	TIER 1	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX SENSOREADY PEN	TIER 1	PA, QL (8 ML PER 28 DAYS), NDS
COSENTYX UNOREADY	TIER 1	PA, QL (8 ML PER 28 DAYS), NDS
METHOXSALLEN RAPID	TIER 1	NDS
OTEZLA (20 MG TAB, 30 MG TAB)	TIER 1	PA, QL (60 EA PER 30 DAYS), NDS
OTEZLA 10 & 20 & 30 MG TAB THPK	TIER 1	PA, QL (55 EA PER 180 OVER TIME), NDS
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	TIER 1	PA, QL (55 EA PER 28 DAYS), NDS
SKYRIZI 150 MG/ML SOLN PRSYR	TIER 1	PA, QL (2 ML PER 28 DAYS), NDS
SKYRIZI PEN	TIER 1	PA, QL (2 ML PER 28 DAYS), NDS
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	TIER 1	PA, QL (0.5 ML PER 28 DAYS), NDS
STELARA 90 MG/ML SOLN PRSYR	TIER 1	PA, QL (1 ML PER 28 DAYS), NDS
STEQEYMA 45 MG/0.5ML SOLN PRSYR	TIER 1	PA, QL (0.5 ML PER 28 DAYS), NDS
STEQEYMA 90 MG/ML SOLN PRSYR	TIER 1	PA, QL (1 ML PER 28 DAYS), NDS
<i>tazarotene 0.1 % cream</i>	TIER 1	PA, QL (60 GM PER 30 DAYS)
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	TIER 1	PA, QL (0.5 ML PER 28 DAYS), NDS
USTEKINUMAB 90 MG/ML SOLN PRSYR	TIER 1	PA, QL (1 ML PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BATH PRODUCTS		
<i>bath oil</i>	\$0 (OTC)	
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	TIER 1	QL (90 GM PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % lotion</i>	TIER 1	QL (120 ML PER 30 DAYS)
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % ointment)</i>	TIER 1	QL (100 GM PER 30 DAYS)
<i>betamethasone dipropionate aug 0.05 % lotion</i>	TIER 1	QL (120 ML PER 30 DAYS)
<i>betamethasone valerate (0.1 % cream, 0.1 % ointment)</i>	TIER 1	QL (135 GM PER 30 DAYS)
BETAMETHASONE VALERATE (BETAMETHASONE VALERATE 0.1 % LOTION, BETAMETHASONE VALERATE 0.1 % LOTION)	TIER 1	QL (120 ML PER 30 DAYS)
<i>clobetasol prop emollient base</i>	TIER 1	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	TIER 1	QL (120 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % foam</i>	TIER 1	QL (100 GM PER 30 DAYS)
<i>clobetasol propionate 0.05 % lotion</i>	TIER 1	QL (118 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	TIER 1	QL (236 ML PER 30 DAYS)
<i>clobetasol propionate 0.05 % solution</i>	TIER 1	QL (100 ML PER 30 DAYS)
<i>clobetasol propionate e</i>	TIER 1	QL (120 GM PER 30 DAYS)
<i>cortizone-10 feminine itch</i>	\$0 (OTC)	
<i>desonide 0.05 % cream</i>	TIER 1	QL (60 GM PER 30 DAYS)
<i>desonide 0.05 % ointment</i>	TIER 1	QL (120 GM PER 30 DAYS)
<i>desoximetasone 0.25 % cream</i>	TIER 1	QL (100 GM PER 30 DAYS)
<i>desoximetasone 0.25 % ointment</i>	TIER 1	QL (120 GM PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % solution</i>	TIER 1	QL (90 ML PER 30 DAYS)
<i>fluocinolone acetonide 0.025 % ointment</i>	TIER 1	QL (120 GM PER 30 DAYS)
<i>fluocinolone acetonide body</i>	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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fluocinolone acetonide scalp</i>	TIER 1	QL (120 ML PER 30 DAYS)
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	TIER 1	QL (60 GM PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	TIER 1	QL (60 ML PER 30 DAYS)
<i>fluocinonide 0.1 % cream</i>	TIER 1	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	TIER 1	QL (240 GM PER 30 DAYS)
<i>gynecort 10</i>	\$0 (OTC)	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	TIER 1	QL (50 GM PER 30 DAYS)
<i>hydrocortisone 0.5%, 1%, 2.5% (cream, ointment, lotion)</i>	\$0 (OTC)	QL (240 GM PER 30 DAYS)
<i>hydrocortisone 1% cream (rx only)</i>	TIER 1	QL (240 GM PER 30 DAYS)
<i>mometasone furoate (0.1 % cream, 0.1 % ointment)</i>	TIER 1	QL (180 GM PER 30 DAYS)
<i>mometasone furoate 0.1 % solution</i>	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>	TIER 1	QL (454 GM PER 30 DAYS)
<i>triamcinolone acetonide (0.025 %, 0.1 %)</i>	TIER 1	QL (120 ML PER 30 DAYS)
<i>triamcinolone acetonide 0.5 % ointment</i>	TIER 1	QL (120 GM PER 30 DAYS)
<i>vagisil 1 % cream</i>	\$0 (OTC)	
DIAPER RASH PRODUCTS		
<i>diaper rash products</i>	\$0 (OTC)	
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea 10% and 20% (cream, lotion)</i>	\$0 (OTC)	
LINIMENTS		
<i>camphor / menthol / methyl salicylate pain relieving patch and cream</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methyl salicylate / menthol</i>	\$0 (OTC)	
<i>trolamine salicylate (myoflex)</i>	\$0 (OTC)	
LOCAL ANESTHETICS - TOPICAL		
<i>camphor / menthol pain relieving patch</i>	\$0 (OTC)	
<i>capsaicin cream and patch</i>	\$0 (OTC)	
<i>lidocaine 4% patch</i>	\$0 (OTC)	
<i>lidocaine 5 % ointment</i>	TIER 1	QL (107 GM PER 30 DAYS)
<i>lidocaine 5% patch</i>	TIER 1	PA, QL (90 EA PER 30 DAYS)
<i>lidocaine hcl 4 % solution</i>	TIER 1	QL (50 ML PER 30 DAYS)
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	TIER 1	QL (30 GM PER 30 DAYS)
<i>pramoxine / calamine lotion</i>	\$0 (OTC)	
MISC. DERMATOLOGICAL PRODUCTS		
<i>acyclovir 5 % ointment</i>	TIER 1	QL (30 GM PER 30 DAYS)
ADBRY	TIER 1	PA, QL (6 ML PER 28 DAYS), NDS
<i>ammonium lactate (12% cream, 12% lotion)</i>	\$0 (OTC)	
<i>ammonium lactate (12% cream, 12% lotion) rx only</i>	TIER 1	
<i>camphor / menthol lotion 0.5-0.5%</i>	\$0 (OTC)	
EUCRISA	TIER 1	PA, QL (100 GM PER 30 DAYS)
<i>glycerin (topical)</i>	\$0 (OTC)	
<i>hydrophor ointment</i>	\$0 (OTC)	
<i>imiquimod 5 % cream</i>	TIER 1	QL (24 EA PER 30 DAYS)
<i>malathion</i>	TIER 1	
<i>mineral oil / petrolatum</i>	\$0 (OTC)	
NEMLUVIO	TIER 1	PA, QL (2 EA PER 28 DAYS), NDS
<i>permethrin (0.5% aerosol, 1% crème rinse)</i>	\$0 (OTC)	
<i>permethrin 5% cream (rx only)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pimecrolimus</i>	TIER 1	QL (100 GM PER 30 DAYS)
<i>piperonyl / pyrethrins (rid)</i>	\$0 (OTC)	
PODOFILOX 0.5 % SOLUTION	TIER 1	QL (7 ML PER 30 DAYS)
<i>salicylic acid wart remover (liquid, gel, pad, strip)</i>	\$0 (OTC)	
<i>selenium sulfide 2.5 % lotion</i>	TIER 1	
<i>tacrolimus (0.03 %, 0.1 %)</i>	TIER 1	QL (100 GM PER 30 DAYS)
TOPICAL MOISTURIZING CREAM, LOTION, OINTMENT	\$0 (OTC)	
<i>vitamin a</i>	\$0 (OTC)	
<i>vitamin a / vitamin d</i>	\$0 (OTC)	
MISC. TOPICAL		
CALAMINE / ZINC OXIDE LOTION AND SUSPENSION	\$0 (OTC)	
<i>dimethicone 1% cream</i>	\$0 (OTC)	
DRYSOL	\$0 (Medicaid Covered)	
<i>eyelid cleansing wipes</i>	\$0 (OTC)	
JOHNSONS BABY OIL	\$0 (OTC)	
JOHNSONS BABY OIL SHEA/COCOA	\$0 (OTC)	
<i>lanolin / petrolatum</i>	\$0 (OTC)	
<i>lanolin/mineral oil/white petrolatum (eucerin)</i>	\$0 (OTC)	
<i>menthol / zinc oxide</i>	\$0 (OTC)	
OCUSOFT LID SCRUB ORIGINAL FOAM	\$0 (OTC)	
OCUSOFT LID SCRUB PLUS FOAM	\$0 (OTC)	
OCUSOFT LID SCRUB PLUS PLATINU	\$0 (OTC)	
OUST DEMODEX CLEANSER EXT ST OUFOAM	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium chloride</i>	\$0 (OTC)	
STERILID	\$0 (OTC)	
VISTA MEIBO EYELID CLEANSING FOAM	\$0 (OTC)	
<i>witch hazel</i>	\$0 (OTC)	
<i>zinc oxide topical ointment</i>	\$0 (OTC)	
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	TIER 1	QL (50 GM PER 30 DAYS)
<i>ivermectin 1 % cream</i>	TIER 1	QL (60 GM PER 30 DAYS)
<i>metronidazole (0.75 % cream, 0.75 % gel)</i>	TIER 1	QL (45 GM PER 30 DAYS)
<i>metronidazole 0.75 % lotion</i>	TIER 1	QL (118 ML PER 30 DAYS)
<i>metronidazole 1 % gel</i>	TIER 1	QL (60 GM PER 30 DAYS)
TAR PRODUCTS		
<i>coal tar</i>	\$0 (OTC)	
WOUND CARE PRODUCTS		
SANTYL	TIER 1	QL (180 GM PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	TIER 1	
<i>ssd</i>	TIER 1	
<i>wound care supplies</i>	\$0 (OTC)	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK GUIDE TEST	\$0 (Part B Covered)	
KETONE TEST STRIPS	\$0 (OTC)	
URINE DIAGNOSTIC STRIPS	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

