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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Formulary ID 26193, Version 8

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

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

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

**သတိ။ ဤစွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။**

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

**請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。**

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

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

ဟ်သူဉ်ဟ်သးဘဉ်တကွ၊်. ဖဲနမ့၊်လိဉ်ဘဉ်တ၊်မၤစၢၤကလီလၢတ၊်ကကျိးထံဝဲဇဉ်လံာ် တီလံာ်မီတခါအံၤန့ဉ်,ကိးဘဉ် လိတဲစိနီ၊်ဂ်၊်လၢထးအံၤန့ဉ်တကွ၊်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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."

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- 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**

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- 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.

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- **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

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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** | | |
| *amphetamine-dextroamphet er* | TIER 1 | |
| *amphetamine-dextroamphetamine* | TIER 1 | |
| *lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)* | TIER 1 | |
| **ANTI-OBESITY AGENTS** | | |
| *liraglutide -weight management* | $0 (Medicaid Covered) | PA, QL (15 ML PER 30 DAYS), NDS |
| *phentermine hcl (37.5 mg cap, 37.5 mg tab)* | $0 (Medicaid Covered) | QL (30 EA PER 30 DAYS) |
| *phentermine hcl 15 mg cap* | $0 (Medicaid Covered) | QL (30 EA PER 30 DAYS) |
| *phentermine hcl 30 mg cap* | $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** | | |
| *atomoxetine hcl* | TIER 1 | QL (60 EA PER 30 DAYS) |
| *clonidine hcl er* | TIER 1 | |
| *guanfacine hcl er* | TIER 1 | QL (30 EA PER 30 DAYS) |
| **STIMULANTS - MISC.** | | |
| *armodafinil* | TIER 1 | PA, QL (30 EA PER 30 DAYS) |
| *methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)* | TIER 1 | |
| *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)* | 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 |
|---|---|---|
| *methylphenidate hcl er (osm) (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er)* | TIER 1 | |
| *modafinil (100 mg tab, 200 mg tab)* | TIER 1 | PA, QL (60 EA PER 30 DAYS) |
| **AMINOGLYCOSIDES** | | |
| *amikacin sulfate (1 gm/4ml, 500 mg/2ml)* | 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 | |
| *gentamicin sulfate (10 mg/ml, 40 mg/ml)* | TIER 1 | |
| *neomycin sulfate 500 mg tab* | TIER 1 | |
| STREPTOMYCIN SULFATE 1 GM RECON SOLN | TIER 1 | |
| *tobramycin 300 mg/5ml nebu soln* | TIER 1 | PA, QL (280 ML PER 28 DAYS), NDS |
| *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)* | 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** | | |
| *leflunomide (10 mg tab, 20 mg tab)* | 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)** | | |
| *aspirin (tablet, suppository)* | $0 (OTC) | |
| *aspirin buffered* | $0 (OTC) | |
| *celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)* | TIER 1 | |
| *diclofenac 1% gel otc* | $0 (OTC) | |
| *diclofenac potassium 50 mg tab* | TIER 1 | |
| *diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)* | TIER 1 | |
| *diclofenac sodium 1.5 % solution* | TIER 1 | QL (300 ML PER 30 DAYS) |
| *diclofenac sodium er* | TIER 1 | |
| *diflunisal 500 mg tab* | TIER 1 | |
| *ec-naproxen 375 mg tab dr* | TIER 1 | |
| *etodolac* | TIER 1 | |
| *flurbiprofen (flurbiprofen 100 mg tab, flurbiprofen 100 mg tab)* | TIER 1 | |