DIETARY MANAGEMENT PRODUCTS

<i>l-methylfolate</i>	\$0 (OTC)
<i>l-methylfolate combinations</i>	\$0 (OTC)

NUTRITIONAL SUPPLEMENTS

CHARCOAL 200 MG CAP	\$0 (OTC)
<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)
<i>melatonin</i>	\$0 (OTC)
<i>melatonin / pyridoxine</i>	\$0 (OTC)
<i>methylsulfonylmethane (msm supplement)</i>	\$0 (OTC)
<i>multivitamins / minerals</i>	\$0 (OTC)
<i>omega-3 fatty acids (fish oil)</i>	\$0 (OTC)
<i>sam-e supplement</i>	\$0 (OTC)

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide (125 mg tab, 250 mg tab)</i>	TIER 1
<i>acetazolamide er</i>	TIER 1
<i>methazolamide (25 mg tab, 50 mg tab)</i>	TIER 1

DIURETIC COMBINATIONS

<i>amiloride-hctz</i>	TIER 1
<i>spironolactone-hctz</i>	TIER 1
<i>triamterene-hctz</i>	TIER 1

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LOOP DIURETICS		
<i>bumetanide</i>	TIER 1	
<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>	TIER 1	
<i>torseamide</i>	TIER 1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	TIER 1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	TIER 1	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	
<i>indapamide</i>	TIER 1	
<i>metolazone</i>	TIER 1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	TIER 1	
<i>calcitonin (salmon) 200 unit/act solution</i>	TIER 1	
<i>ibandronate sodium 150 mg tab</i>	TIER 1	QL (1 EA PER 28 DAYS)
<i>raloxifene hcl</i>	TIER 1	
<i>risedronate sodium</i>	TIER 1	
<i>teriparatide (teriparatide, teriparatide)</i>	TIER 1	PA, QL (2.48 ML PER 28 DAYS), NDS
WYOST	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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
METABOLIC MODIFIERS		
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	TIER 1	
<i>carglumic acid</i>	TIER 1	PA, NDS
<i>cinacalcet hcl</i>	TIER 1	PA
CYSTADANE	TIER 1	NDS
DOXERCALCIFEROL CAPSULE (0.5 MCG, 1 MCG, 2.5 MCG)	TIER 1	
<i>L-glutamine 5 gm packet</i>	TIER 1	PA, QL (180 EA PER 30 DAYS), NDS
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	TIER 1	
<i>levocarnitine sf</i>	TIER 1	
NEXVIAZYME	TIER 1	PA, NDS
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	TIER 1	
REVCovi	TIER 1	PA, NDS
<i>sapropterin dihydrochloride (100 mg packet, 500 mg packet)</i>	TIER 1	PA, NDS
<i>sodium phenylbutyrate 500 mg tab</i>	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>	TIER 1	PA
SIGNIFOR	TIER 1	PA, QL (60 ML PER 30 DAYS), NDS
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	TIER 1	PA, QL (56 EA PER 28 DAYS), NDS
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	TIER 1	PA, QL (120 EA PER 30 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

OTHER ENDOCRINE DRUGS

<i>cabergoline</i>	TIER 1	
<i>desmopressin ace spray refrig</i>	TIER 1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	TIER 1	
<i>desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)</i>	TIER 1	
INCRELEX	TIER 1	PA, NDS
KERENDIA	TIER 1	PA, QL (30 EA PER 30 DAYS)
OMNITROPE	TIER 1	PA, NDS
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	TIER 1	PA, NDS
SOMAVERT	TIER 1	PA, NDS

ESTROGENS

ESTROGEN COMBINATIONS

<i>abigale</i>	TIER 1	
<i>abigale lo</i>	TIER 1	
<i>afirmelle</i>	TIER 1	
<i>altavera</i>	TIER 1	
<i>alyacen 1/35</i>	TIER 1	
<i>alyacen 7/7/7</i>	TIER 1	
<i>amethia</i>	TIER 1	
<i>apri</i>	TIER 1	
<i>aranelle</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ashlyna</i>	TIER 1	
<i>aubra</i>	TIER 1	
<i>aubra eq</i>	TIER 1	
<i>aurovela 1.5/30</i>	TIER 1	
<i>aurovela 1/20</i>	TIER 1	
<i>aurovela fe 1.5/30</i>	TIER 1	
<i>aurovela fe 1/20</i>	TIER 1	
<i>aviane</i>	TIER 1	
<i>ayuna</i>	TIER 1	
<i>azurette</i>	TIER 1	
<i>balziva</i>	TIER 1	
<i>blisovi fe 1.5/30</i>	TIER 1	
<i>blisovi fe 1/20</i>	TIER 1	
<i>briellyn</i>	TIER 1	
<i>camrese</i>	TIER 1	
<i>camrese lo</i>	TIER 1	
<i>chateal</i>	TIER 1	
<i>chateal eq</i>	TIER 1	
<i>cryselle-28</i>	TIER 1	
<i>cyclafem 1/35</i>	TIER 1	
<i>cyclafem 7/7/7</i>	TIER 1	
<i>cyred</i>	TIER 1	
<i>cyred eq</i>	TIER 1	
<i>dasetta 1/35</i>	TIER 1	
<i>dasetta 7/7/7</i>	TIER 1	
<i>daysee</i>	TIER 1	
<i>delyla</i>	TIER 1	
<i>desogestrel-ethinyl estradiol</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>drospirenone-ethinyl estradiol</i>	TIER 1	
<i>elinest</i>	TIER 1	
<i>eluryng</i>	TIER 1	
<i>emoquette</i>	TIER 1	
<i>enilloring</i>	TIER 1	
<i>enskyce</i>	TIER 1	
<i>estarylla</i>	TIER 1	
<i>estradiol-norethindrone acet</i>	TIER 1	
<i>ethynodiol diac-eth estradiol</i>	TIER 1	
<i>etonogestrel-ethinyl estradiol</i>	TIER 1	
<i>falmina</i>	TIER 1	
<i>feirza 1.5/30</i>	TIER 1	
<i>feirza 1/20</i>	TIER 1	
<i>femynor</i>	TIER 1	
<i>fyavolv</i>	TIER 1	
<i>hailey 1.5/30</i>	TIER 1	
<i>hailey fe 1.5/30</i>	TIER 1	
<i>hailey fe 1/20</i>	TIER 1	
<i>haloette</i>	TIER 1	
<i>iclevia</i>	TIER 1	
<i>introvale</i>	TIER 1	
<i>isibloom</i>	TIER 1	
<i>jaimiess</i>	TIER 1	
<i>jasmiel</i>	TIER 1	
<i>jinteli</i>	TIER 1	
<i>jolessa</i>	TIER 1	
<i>juleber</i>	TIER 1	
<i>junel 1.5/30</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>junel 1/20</i>	TIER 1	
<i>junel fe 1.5/30</i>	TIER 1	
<i>junel fe 1/20</i>	TIER 1	
<i>kalliga</i>	TIER 1	
<i>kariva</i>	TIER 1	
<i>kelnor 1/35</i>	TIER 1	
<i>kurvelo</i>	TIER 1	
<i>larin 1.5/30</i>	TIER 1	
<i>larin 1/20</i>	TIER 1	
<i>larin fe 1.5/30</i>	TIER 1	
<i>larin fe 1/20</i>	TIER 1	
<i>larissia</i>	TIER 1	
<i>leena</i>	TIER 1	
<i>lessina</i>	TIER 1	
<i>levonest</i>	TIER 1	
<i>levonorg-eth estrad triphasic</i>	TIER 1	
<i>levonorgest-eth estrad 91-day</i>	TIER 1	
<i>levonorgest-eth estradiol-iron</i>	TIER 1	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	TIER 1	
<i>levora 0.15/30 (28)</i>	TIER 1	
<i>lillow</i>	TIER 1	
<i>lo-zumandimine</i>	TIER 1	
<i>lojaimiess</i>	TIER 1	
<i>loryna</i>	TIER 1	
<i>low-ogestrel</i>	TIER 1	
<i>luizza 1.5/30</i>	TIER 1	
<i>luizza 1/20</i>	TIER 1	
<i>luteru</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pirmella 7/7/7</i>	TIER 1	
<i>portia-28</i>	TIER 1	
<i>previfem</i>	TIER 1	
<i>reclipsen</i>	TIER 1	
<i>setlakin</i>	TIER 1	
<i>simliya</i>	TIER 1	
<i>simpesse</i>	TIER 1	
<i>sprintec 28</i>	TIER 1	
<i>sronyx</i>	TIER 1	
<i>syeda</i>	TIER 1	
<i>tarina fe 1/20</i>	TIER 1	
<i>tarina fe 1/20 eq</i>	TIER 1	
<i>tri femynor</i>	TIER 1	
<i>tri-estarylla</i>	TIER 1	
<i>tri-linyah</i>	TIER 1	
<i>tri-lo-estarylla</i>	TIER 1	
<i>tri-lo-marzia</i>	TIER 1	
<i>tri-lo-mili</i>	TIER 1	
<i>tri-lo-sprintec</i>	TIER 1	
<i>tri-mili</i>	TIER 1	
<i>tri-nymyo</i>	TIER 1	
<i>tri-previfem</i>	TIER 1	
<i>tri-sprintec</i>	TIER 1	
<i>tri-vylibra</i>	TIER 1	
<i>tri-vylibra lo</i>	TIER 1	
<i>turqoz</i>	TIER 1	
<i>valtya 1/35</i>	TIER 1	
<i>valtya 1/50</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VELIVET	TIER 1	
<i>vestura</i>	TIER 1	
<i>vienva</i>	TIER 1	
<i>viorele</i>	TIER 1	
<i>volnea</i>	TIER 1	
<i>vyfemla</i>	TIER 1	
<i>vylibra</i>	TIER 1	
<i>wera</i>	TIER 1	
<i>xulane</i>	TIER 1	
<i>zafemy</i>	TIER 1	
<i>zarah</i>	TIER 1	
<i>zovia 1/35 (28)</i>	TIER 1	
<i>zovia 1/35e (28)</i>	TIER 1	
<i>zumandimine</i>	TIER 1	
<i>dotti</i>	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>	TIER 1	
<i>estradiol valerate (10 mg/ml, 20 mg/ml, 40 mg/ml)</i>	TIER 1	
MENEST	TIER 1	

FLUOROQUINOLONES

<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 1	
CIPROFLOXACIN IN D5W (CIPROFLOXACIN IN D5W, CIPROFLOXACIN IN D5W)	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

GASTROINTESTINAL AGENTS

GASTROINTESTINAL AGENTS, OTHER

CREON	TIER 1	
<i>cromolyn sodium 100 mg/5ml conc</i>	TIER 1	
<i>enulose</i>	TIER 1	
<i>generlac</i>	TIER 1	
<i>lactase (lactaid)</i>	\$0 (OTC)	
<i>lactulose encephalopathy</i>	TIER 1	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	TIER 1	
REZDIFFRA	TIER 1	PA, QL (30 EA PER 30 DAYS), NDS
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	TIER 1	
VOWST	TIER 1	PA, QL (12 EA PER 90 OVER TIME), NDS

GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

<i>simethicone (mylicon)</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 17.