| *ibuprofen (400 mg tab, 600 mg tab, 800 mg tab, 100 mg suspension, 200 mg suspension) (rx only)* | TIER 1 | |
| *ibuprofen tablet and oral suspension* | $0 (OTC) | |
| *indomethacin (25 mg cap, 50 mg cap)* | TIER 1 | |
| *ketorolac tromethamine 10 mg tab* | TIER 1 | |
| *meloxicam (7.5 mg tab, 15 mg tab)* | TIER 1 | |
| *nabumetone (500 mg tab, 750 mg tab)* | TIER 1 | |
| *naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab)* | TIER 1 | |
| *naproxen (aleve)* | $0 (OTC) | |
| *piroxicam (10 mg cap, 20 mg cap)* | TIER 1 | |
| *sulindac (150 mg tab, 200 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 |
|---|---|---|
| **ANALGESICS - NONNARCOTIC** | | |
| **ANALGESIC COMBINATIONS** | | |
| *acetaminophen / caffeine / pyrilamine tablet* | $0 (OTC) | |
| *aspirin / acetaminophen / caffeine tablet* | $0 (OTC) | |
| **ANALGESICS OTHER** | | |
| *acetaminophen (tablet, capsule, liquid, suppository)* | $0 (OTC) | |
| JOURNAVX | TIER 1 | PA, QL (29 EA PER 30 OVER TIME) |
| **ANALGESICS - OPIOID** | | |
| **OPIOID AGONISTS** | | |
| *fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)* | TIER 1 | PA, QL (10 EA PER 30 DAYS) |
| *hydromorphone hcl 1 mg/ml liquid* | TIER 1 | QL (2400 ML PER 30 OVER TIME) |
| *hydromorphone hcl 2 mg tab* | TIER 1 | QL (450 EA PER 30 DAYS) |
| *hydromorphone hcl 4 mg tab* | TIER 1 | QL (240 EA PER 30 DAYS) |
| *hydromorphone hcl 8 mg tab* | TIER 1 | QL (120 EA PER 30 DAYS) |
| *methadone hcl (5 mg tab, 10 mg tab)* | 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) |
| *morphine sulfate (15 mg tab, 30 mg tab)* | 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 |
|---|---|---|
| *morphine sulfate (concentrate)* | TIER 1 | QL (180 ML PER 30 DAYS) |
| MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION | TIER 1 | QL (180 ML PER 30 DAYS) |
| *morphine sulfate 10 mg/5ml solution* | 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) |
| *morphine sulfate 20 mg/5ml solution* | TIER 1 | QL (900 ML PER 30 DAYS) |
| *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)* | TIER 1 | PA, QL (120 EA PER 30 DAYS) |
| *oxycodone hcl (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)* | TIER 1 | QL (180 EA PER 30 DAYS) |
| *oxycodone hcl (5 mg cap, 5 mg tab)* | TIER 1 | QL (360 EA PER 30 DAYS) |
| *oxycodone hcl 100 mg/5ml conc* | TIER 1 | QL (270 ML PER 30 DAYS) |
| *oxycodone hcl 5 mg/5ml solution* | TIER 1 | QL (5400 ML PER 30 DAYS) |
| *tramadol hcl 50 mg tab* | TIER 1 | QL (240 EA PER 30 DAYS) |
| **OPIOID COMBINATIONS** | | |
| *acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)* | TIER 1 | QL (390 EA PER 30 DAYS) |
| *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)* | TIER 1 | QL (4980 ML PER 30 DAYS) |
| *hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)* | TIER 1 | QL (5400 ML PER 30 DAYS) |
| *hydrocodone-acetaminophen (5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)* | TIER 1 | QL (360 EA PER 30 DAYS) |
| *oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)* | 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 |
|---|---|---|
| *tramadol-acetaminophen* | TIER 1 | QL (360 EA PER 30 DAYS) |
| **OPIOID PARTIAL AGONISTS** | | |
| *buprenorphine hcl (2 mg tab, 8 mg tab)* | TIER 1 | QL (120 EA PER 30 DAYS) |
| *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)* | TIER 1 | QL (120 EA PER 30 DAYS) |
| *buprenorphine hcl-naloxone hcl 12-3 mg film* | TIER 1 | |
| *buprenorphine weekly patch* | TIER 1 | PA, QL (4 EA PER 28 DAYS) |
| **ANDROGENS-ANABOLIC** | | |
| **ANDROGENS** | | |
| *danazol (50 mg cap, 100 mg cap, 200 mg cap)* | TIER 1 | |
| *testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel)* | TIER 1 | PA, QL (150 GM PER 30 DAYS) |
| *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)* | TIER 1 | PA, QL (300 GM PER 30 DAYS) |