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

<i>balsalazide disodium</i>	TIER 1	
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos)</i>	TIER 1	
<i>mesalamine er 0.375 gm cap 24h</i>	TIER 1	
<i>mesalamine-cleanser</i>	TIER 1	
SKYRIZI 180 MG/1.2ML SOLN CART	TIER 1	PA, QL (1.2 ML PER 56 OVER TIME), NDS
SKYRIZI 360 MG/2.4ML SOLN CART	TIER 1	PA, QL (2.4 ML PER 56 OVER TIME), NDS
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	TIER 1	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	
GEMTESA	TIER 1	
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	TIER 1	
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	TIER 1	
<i>oxybutynin chloride er</i>	TIER 1	
<i>solifenacin succinate</i>	TIER 1	
<i>tolterodine tartrate</i>	TIER 1	
<i>tolterodine tartrate er</i>	TIER 1	
<i>trospium chloride</i>	TIER 1	
<i>trospium chloride er</i>	TIER 1	

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er</i>	TIER 1	
<i>dutasteride 0.5 mg cap</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

GENITOURINARY AGENTS, OTHER

<i>acetic acid 0.25 % solution</i>	TIER 1	
CYSTAGON	TIER 1	PA
<i>cytra-2</i>	\$0 (OTC)	
ELMIRON	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>	TIER 1	
RENACIDIN	TIER 1	
<i>sod citrate-citric acid</i>	\$0 (OTC)	
SODIUM CHLORIDE (SODIUM CHLORIDE 0.9 % SOLUTION, SODIUM CHLORIDE 0.9 % SOLUTION)	TIER 1	

GOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	TIER 1	
<i>colchicine 0.6 mg tab</i>	TIER 1	
<i>colchicine-probenecid</i>	TIER 1	
<i>febuxostat</i>	TIER 1	
<i>probenecid</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

PLATELET AGGREGATION INHIBITORS

<i>anagrelide hcl</i>	TIER 1	
<i>aspirin-dipyridamole er</i>	TIER 1	
<i>cilostazol</i>	TIER 1	
<i>clopidogrel bisulfate 75 mg tab</i>	TIER 1	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	TIER 1	
<i>prasugrel hcl</i>	TIER 1	
<i>ticagrelor</i>	TIER 1	

HEMATOPOIETIC AGENTS

COBALAMINS

<i>cyanocobalmin (vitamin b12) solution for injection</i>	\$0 (Medicaid Covered)	
<i>cyanocobalmin (vitamin b12) tablet, liquid, lozenge</i>	\$0 (OTC)	

FOLIC ACID/FOLATES

<i>folic acid</i>	\$0 (OTC)	
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HEMATOPOIETIC GROWTH FACTORS

<i>eltrombopag olamine (12.5 mg packet, 25 mg packet)</i>	TIER 1	PA, NDS
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab)</i>	TIER 1	PA, QL (30 EA PER 30 DAYS), NDS
<i>eltrombopag olamine (50 mg tab, 75 mg tab)</i>	TIER 1	PA, QL (60 EA PER 30 DAYS), NDS
NYVEPRIA	TIER 1	NDS
RETACRIT	TIER 1	PA
UDENYCA	TIER 1	NDS
ZARXIO	TIER 1	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

<i>iron combination tablet</i>	\$0 (OTC)	
<i>iron-vitamin c tablet</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>	TIER 1	
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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

<i>budesonide 3 mg cp dr part</i>	TIER 1	
<i>budesonide er 9 mg</i>	TIER 1	PA, QL (30 EA PER 30 DAYS), NDS
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 6 mg tab, dexamethasone 0.5 mg/5ml solution, dexamethasone 4 mg tab)</i>	TIER 1	
DEXAMETHASONE INTENSOL	TIER 1	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	TIER 1	
<i>fludrocortisone acetate 0.1 mg tab</i>	TIER 1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocortisone sod suc (pf)</i>	TIER 1	
<i>methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 1	PA ³
<i>methylprednisolone 4 mg tab thpk</i>	TIER 1	
<i>prednisolone 15 mg/5ml solution</i>	TIER 1	PA ³
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml, 25 mg/5ml)</i>	TIER 1	PA ³
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	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>	TIER 1	
PREDNISONE (PREDNISONE 5 MG/5ML SOLUTION, PREDNISONE 1 MG TAB, PREDNISONE 2.5 MG TAB, PREDNISONE 5 MG TAB, PREDNISONE 10 MG TAB, PREDNISONE 20 MG TAB, PREDNISONE 50 MG TAB)	TIER 1	PA ³
PREDNISONE INTENSOL	TIER 1	PA ³
SOLU-CORTEF	TIER 1	
SOLU-MEDROL	TIER 1	
SOLU-MEDROL (PF)	TIER 1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine</i>	\$0 (OTC)	
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NON-BARBITURATE HYPNOTICS

BELSOMRA	TIER 1	QL (30 EA PER 30 DAYS)
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	TIER 1	QL (30 EA PER 30 DAYS)
<i>eszopiclone</i>	TIER 1	QL (30 EA PER 30 DAYS)
<i>ramelteon</i>	TIER 1	QL (30 EA PER 30 DAYS)
<i>temazepam (15 mg cap, 30 mg cap)</i>	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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>zaleplon 10 mg cap</i>	TIER 1	QL (60 EA PER 30 DAYS)
<i>zaleplon 5 mg cap</i>	TIER 1	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	TIER 1	QL (30 EA PER 30 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	TIER 1	QL (60 EA PER 30 DAYS)

IMMUNOLOGICAL AGENTS

ANGIOEDEMA (HAE) AGENTS

HAEGARDA	TIER 1	PA, NDS
<i>icatibant acetate</i>	TIER 1	PA, NDS

IMMUNIZING AGENTS, PASSIVE

GAMMAGARD	TIER 1	PA, NDS
GAMMAGARD S/D LESS IGA	TIER 1	PA, NDS
GAMUNEX-C	TIER 1	PA, NDS
PRIVIGEN	TIER 1	PA, NDS
VARIZIG	TIER 1	VAC

VACCINES

ABRYSVO	TIER 1	QL (1 EA PER 999 OVER TIME), VAC
ACTHIB	TIER 1	
ADACEL 5-2-15.5 LF-MCG/0.5 SUSP PRSYR	TIER 1	
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	TIER 1	VAC
AREXVY	TIER 1	QL (1 ML PER 999 OVER TIME), VAC
BCG VACCINE	TIER 1	VAC
BEXSERO	TIER 1	VAC
BOOSTRIX	TIER 1	VAC
CAPVAXIVE	\$0 (Part B Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COVID-19 VACCINES	\$0 (Part B Covered)	
DAPTACEL	TIER 1	
DIPHtheria-TETANUS TOXoids DT	TIER 1	PA ³
ENGERIX-B	TIER 1	PA ³ , VAC
ERVEBO	TIER 1	VAC
GARDASIL 9	TIER 1	VAC-AGE
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	TIER 1	
HAVRIX 1440 EL U/ML SUSP PRSYR	TIER 1	
HAVRIX 1440 EL U/ML SUSPENSION	TIER 1	VAC
HEPLISAV-B	TIER 1	PA ³ , VAC
HIBERIX	TIER 1	
IMOVAX RABIES	TIER 1	PA ³ , VAC
INFANRIX	TIER 1	
IPOL	TIER 1	
IXIARO	TIER 1	VAC
JYNNEOS	TIER 1	PA ³ , VAC
KINRIX	TIER 1	
M-M-R II	TIER 1	VAC
MENACTRA	TIER 1	VAC
MENQUADFI	TIER 1	VAC
MENVEO	TIER 1	VAC
MRESVIA	TIER 1	QL (0.5 ML PER 999 OVER TIME), VAC
PEDIARIX	TIER 1	
PEDVAX HIB	TIER 1	
PENBRAYA	TIER 1	VAC
PENMENVY	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PENTACEL	TIER 1	
PNEUMOVAX 23	\$0 (Part B Covered)	
PREHEVBRIO	TIER 1	PA ³ , VAC
PREVNAR 20	\$0 (Part B Covered)	
PRIORIX	TIER 1	VAC
PROQUAD	TIER 1	
QUADRACEL	TIER 1	
QUADRIVALENT INFLUENZA VACCINES	\$0 (Part B Covered)	
RABAVERT	TIER 1	PA ³ , VAC
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	TIER 1	PA ³ , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	TIER 1	PA ³ , VAC
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	TIER 1	PA ³ , VAC
ROTARIX	TIER 1	
ROTATEQ	TIER 1	
SHINGRIX	TIER 1	QL (2 EA PER 999 OVER TIME), VAC
TDVAX	TIER 1	PA ³ , VAC
TENIVAC	TIER 1	PA ³
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	TIER 1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	TIER 1	VAC
TRUMENBA	TIER 1	VAC
TWINRIX	TIER 1	VAC
TYPHIM VI	TIER 1	VAC

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	TIER 1	
VAQTA 50 UNIT/ML SUSP PRSYR	TIER 1	
VAQTA 50 UNIT/ML SUSPENSION	TIER 1	VAC
VARIVAX	TIER 1	VAC
VAXCHORA	TIER 1	VAC
VAXNEUVANCE	\$0 (Part B Covered)	
VIMKUNYA	TIER 1	VAC
VIVOTIF	TIER 1	
YF-VAX	TIER 1	

LAXATIVES

BULK LAXATIVES

<i>calcium polycarbophil tablet (fiber laxative)</i>	\$0 (OTC)
<i>methylcellulose (citrucel)</i>	\$0 (OTC)
<i>psyllium (metamucil)</i>	\$0 (OTC)
UNIFIBER	\$0 (OTC)
<i>wheat dextrin fiber powder</i>	\$0 (OTC)

LAXATIVE COMBINATIONS

GAVILYTE-C	TIER 1
<i>gavilyte-g</i>	TIER 1
<i>gavilyte-n with flavor pack</i>	TIER 1
<i>na sulfate-k sulfate-mg sulf</i>	TIER 1
<i>peg 3350-kcl-na bicarb-nacl</i>	TIER 1
<i>peg-3350/electrolytes</i>	TIER 1
<i>peg-3350/electrolytes/ascorbat</i>	TIER 1
<i>peg-kcl-nacl-nasulf-na asc-c</i>	TIER 1

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>senna / docusate sodium (peri-colace)</i>	\$0 (OTC)	
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	TIER 1	
<i>glycerin suppository</i>	\$0 (OTC)	
<i>lactulose (10 gm/15ml, 20 gm/30ml)</i>	TIER 1	
LINZESS	TIER 1	QL (30 EA PER 30 DAYS)
<i>lubiprostone</i>	TIER 1	QL (60 EA PER 30 DAYS)
MOVANTIK	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)	
SALINE LAXATIVES		
<i>enema (sodium phosphates)</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 (tablets, suppository)</i>	\$0 (OTC)	
<i>sennosides</i>	\$0 (OTC)	
SURFACTANT LAXATIVES		
<i>docusate calcium capsule</i>	\$0 (OTC)	
<i>docusate sodium (capsule, oral liquid, oral syrup, enema)</i>	\$0 (OTC)	
<i>enema (benzocaine-docusate sodium)</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

AUDITORY SUPPLIES

<i>hearing aid batteries</i>	\$0 (OTC)	
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BANDAGES-DRESSINGS-TAPE

GAUZE PADS, DRESSINGS, BANDAGES	\$0 (OTC)	
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CONTRACEPTIVES

<i>female condoms</i>	\$0 (OTC)	
<i>male condoms</i>	\$0 (OTC)	

DIABETIC SUPPLIES

ACCU-CHEK GUIDE	\$0 (Part B Covered)	
ACCU-CHEK GUIDE ME	\$0 (Part B Covered)	
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 15 DAY SENSOR	\$0 (Part B Covered)	PA, QL (2 EA PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FREESTYLE LIBRE 2 READER	\$0 (Part B Covered)	PA, QL (1 EA PER 274 OVER TIME)
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 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)	
NEEDLES AND SYRINGES (PEN NEEDLES, INSULIN SYRINGES, TUBERCULIN/ALLERGY SYRINGES)	TIER 1	
OMNIPOD 5 DEXG7G6 PODS GEN 5	TIER 1	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G6 INTRO (GEN 5)	TIER 1	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G6 PODS (GEN 5)	TIER 1	QL (15 EA PER 30 DAYS)
OMNIPOD 5 G7 INTRO (GEN 5)	TIER 1	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 G7 PODS (GEN 5)	TIER 1	QL (15 EA PER 30 DAYS)
OMNIPOD 5 LIBRE2 G6 INTRO G5	TIER 1	QL (1 EA PER 275 OVER TIME)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	TIER 1	QL (15 EA PER 30 DAYS)
OMNIPOD CLASSIC PDM (GEN 3)	TIER 1	QL (1 EA PER 275 OVER TIME)
OMNIPOD CLASSIC PODS (GEN 3)	TIER 1	QL (15 EA PER 30 DAYS)
OMNIPOD DASH INTRO (GEN 4)	TIER 1	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PDM (GEN 4)	TIER 1	QL (1 EA PER 275 OVER TIME)
OMNIPOD DASH PODS (GEN 4)	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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

<i>diapers</i>	\$0 (OTC)	
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OPTICAL AND OPHTHALMIC SUPPLIES

<i>optical supplies</i>	\$0 (OTC)	
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PARENTERAL THERAPY SUPPLIES

<i>alcohol swabs</i>	TIER 1	
GAUZE PADS AND DRESSINGS	TIER 1	
NEEDLES AND SYRINGES (PEN NEEDLES, INSULIN SYRINGES) RX ONLY	TIER 1	

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	TIER 1	PA, QL (1 ML PER 30 DAYS)
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	TIER 1	PA, QL (16 ML PER 30 DAYS)
EMGALITY	TIER 1	PA, QL (2 ML PER 30 DAYS)
EMGALITY (300 MG DOSE)	TIER 1	PA, QL (3 ML PER 30 DAYS)
ERGOTAMINE-CAFFEINE	TIER 1	
NURTEC	TIER 1	PA, QL (16 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

<i>naratriptan hcl</i>	TIER 1	QL (18 EA PER 30 OVER TIME)
<i>rizatriptan benzoate (5 mg tab disp, 10 mg tab disp)</i>	TIER 1	QL (36 EA PER 28 OVER TIME)
<i>rizatriptan benzoate (5 mg tab, 10 mg tab)</i>	TIER 1	QL (18 EA PER 30 OVER TIME)
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	TIER 1	QL (12 EA PER 30 OVER TIME)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	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>	TIER 1	QL (8 ML PER 28 DAYS)
<i>sumatriptan succinate refill (sumatriptan succinate refill, sumatriptan succinate refill 6 mg/0.5ml soln cart)</i>	TIER 1	QL (8 ML PER 28 DAYS)
<i>zolmitriptan (2.5 mg tab, 5 mg tab)</i>	TIER 1	QL (18 EA PER 30 OVER TIME)

MINERALS ELECTROLYTES

CALCIUM

<i>calcium / magnesium tab</i>	\$0 (OTC)
<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)
<i>calcium citrate / vitamin d</i>	\$0 (OTC)
<i>calcium gluconate 10 % solution</i>	TIER 1

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MINERAL COMBINATIONS		
<i>calcium-magnesium-zinc-d3 (calcium-magnesium-zinc-d3 333 mg-133 mcg tab, calcium-magnesium-zinc-d3 333 mg-133 mg-8 mg-5 mcg tab)</i>	\$0 (OTC)	
CALCIUM-MAGNESIUM-ZINC-VIT D3	\$0 (OTC)	
PHOSPHATE		
K-PHOS	TIER 1	
<i>phosphorus supplement</i>	\$0 (OTC)	
<i>potassium / sodium phosphate</i>	\$0 (OTC)	
TRACE MINERALS		
<i>chromium</i>	\$0 (OTC)	
<i>selenium tablet</i>	\$0 (OTC)	
ZINC		
<i>zinc gluconate tablet</i>	\$0 (OTC)	
<i>zinc sulfate (tablet, capsule)</i>	\$0 (OTC)	
<i>zinc tablet</i>	\$0 (OTC)	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>deferasirox (90 mg tab, 180 mg tab, 360 mg tab)</i>	TIER 1	PA
<i>penicillamine 250 mg tab</i>	TIER 1	PA, NDS
<i>trientine hcl 250 mg cap</i>	TIER 1	PA, NDS
IMMUNOMODULATORS		
<i>lenalidomide</i>	TIER 1	QL (28 EA PER 28 DAYS), PA ² , NDS
REZUROCK	TIER 1	PA, 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 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
THALOMID 100 MG CAP	TIER 1	QL (120 EA PER 30 DAYS), NDS
THALOMID 50 MG CAP	TIER 1	QL (240 EA PER 30 DAYS), NDS
IMMUNOSUPPRESSIVE AGENTS		
ARCALYST	TIER 1	PA, NDS
<i>azathioprine 50 mg tab</i>	TIER 1	PA ³
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	TIER 1	PA, QL (4 ML PER 28 DAYS), NDS
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	TIER 1	PA ³
<i>cyclosporine modified</i>	TIER 1	PA ³
ENVARSUS XR	TIER 1	PA ³
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	TIER 1	PA ³ , NDS
<i>everolimus 0.25 mg tab</i>	TIER 1	PA ³
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	TIER 1	PA ³
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	TIER 1	PA ³ , NDS
<i>mycophenolate sodium</i>	TIER 1	PA ³
<i>mycophenolic acid</i>	TIER 1	PA ³
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	TIER 1	PA ³
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	TIER 1	PA ³
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	TIER 1	PA ³
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	TIER 1	PA, QL (3.6 ML PER 28 DAYS), NDS
IRRIGATION SOLUTIONS		
<i>ringers irrigation (ringers irrigation, ringers irrigation)</i>	\$0 (Medicaid Covered)	
<i>tis-u-sol</i>	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MISC NATURAL PRODUCTS		
<i>miscellaneous natural products</i>	\$0 (OTC)	
BACTERIOSTATIC WATER(BENZ ALC)	\$0 (Medicaid Covered)	
METHYLCELLULOSE (1 % GEL, POWDER)	\$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		
LOKELMA	TIER 1	
<i>sodium polystyrene sulfonate</i>	TIER 1	
VELTASSA	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 17.

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		
PRENATAL VITAMIN	TIER 1	
PRENATAL VITAMIN (RX ONLY)	TIER 1	
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)	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
<i>sodium chloride nasal spray</i>	\$0 (OTC)	
NASAL ANTIALLERGY		
<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	TIER 1	
<i>cromolyn sodium 5.2 mg/act aero soln</i>	\$0 (OTC)	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	TIER 1	QL (50 ML PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	TIER 1	QL (32 GM PER 30 DAYS)
<i>ipratropium bromide (0.03 %, 0.06 %)</i>	TIER 1	
<i>mometasone furoate 50 mcg/act suspension</i>	TIER 1	QL (34 GM PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	TIER 1	
<i>triamcinolone acetonide nasal spray</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

NUTRIENTS

MISC. NUTRITIONAL SUBSTANCES

DEXTROSE-NACL	TIER 1	
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION)	TIER 1	
<i>electrolyte oral f36solution</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>kcl in dextrose-nacl (kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, 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 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 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 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	TIER 1	
<i>klor-con (klor-con 20 meq packet, klor-con 8 meq tab er)</i>	TIER 1	
<i>klor-con 10 (klor-con 10, klor-con 10)</i>	TIER 1	
<i>klor-con m10</i>	TIER 1	
<i>klor-con m15</i>	TIER 1	
<i>klor-con m20</i>	TIER 1	
LACTATED RINGERS (LACTATED RINGERS, LACTATED RINGERS)	TIER 1	
<i>magnesium chloride</i>	\$0 (OTC)	
<i>magnesium gluconate</i>	\$0 (OTC)	
<i>magnesium oxide</i>	\$0 (OTC)	
<i>magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)</i>	TIER 1	
<i>magnesium tablet</i>	\$0 (OTC)	
<i>plenamine</i>	TIER 1	PA ³

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	TIER 1	
<i>potassium chloride 2 meq/ml solution</i>	TIER 1	
<i>potassium chloride 20 meq packet</i>	TIER 1	
<i>potassium chloride 20 meq/15ml (10%) solution</i>	TIER 1	
<i>potassium chloride 40 meq/15ml (20%) solution</i>	TIER 1	
<i>potassium chloride crys er</i>	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>	TIER 1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	TIER 1	
POTASSIUM CL IN DEXTROSE 5%	TIER 1	
<i>potassium gluconate</i>	\$0 (OTC)	
<i>pyridoxine (vitamin b6)</i>	\$0 (OTC)	
<i>ringers</i>	\$0 (Medicaid Covered)	
<i>sodium chloride (0.45 %, 3 %, 5 %)</i>	TIER 1	
<i>sodium chloride (2.5 meq/ml, 4 meq/ml)</i>	\$0 (Medicaid Covered)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium chloride 1 gm tab</i>	\$0 (OTC)	
SODIUM FLUORIDE (SODIUM FLUORIDE 0.5 MG/ML SOLUTION, SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION)	\$0 (OTC)	
SODIUM FLUORIDE 2.2 (1 F) MG TAB	TIER 1	
<i>sodium fluoride chewable tablet</i>	TIER 1	
SOLUVITA	\$0 (OTC)	

OPHTHALMIC AGENTS

BETA-BLOCKERS - OPHTHALMIC

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

OPHTHALMIC ADRENERGIC AGENTS

APRACLONIDINE HCL 0.5 % SOLUTION	TIER 1	
<i>brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)</i>	TIER 1	
SIMBRINZA	TIER 1	

OPHTHALMIC ANTI-INFECTIVES

<i>ak-poly-bac</i>	TIER 1	QL (7 GM PER 7 OVER TIME)
BACITRACIN 500 UNIT/GM OINTMENT	TIER 1	
<i>bacitracin-polymyxin b</i>	TIER 1	QL (7 GM PER 7 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ciprofloxacin hcl 0.3 % solution</i>	TIER 1	QL (30 ML PER 30 OVER TIME)
<i>erythromycin 5 mg/gm ointment</i>	TIER 1	QL (7 GM PER 7 OVER TIME)
<i>gatifloxacin 0.5 % solution</i>	TIER 1	QL (5 ML PER 7 OVER TIME)
<i>gentamicin sulfate 0.3 % solution</i>	TIER 1	QL (10 ML PER 7 OVER TIME)
<i>moxifloxacin hcl 0.5 % solution</i>	TIER 1	QL (6 ML PER 7 OVER TIME)
<i>neomycin-bacitracin zn-polymyx</i>	TIER 1	QL (7 GM PER 7 OVER TIME)
NEOMYCIN-POLYMYXIN-GRAMICIDIN	TIER 1	QL (10 ML PER 7 OVER TIME)
<i>ofloxacin 0.3 % solution</i>	TIER 1	QL (60 ML PER 30 OVER TIME)
<i>polycin</i>	TIER 1	QL (7 GM PER 7 OVER TIME)
<i>polymyxin b-trimethoprim</i>	TIER 1	QL (10 ML PER 7 OVER TIME)
<i>sulfacetamide sodium (sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i>	TIER 1	QL (15 ML PER 7 OVER TIME)
SULFACETAMIDE SODIUM 10 % OINTMENT	TIER 1	
<i>tobramycin 0.3 % solution</i>	TIER 1	QL (30 ML PER 30 OVER TIME)
TRIFLURIDINE	TIER 1	QL (15 ML PER 7 OVER TIME)
XDEMZY	TIER 1	PA, QL (10 ML PER 42 DAYS), NDS
ZIRGAN	TIER 1	
OPHTHALMIC DECONGESTANTS		
<i>naphazoline /pheniramine drops (naphcon-a)</i>	\$0 (OTC)	
<i>tetrahydrazoline drops (visine)</i>	\$0 (OTC)	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	TIER 1	
ROCKLATAN	TIER 1	QL (2.5 ML PER 25 DAYS)
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	TIER 1	
<i>fluorometholone</i>	TIER 1	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	TIER 1	
<i>neomycin-polymyxin-dexameth</i>	TIER 1	
<i>prednisolone acetate 1 % suspension</i>	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	TIER 1	
SULFACETAMIDE-PREDNISOLONE	TIER 1	
<i>tobramycin-dexamethasone</i>	TIER 1	
OPHTHALMICS - MISC.		
<i>artificial tear drops</i>	\$0 (OTC)	
<i>atropine sulfate 1 % solution</i>	TIER 1	
ATROPINE SULFATE 1 % SOLUTION	TIER 1	
<i>azelastine hcl 0.05 % solution</i>	TIER 1	
<i>balanced salt</i>	\$0 (Medicaid Covered)	
CROMOLYN SODIUM (CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION)	TIER 1	
<i>cyclosporine 0.05 % emulsion</i>	TIER 1	QL (60 EA PER 30 DAYS)
CYSTADROPS	TIER 1	PA, QL (20 ML PER 28 DAYS), NDS
<i>dextran 70/hypromellose lubricating eye drops</i>	\$0 (OTC)	
<i>diclofenac sodium 0.1 % solution</i>	TIER 1	
<i>dorzolamide hcl 2 % solution</i>	TIER 1	
<i>epinastine hcl</i>	TIER 1	
FLURBIPROFEN SODIUM	TIER 1	
<i>ketorolac tromethamine (0.4 %, 0.5 %)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ketotifen drops (zaditor)</i>	\$0 (OTC)	
<i>lubricant eye drops and ointment</i>	\$0 (OTC)	
MIEBO	TIER 1	QL (3 ML PER 30 DAYS)
<i>olopatadine 0.1% and 0.2% eye drop</i>	\$0 (OTC)	
<i>pilocarpine hcl (1 %, 2 %, 4 %)</i>	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</i>	\$0 (OTC)	
TYRVAYA	TIER 1	PA, QL (8.4 ML PER 30 DAYS)
XIIDRA	TIER 1	QL (60 EA PER 30 DAYS)

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost 0.03 % solution</i>	TIER 1	QL (2.5 ML PER 25 DAYS)
<i>latanoprost 0.005 % solution</i>	TIER 1	
LUMIGAN	TIER 1	QL (2.5 ML PER 25 DAYS)
<i>tafluprost (pf)</i>	TIER 1	QL (30 EA PER 30 DAYS)
<i>travoprost (bak free)</i>	TIER 1	QL (2.5 ML PER 25 DAYS)
VYZULTA	TIER 1	QL (2.5 ML PER 25 DAYS)

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid 2 % solution</i>	TIER 1	
<i>carbamide peroxide ear wax removal solution</i>	\$0 (OTC)	
<i>ciprofloxacin-dexamethasone</i>	TIER 1	QL (15 ML PER 30 DAYS)
<i>fluocinolone acetate 0.01 % oil</i>	TIER 1	
<i>hydrocortisone-acetic acid</i>	TIER 1	
<i>neomycin-polymyxin-hc (1 %, 3.5-10000-1)</i>	TIER 1	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

MONOCLONAL ANTIBODIES

BEYFORTUS	TIER 1
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PENICILLINS

AMINOPENICILLINS

<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>	TIER 1
AMOXICILLIN 125 MG CHEW TAB	TIER 1
AMOXICILLIN 250 MG CHEW TAB	TIER 1
<i>ampicillin</i>	TIER 1
<i>ampicillin sodium reconstituted solution</i>	TIER 1

NATURAL PENICILLINS

BICILLIN L-A	TIER 1
<i>penicillin g potassium</i>	TIER 1
PENICILLIN G SODIUM	TIER 1
PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG TAB, PENICILLIN V POTASSIUM 500 MG TAB)	TIER 1

PENICILLIN COMBINATIONS

<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	TIER 1
AMOXICILLIN-POT CLAVULANATE ER	TIER 1

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ampicillin-sulbactam sodium reconstituted solution</i>	TIER 1	
<i>piperacillin sod-tazobactam so</i>	TIER 1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	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>	TIER 1	
<i>nafcillin sodium 10 gm recon soln</i>	TIER 1	NDS
<i>oxacillin sodium</i>	TIER 1	
OXACILLIN SODIUM IN DEXTROSE IN 2 GM/50ML SOLUTION	TIER 1	
PROGESTINS		
<i>camila</i>	TIER 1	
<i>deblitane</i>	TIER 1	
DEPO-SUBQ PROVERA 104	TIER 1	
<i>emzahh</i>	TIER 1	
<i>errin</i>	TIER 1	
<i>gallifrey</i>	TIER 1	
<i>heather</i>	TIER 1	
<i>incassia</i>	TIER 1	
<i>jencycla</i>	TIER 1	
LILETTA (52 MG)	TIER 1	
<i>lyleq</i>	TIER 1	
<i>lyza</i>	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>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MEGESTROL ACETATE (MEGESTROL ACETATE 625 MG/5ML SUSPENSION, MEGESTROL ACETATE 625 MG/5ML SUSPENSION)	TIER 1	PA
<i>meleya</i>	TIER 1	
NEXPLANON	TIER 1	
<i>nora-be</i>	TIER 1	
<i>norethindrone 0.35 mg tab</i>	TIER 1	
<i>norethindrone acetate 5 mg tab</i>	TIER 1	
<i>norlyda</i>	TIER 1	
<i>norlyroc</i>	TIER 1	
<i>orquidea</i>	TIER 1	
<i>progesterone (100 mg cap, 200 mg cap)</i>	TIER 1	
<i>sharobel</i>	TIER 1	
<i>tulana</i>	TIER 1	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium</i>	TIER 1	
<i>disulfiram 250 mg tab</i>	TIER 1	

ANTIDEMENTIA AGENTS

<i>donepezil hcl (5 mg tab disp, 10 mg tab disp, 23 mg tab)</i>	TIER 1	QL (30 EA PER 30 DAYS)
<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	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>	TIER 1	
<i>galantamine hydrobromide er</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	TIER 1	
<i>memantine hcl er</i>	TIER 1	
<i>rivastigmine</i>	TIER 1	
<i>rivastigmine tartrate</i>	TIER 1	

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO 12 MG TAB	TIER 1	PA, QL (120 EA PER 30 DAYS), NDS
AUSTEDO 6 MG TAB	TIER 1	PA, QL (60 EA PER 30 DAYS), NDS
AUSTEDO 9 MG TAB	TIER 1	PA, QL (90 EA PER 30 DAYS), NDS
AUSTEDO XR (12 MG TAB ER 24H, 18 MG TAB ER 24H, 24 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	TIER 1	PA, QL (30 EA PER 30 DAYS), NDS
AUSTEDO XR 6 MG TAB ER 24H	TIER 1	PA, QL (90 EA PER 30 DAYS), NDS
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	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)	TIER 1	PA, QL (30 EA PER 30 DAYS), NDS
INGREZZA 40 & 80 MG CAP THPK	TIER 1	PA, QL (28 EA PER 28 DAYS), NDS
<i>tetrabenazine 12.5 mg tab</i>	TIER 1	
<i>tetrabenazine 25 mg tab</i>	TIER 1	NDS

MULTIPLE SCLEROSIS AGENTS

AVONEX PEN	TIER 1	PA, QL (1 EA PER 28 DAYS), NDS
AVONEX PREFILLED	TIER 1	PA, QL (1 EA PER 28 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dalfampridine er</i>	TIER 1	QL (60 EA PER 30 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	TIER 1	PA, QL (14 EA PER 30 DAYS)
<i>dimethyl fumarate 240 mg cap dr</i>	TIER 1	PA, QL (60 EA PER 30 DAYS), NDS
<i>dimethyl fumarate starter pack</i>	TIER 1	PA, QL (120 EA PER 180 OVER TIME)
<i>fingolimod hcl</i>	TIER 1	PA, QL (30 EA PER 30 DAYS), NDS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	TIER 1	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	TIER 1	PA, QL (12 ML PER 28 DAYS), NDS
<i>glatopa 20 mg/ml soln prsyr</i>	TIER 1	PA, QL (30 ML PER 30 DAYS), NDS
<i>glatopa 40 mg/ml soln prsyr</i>	TIER 1	PA, QL (12 ML PER 28 DAYS), NDS
KESIMPTA	TIER 1	PA, QL (1.6 ML PER 28 DAYS), NDS
PLEGRIDY	TIER 1	PA, QL (1 ML PER 28 DAYS), NDS
<i>teriflunomide</i>	TIER 1	PA, QL (30 EA PER 30 DAYS), NDS
NUEDEXTA	TIER 1	PA, NDS
PIMOZIDE	TIER 1	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det)</i>	TIER 1	
<i>nicotine gum / lozenge</i>	\$0 (OTC)	
<i>nicotine patch</i>	\$0 (OTC)	
NICOTROL NASAL SPRAY	TIER 1	
<i>varenicline tablet (starter pack, 0.5 mg, 1 mg)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

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

ANTIHISTAMINES

<i>cetirizine (tablet, solution)</i>	\$0 (OTC)	
<i>cetirizine / pseudoephedrine 12 hour tablet</i>	\$0 (OTC)	
<i>cetirizine 1 mg/ml oral solution (rx only)</i>	TIER 1	
<i>chlorpheniramine</i>	\$0 (OTC)	
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	\$0 (OTC)	
<i>chlorpheniramine / phenylephrine / aspirin</i>	\$0 (OTC)	
<i>dextromethorphan / phenylephrine / acetaminophen</i>	\$0 (OTC)	
<i>diphenhydramine / phenylephrine / acetaminophen</i>	\$0 (OTC)	
<i>diphenhydramine 50 mg/ml solution</i>	TIER 1	
<i>diphenhydramine tablet, capsule, oral liquid</i>	\$0 (OTC)	
<i>doxylamine / dextromethorphan</i>	\$0 (OTC)	
<i>fexofenadine (tablet, suspension)</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)	
<i>guaifenesin-codeine oral solution</i>	\$0 (OTC)	
<i>levocetirizine 5 mg tablet</i>	\$0 (OTC)	
<i>levocetirizine 5 mg tablet (rx only)</i>	TIER 1	
<i>loratadine (claritin)</i>	\$0 (OTC)	
<i>loratadine / pseudoephedrine (claritin – d)</i>	\$0 (OTC)	
<i>phenylephrine / acetaminophen</i>	\$0 (OTC)	
<i>phenylephrine / bropheniramine / dextromethorphan</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen</i>	\$0 (OTC)	
<i>phenylephrine / dextromethorphan</i>	\$0 (OTC)	
<i>phenylephrine / guaifenesin</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, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	TIER 1	
<i>pseudoephedrine / guaifenesin</i>	\$0 (OTC)	
<i>pseudoephedrine / ibuprofen</i>	\$0 (OTC)	

PULMONARY ANTIHYPERTENSIVES

ADEMPAS	TIER 1	PA, QL (90 EA PER 30 DAYS), NDS
<i>alyq</i>	TIER 1	PA
<i>ambrisentan</i>	TIER 1	PA, QL (30 EA PER 30 DAYS), NDS
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	TIER 1	PA, QL (60 EA PER 30 DAYS), NDS
OPSUMIT	TIER 1	PA, QL (30 EA PER 30 DAYS), NDS
<i>sildenafil citrate 20 mg tab</i>	TIER 1	PA
<i>tadalafil (pah)</i>	TIER 1	PA
WINREVAIR	TIER 1	PA, QL (1 EA PER 21 OVER TIME), NDS

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (10 %, 20 %)</i>	TIER 1	PA ³
ALYFTREK 10-50-125 MG TAB	TIER 1	PA, QL (56 EA PER 28 DAYS), NDS
ALYFTREK 4-20-50 MG TAB	TIER 1	PA, QL (84 EA PER 28 DAYS), NDS
CAYSTON	TIER 1	PA, QL (84 ML PER 56 DAYS), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	TIER 1	PA, QL (56 EA PER 28 DAYS), NDS
KALYDECO 150 MG TAB	TIER 1	PA, QL (60 EA PER 30 DAYS), NDS
OFEV	TIER 1	PA, QL (60 EA PER 30 DAYS), NDS
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	TIER 1	PA, QL (112 EA PER 28 DAYS), NDS
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	TIER 1	PA, QL (56 EA PER 28 DAYS), NDS
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	TIER 1	PA, QL (270 EA PER 30 DAYS), NDS
<i>pirfenidone 801 mg tab</i>	TIER 1	PA, QL (90 EA PER 30 DAYS), NDS
PROLASTIN-C 1000 MG/20ML SOLUTION	TIER 1	PA, NDS
PULMOZYME	TIER 1	QL (150 ML PER 30 DAYS), PA ³ , NDS
<i>roflumilast</i>	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>	TIER 1	
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	TIER 1	PA, QL (84 EA PER 28 DAYS), NDS
TRIKAFTA (80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK)	TIER 1	PA, QL (56 EA PER 28 DAYS), NDS

SLEEP DISORDER AGENTS

SLEEP DISORDERS, OTHER

SODIUM OXYBATE	TIER 1	PA, QL (540 ML PER 30 DAYS), NDS
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You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SUNOSI	TIER 1	PA, QL (30 EA PER 30 DAYS)
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	TIER 1	
TETRACYCLINES		
<i>demeclocycline hcl</i>	TIER 1	
<i>doxy 100</i>	TIER 1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg recon soln, 100 mg tab)</i>	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>	TIER 1	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	TIER 1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	TIER 1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>propylthiouracil 50 mg tab</i>	TIER 1	
THYROID HORMONES		
<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>	TIER 1	
<i>levoxyl</i>	TIER 1	
<i>liomny</i>	TIER 1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	TIER 1	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	TIER 1	
H-2 ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	TIER 1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon suspension) (rx only)</i>	TIER 1	
<i>famotidine 10 mg tab, 20 mg tab</i>	\$0 (OTC)	
MISC. ANTI-ULCER		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	TIER 1	
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	TIER 1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	TIER 1	
<i>lansoprazole dr 15 mg capsule</i>	\$0 (OTC)	
<i>lansoprazole dr capsule (15 mg, 30 mg) (rx only)</i>	TIER 1	
<i>omeprazole capsule (10 mg, 20 mg, 40 mg) (rx only)</i>	TIER 1	
<i>omeprazole dr 20 mg tablet</i>	\$0 (OTC)	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	TIER 1	
<i>rabeprazole sodium 20 mg tab dr</i>	TIER 1	
VOQUEZNA	TIER 1	PA, QL (30 EA PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Uncategorized		
Unclassified		
KOSELUGO 5 MG CAP SPRINK	TIER 1	QL (600 EA PER 30 DAYS), PA ² , NDS
KOSELUGO 7.5 MG CAP SPRINK	TIER 1	QL (360 EA PER 30 DAYS), PA ² , NDS
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
<i>contraceptive sponge / gel</i>	\$0 (OTC)	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate 2 % cream</i>	TIER 1	
<i>clotrimazole vaginal cream</i>	\$0 (OTC)	
<i>metronidazole vaginal gel 0.75 %</i>	TIER 1	
<i>miconazole (monistat)</i>	\$0 (OTC)	
<i>povidone-iodine (summers eve)</i>	\$0 (OTC)	
<i>terconazole</i>	TIER 1	
<i>tioconazole (vagistat)</i>	\$0 (OTC)	
VAGINAL ESTROGENS		
<i>estradiol (0.01 % cream, 10 mcg tab)</i>	TIER 1	
ESTRING	TIER 1	
PREMARIN 0.625 MG/GM CREAM	TIER 1	
<i>yuvafem</i>	TIER 1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>beta-carotene</i>	\$0 (OTC)	

You can find information on what the symbols and abbreviations on this table mean by going to page 17.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 17.

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A		
abacavir sulfate	70	albuterol sulfate
abacavir sulfate-lamivudine	70	albuterol sulfate hfa (Proair equivalent)
abigale	92	albuterol sulfate hfa (Proventil equivalent)
abigale lo	92	alcohol swabs
ABILIFY MAINTENA	69	ALECENSA
abiraterone acetate	54	alendronate sodium
abirtega	54	alfuzosin hcl er
ABRYSVO	105	aliskiren fumarate
acamprosate calcium	127	allopurinol
acarbose	42	alosetron hcl
ACCU-CHEK GUIDE	110	alprazolam
ACCU-CHEK GUIDE ME	110	altavera
ACCU-CHEK GUIDE TEST	88	ALUMINUM HYDROXIDE GEL
accutane	80	ALUNBRIG
acebutolol hcl	75	ALVESCO
acetaminophen (tablet, capsule, liquid, suppository)	24	alyacen 1/35
acetaminophen / caffeine / pyrilamine tablet	24	alyacen 7/7/7
acetaminophen-codeine	25	ALYFTREK
acetazolamide	89	alyq
acetazolamide er	89	amantadine hcl
acetic acid	101,124	ambrisentan
acetylcysteine	131	amethia
acitretin	82	amikacin sulfate
ACTHIB	105	amiloride hcl
ACTIMMUNE	63	amiloride-hctz
activated charcoal	45	amiodarone hcl
acyclovir	73,86	amitriptyline hcl
acyclovir sodium	74	amlodipine besy-benazepril hcl
ADACEL	105	amlodipine besylate
ADBRY	86	amlodipine besylate-valsartan
adefovir dipivoxil	73	amlodipine-olmesartan
ADEMPAS	131	ammonium lactate (12% cream, 12% lotion)
ADVAIR HFA	33	ammonium lactate (12% cream, 12% lotion) RX Only
afirmelle	92	amnestem
AIMOVIG	112	
ak-poly-bac	121	
AKEEGA	54	
		amoxapine
		amoxicillin
		Amoxicillin 125 MG CHEW TAB
		Amoxicillin 250 MG CHEW TAB
		amoxicillin-pot clavulanate
		AMOXICILLIN-POT CLAVULANATE ER
		amphetamine-dextroamphet er
		amphetamine-dextroamphetamine
		AMPHOTERICIN B
		amphotericin b liposome
		ampicillin
		ampicillin sodium reconstituted solution
		ampicillin-sulbactam sodium reconstituted solution
		anagrelide hcl
		anastrozole
		ANORO ELLIPTA
		APRACLONIDINE HCL 0.5 % SOLUTION
		aprepitant
		apri
		APTIVUS
		aranelle
		ARCALYST
		AREXVY
		arformoterol tartrate
		ARIKAYCE
		aripiprazole
		ARISTADA
		ARISTADA INITIO
		armodafinil
		ARNUITY ELLIPTA
		artificial tear drops
		asenapine maleate
		ashlyna

ASMANEX (120 METERED DOSES).....	33	AYVAKIT.....	63	betamethasone dipropionate...84
ASMANEX (30 METERED DOSES).....	33	azathioprine.....	115	betamethasone dipropionate aug.....84
ASMANEX (60 METERED DOSES).....	33	azelaic acid.....	88	betamethasone valerate.....84
ASMANEX HFA.....	33	azelastine hcl.....	117,123	BETAMETHASONE VALERATE.....84
aspirin (tablet, suppository)...	23	azithromycin.....	28	betaxolol hcl.....75
aspirin / acetaminophen / caffeine tablet.....	24	aztreonam.....	28	BETAXOLOL HCL.....121
aspirin buffered.....	23	azurette.....	93	bethanechol chloride.....100
aspirin-dipyridamole er.....	102	B		bexarotene.....63,82
atazanavir sulfate.....	70	bacitra-neomycin-polymyxin- hc.....	122	BEXSERO.....105
atenolol.....	75	bacitracin.....	28	BEYFORTUS.....125
atenolol-chlorthalidone.....	50	BACITRACIN.....	121	bicalutamide.....54
atomoxetine hcl.....	20	bacitracin / polymyxin b ointment.....	81	BICILLIN L-A.....125
atorvastatin calcium.....	48	bacitracin 500 unit/gram ointment.....	81	BIKTARVY.....71
atovaquone.....	28	bacitracin zinc 500 unit/gram ointment.....	81	bimatoprost.....124
atovaquone-proguanil hcl....	51	bacitracin-polymyxin b.....	121	bioflavonoids.....116
atropine sulfate.....	123	baclofen.....	70	biotin.....136
ATROPINE SULFATE.....	123	BACTERIOSTATIC		bisacodyl (tablets, suppository).....109
ATROVENT HFA.....	32	WATER(BENZ ALC).....	116	bismuth subsalicylate (tablets, chewable, suspension).....45
ATTRUBY.....	77	balanced salt.....	123	bisoprolol fumarate.....75
aubra.....	93	balsalazide disodium.....	100	bisoprolol-hydrochlorothiazide.50
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aviane.....	93	benzoyl peroxide (cream, gel, wash).....	80	brimonidine tartrate.....121
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bumetanide	90	calcium carbonate / vitamin D / minerals	113	carbonyl iron	103
buprenorphine hcl	26	calcium carbonate antacid (chewable tablet, suspension)	27	carglumic acid	91
buprenorphine hcl-naloxone hcl	26	calcium citrate	113	CARTEOLOL HCL	121
buprenorphine weekly patch	26	calcium citrate / vitamin D	113	cartia xt	76
bupropion hcl	39	calcium gluconate	113	carvedilol	75
bupropion hcl er (smoking det)	129	calcium panthothenate	136	caspofungin acetate	47
bupropion hcl er (sr)	39	calcium polycarbophil tablet (fiber laxative)	108	catheter	111
bupropion hcl er (xl)	39	calcium-magnesium-zinc-d3	114	CAYSTON	131
buspiron hcl	31	CALCIUM-MAGNESIUM-ZINC-VIT D3	114	CEFACLOR	78
C		CALQUENCE	57	cefadroxil	78
cabergoline	92	camila	126	cefazolin sodium	78
CABOMETYX	57	camphor / menthol / methyl salicylate pain relieving patch and cream	85	cefdinir	78
CALAMINE / ZINC OXIDE LOTION AND SUSPENSION	87	camphor / menthol lotion 0.5-0.5%	86	cefepime hcl	28
calcipotriene	82	camphor / menthol pain relieving patch	86	cefixime	78
CALCIPOTRIENE	82	camphor inhalant liquid	79	cefotetan disodium	78
calcitonin (salmon)	90	camrese	93	cefoxitin sodium	78
calcitriol	91	camrese lo	93	cefpodoxime proxetil	78
calcium / magnesium tab	113	candesartan cilexetil	49	cefprozil	78
calcium / magnesium / vitamin D	113	capecitabine	52	CEFTAZIDIME	78
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calcium ascorbate	136	CAPVAXIVE	105	celecoxib	23
calcium carbonate	113	carbamazepine	36	cephalexin	78
calcium carbonate / folic acid / vitamin D	113	carbamazepine er	36	cetirizine (tablet, solution)	130
calcium carbonate / magnesium hydroxide (chewable tablet, suspension)	27	carbamide peroxide ear wax removal solution	124	cetirizine / pseudoephedrine 12 hour tablet	130
		carbidopa	65	cetirizine 1 mg/mL oral solution (RX Only)	130
		carbidopa-levodopa	65	cevimeline hcl	80
		carbidopa-levodopa er	65	CHARCOAL	89

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acetaminophen.....	130	clonidine hcl.....	PEN.....	83
chlorpheniramine /		clonidine hcl er.....	COSENTYX UNOREADY.....	83
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cilostazol.....	102	clotrimazole vaginal cream...135	solution for injection.....	102
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dapsone.....	51	DEXCOM G7 SENSOR.....	/ acetaminophen.....	130
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TENOFOVIR.....	71	auto-injector (Teva and Mylan	34	40 mg/5mL recon suspension)	
electrolyte oral F36solution..	118	only).....	34	(Rx Only).....	134
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fenofibrate micronized	48	fluticasone-salmeterol	34	GARDASIL 9	106
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fentanyl	24	fluvoxamine maleate	40	GAUZE PADS AND	
ferrous fumarate	103	folic acid	102	DRESSINGS	112
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ferrous sulfate	103	formoterol fumarate	34	bandages	110
FETZIMA	40	fosamprenavir calcium	71	GAVILYTE-C	108
FETZIMA TITRATION	40	fosfomycin tromethamine	29	gavilyte-g	108
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suspension)	130	fosinopril sodium-hctz	50	GAVRETO	58
FIASP	43	FOTIVDA	58	gefitinib	53
FIASP FLEXTOUCH	43	FREESTYLE LIBRE 14 DAY		gemfibrozil	48
FIASP PENFILL	43	READER	110	GEMTESA	100
FIASP PUMPCART	43	FREESTYLE LIBRE 14 DAY		generlac	99
fidaxomicin	29	SENSOR	110	GENTAMICIN IN SALINE	21
finasteride	101	FREESTYLE LIBRE 2 PLUS		gentamicin sulfate	21,81,122
finngolimod hcl	129	SENSOR	110	GENVOYA	71
FINTEPLA	36	FREESTYLE LIBRE 2		GILOTRIF	53
FIRMAGON	55	READER	111	glatiramer acetate	129
FIRMAGON (240 MG DOSE)	55	FREESTYLE LIBRE 3 PLUS		glatopa	129
flaxseed oil	89	SENSOR	111	GLEOSTINE	52
flecainide acetate	77	FREESTYLE LIBRE 3		glimepiride	45
fluconazole	47	READER	111	glipizide	45
fluconazole in sodium		FREESTYLE LIBRE		glipizide er	45
chloride	47	READER	111	glipizide xl	45
flucytosine	47	FRUZAQLA	53	glipizide-metformin hcl	41
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itraconazole	47	KERENDIA	92	lamotrigine er	37
ivabradine hcl	77	KESIMPTA	129	lancet device	111
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SIMBRINZA.....	121	solifenacin succinate.....	100	sunitinib malate.....	61
simethicone (MYLICON).....	99	SOLQUA.....	42	SUNLENCA.....	72
SIMLANDI (1 PEN).....	22	SOLTAMOX.....	55	SUNOSI.....	133
SIMLANDI (1 SYRINGE).....	22	SOLU-CORTEF.....	104	syeda.....	97
SIMLANDI (2 PEN).....	22	SOLU-MEDROL.....	104	SYMPAZAN.....	35
SIMLANDI (2 SYRINGE).....	22	SOLU-MEDROL (PF).....	104	SYMTUZA.....	72
simliya.....	97	SOLUVITA.....	121	SYNJARDY.....	42
simpanse.....	97	SOMAVERT.....	92	SYNJARDY XR.....	42
simply saline baby.....	79	sorafenib tosylate.....	61	T	
simvastatin.....	49	sorbitol solution.....	109	TABLOID.....	52
		sotalol hcl.....	75	TABRECTA.....	62
		sotalol hcl (af).....	75		

tacrolimus	87,115	thiamine (vitamin B1)	136	tretinoin	64
tadalafil	101	THICK-IT	116	tretinoin cream (0.025 %, 0.05 %, 0.1 %)	81
tadalafil (pah)	131	thioridazine hcl	69	tri femynor	97
TAFINLAR	62	thiothixene	67	tri-estarylla	97
tafluprost (pf)	124	throat lozenge	80	tri-lynyah	97
TAGRISSO	54	tiadylt er	76	tri-lo-estarylla	97
TALZENNA	62	tiagabine hcl	38	tri-lo-marzia	97
tamoxifen citrate	55	TIBSOVO	62	tri-lo-mili	97
tamsulosin hcl	101	ticagrelor	102	tri-lo-sprintec	97
tarina fe 1/20	97	TICOVAC	107	tri-mili	97
tarina fe 1/20 eq	97	tigecycline	30	tri-nymyo	97
tazarotene	83	timolol maleate	75,121	tri-previfem	97
TAZICEF	79	tinidazole	30	tri-sprintec	97
tazicef 1 gm recon soln	79	tioconazole (VAGISTAT)	135	tri-vylibra	97
tazicef 2 gm recon soln	79	tis-u-sol	115	tri-vylibra lo	97
TAZVERIK	62	TIVICAY	73	triamcinolone acetonide	80,85
TDVAX	107	TIVICAY PD	73	triamcinolone acetonide nasal spray	117
TEFLARO	30	tizanidine hcl	70	triamterene-hctz	89
telmisartan	49	tobramycin	21,122	trientine hcl	114
telmisartan-hctz	50	tobramycin sulfate	21	trifluoperazine hcl	69
temazepam	104	tobramycin-dexamethasone	123	TRIFLURIDINE	122
temozolomide	52	tolnaftate (TINACTIN)	82	trihexyphenidyl hcl	65
TENIVAC	107	tolterodine tartrate	100	TRIJARDY XR	42
tenofovir disoproxil fumarate	72	tolterodine tartrate er	100	TRIKAFTA	132
TEPMETKO	62	tolvaptan	91	trimethoprim	30
terazosin hcl	50	TOPICAL MOISTURIZING CREAM, LOTION, OINTMENT	87	TRIMETHOPRIM	30
terbinafine (LAMISIL)	82	topiramate	37	trimipramine maleate	41
terbinafine hcl	47	toremifene citrate	55	TRINTELLIX	40
terconazole	135	torsemide	90	TRIUMEQ	73
teriflunomide	129	TRADJENTA	43	TRIUMEQ PD	73
teriparatide	90	tramadol hcl	25	trolamine salicylate (MYOFLEX)	86
testosterone	26	tramadol-acetaminophen	26	trospium chloride	100
testosterone cypionate	26	trandolapril	49	trospium chloride er	100
TESTOSTERONE ENANTHATE	26	tranexamic acid	103	TRULICITY	43
tetrabenazine	128	tranylcypromine sulfate	39	TRUMENBA	107
tetracycline hcl	133	travoprost (bak free)	124	TRUQAP	62
tetrahydrazoline drops (VISINE)	122	trazodone hcl	40	TUKYSA	64
THALOMID	115	TRELEGY ELLIPTA	34	tulana	127
theophylline er	132	TRELSTAR MIXJECT	55		

TURALIO.....	62	VELIVET.....	98	VIVITROL.....	46
turqoz.....	97	VELTASSA.....	116	VIVOTIF.....	108
TWINRIX.....	107	VEMLIDY.....	73	VIZIMPRO.....	54
TYENNE.....	115	VENCLEXTA.....	64	volnea.....	98
TYPHIM VI.....	107	VENCLEXTA STARTING		VONJO.....	62
TYRVAYA.....	124	PACK.....	64	VOQUEZNA.....	134
		venlafaxine hcl er.....	40	VORANIGO.....	63
		venlafaxine hcl ir tab (25 mg tab,		voriconazole.....	47
		37.5 mg tab, 50 mg tab, 75 mg		voriconazole 200 mg recon	
UDENYCA.....	102	tab, 100mg tab).....	40	soln.....	47
UNIFIBER.....	108	VENTOLIN HFA.....	34	voriconazole 40 mg/ml recon	
urea 10% and 20% (cream,		verapamil hcl.....	76	susp.....	47
lotion).....	85	verapamil hcl er.....	76	VOSEVI.....	73
Urine Diagnostic Strips.....	88	VERQUVO.....	77	VOWST.....	99
ursodiol.....	99	VERSACLOZ.....	68	VRAYLAR.....	67
USTEKINUMAB.....	83	VERZENIO.....	62	vyfemla.....	98
		vestura.....	98	vylibra.....	98
		vienva.....	98	VYZULTA.....	124
vagisil.....	85	vigabatrin.....	38		
valacyclovir hcl.....	74	VIGAFYDE.....	38	W	
VALCHLOR.....	82	vigpoder.....	38	warfarin sodium.....	35
valganciclovir hcl.....	74	vilazodone hcl.....	40	WEGOVY.....	77
valproic acid.....	39	VIMKUNYA.....	108	WELIREG.....	64
valsartan.....	49	viorele.....	98	wera.....	98
valsartan-		VIRACEPT.....	73	wheat dextrin fiber powder....	108
hydrochlorothiazide.....	50	VIREAD.....	73	WINREVAIR.....	131
VALTOCO 10 MG DOSE....	36	VISTA MEIBO EYELID		witch hazel.....	88
VALTOCO 15 MG DOSE....	36	CLEANSING.....	88	wixela inhub.....	34
VALTOCO 20 MG DOSE....	36	vitamin A.....	87	wound care supplies.....	88
VALTOCO 5 MG DOSE....	36	vitamin A / vitamin C / vitamin		WYOST.....	90
valtya 1/35.....	97	D.....	117		
valtya 1/50.....	97	vitamin A / vitamin D.....	87	X	
vancomycin hcl.....	30	vitamin B complex		XALKORI.....	63
VANCOMYCIN HCL.....	30	combinations.....	116	XARELTO.....	35
VANFLYTA.....	62	vitamin C.....	136	XARELTO STARTER PACK....	35
VAQTA.....	108	vitamin D.....	136	XCOPRI.....	38
varenicline tablet (starter pack,		vitamin D / vitamin K.....	117	XCOPRI (250 MG DAILY	
0.5 mg, 1 mg).....	129	vitamin E.....	136	DOSE).....	38
VARIVAX.....	108	vitamin k1.....	136	XCOPRI (350 MG DAILY	
VARIZIG.....	105	vitamins / lipotropics.....	117	DOSE).....	38
VAXCHORA.....	108	VITRAKVI.....	62	XDEMVY.....	122
VAXNEUVANCE.....	108				

XELJANZ.....	22	zinc gluconate tablet.....	114
XELJANZ XR.....	22	zinc oxide topical ointment....	88
XERMELO.....	45	zinc sulfate (tablet, capsule).	114
XIFAXAN.....	30	zinc tablet.....	114
XIGDUO XR.....	42	ziprasidone hcl tab.....	67
XIIDRA.....	124	ziprasidone mesylate recon	
XOFLUZA (40 MG DOSE)...	74	soln.....	67
XOFLUZA (80 MG DOSE)...	74	ZIRGAN.....	122
XOLAIR.....	32	ZOLINZA.....	63
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XPOVIO (100 MG ONCE		zolpidem tartrate.....	105
WEEKLY).....	64	ZONISADE.....	38
XPOVIO (40 MG ONCE		zonisamide.....	38
WEEKLY).....	64	zovia 1/35 (28).....	98
XPOVIO (40 MG TWICE		zovia 1/35e (28).....	98
WEEKLY).....	64	ZTALMY.....	38
XPOVIO (60 MG ONCE		zumandimine.....	98
WEEKLY).....	64	ZURZUVAE.....	39
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WEEKLY).....	64	ZYKADIA.....	63
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WEEKLY).....	65		
XPOVIO (80 MG TWICE			
WEEKLY).....	65		
XTANDI.....	55		
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Y

YF-VAX.....	108
yuvaferm.....	135

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zafirlukast.....	33
zaleplon.....	105
zarah.....	98
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ZELBORAF.....	63
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This formulary was updated on 10/15/2025.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY 612-676-6810 or 1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at **ucare.org**.



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