| *testosterone 30 mg/act solution* | TIER 1 | PA, QL (180 ML PER 30 DAYS) |
| *testosterone cypionate (testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)* | TIER 1 | PA |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION | TIER 1 | PA |
| **ANORECTAL AND RELATED PRODUCTS** | | |
| **RECTAL LOCAL ANESTHETICS** | | |
| *pramoxine (procto-foam)* | $0 (OTC) | |
| **RECTAL PRODUCTS - MISC.** | | |
| *hemorrhoidal cream* | $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 |
|---|---|---|
| *hemorrhoidal ointment* | $0 (OTC) | |
| *hemorrhoidal suppository* | $0 (OTC) | |
| *hydrocortisone (perianal) 2.5 % cream* | TIER 1 | |
| *hydrocortisone 100 mg/60ml enema* | TIER 1 | |
| *nitroglycerin 0.4 % ointment* | TIER 1 | |
| *phenylephrine / shark liver / petrolatum (preparation h)* | $0 (OTC) | |
| PREPARATION H 1 % CREAM | $0 (OTC) | |
| PREPARATION H SOOTHING RELIEF 1 % CREAM | $0 (OTC) | |
| *procto-med hc* | TIER 1 | |
| *proctosol hc* | TIER 1 | |
| *proctozone-hc* | TIER 1 | |
| **ANTACIDS** | | |
| **ANTACID COMBINATIONS** | | |
| *calcium carbonate / magnesium hydroxide (chewable tablet, suspension)* | $0 (OTC) | |
| *magnesium carbonate / aluminum hydroxide (gaviscon)* | $0 (OTC) | |
| *magnesium hydroxide / aluminum hydroxide / simethicone (mylanta)* | $0 (OTC) | |
| **ANTACIDS - ALUMINUM SALTS** | | |
| ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION | $0 (OTC) | |
| **ANTACIDS - BICARBONATE** | | |
| *sodium bicarbonate (325 mg tab, 650 mg tab)* | $0 (OTC) | |
| **ANTACIDS - CALCIUM SALTS** | | |
| *calcium carbonate antacid (chewable tablet, suspension)* | $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 |
|---|---|---|
| **ANTACIDS - MAGNESIUM SALTS** | | |
| *magnesium oxide (antacid)* | $0 (OTC) | |
| **ANTHELMINTICS** | | |
| *albendazole 200 mg tab* | TIER 1 | |
| *ivermectin 3 mg tab* | TIER 1 | |
| *praziquantel 600 mg tab* | TIER 1 | |
| **ANTI-INFECTIVE AGENTS - MISC.** | | |
| *atovaquone* | TIER 1 | |
| *azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)* | TIER 1 | |
| *aztreonam* | TIER 1 | |
| *bacitracin 50000 unit recon soln* | TIER 1 | |
| *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)* | 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 | |
| *clarithromycin er* | TIER 1 | |
| *clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)* | TIER 1 | |
| *clindamycin palmitate hcl* | TIER 1 | |
| *clindamycin phosphate (9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml)* | 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 |
|---|---|---|
| *clindamycin phosphate in d5w* | TIER 1 | |
| CLINDAMYCIN PHOSPHATE IN NACL | TIER 1 | |
| *colistimethate sodium (cba)* | TIER 1 | |
| *daptomycin recon soln (350 mg, 500 mg)* | TIER 1 | NDS |
| DIFICID 40 MG/ML RECON SUSP | TIER 1 | QL (136 ML PER 10 OVER TIME), NDS |
| *ertapenem sodium* | TIER 1 | |
| *erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)* | TIER 1 | |
| *erythromycin base (250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)* | TIER 1 | |
| *erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab)* | TIER 1 | |
| *fidaxomicin* | TIER 1 | QL (20 EA PER 10 OVER TIME), NDS |
| *fosfomycin tromethamine* | TIER 1 | |
| *imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)* | TIER 1 | |
| IMPAVIDO | TIER 1 | PA, QL (84 EA PER 28 DAYS), NDS |
| *lincomycin hcl 300 mg/ml solution* | TIER 1 | |
| *linezolid (600 mg tab, 600 mg/300ml solution)* | TIER 1 | |
| *linezolid 100 mg/5ml recon susp* | TIER 1 | NDS |
| LINEZOLID IN SODIUM CHLORIDE | TIER 1 | |
| *meropenem (1 gm soln, 500 mg soln)* | TIER 1 | |
| MEROPENEM-SODIUM CHLORIDE | TIER 1 | |
| *methenamine hippurate* | TIER 1 | |
| *methenamine mandelate (0.5 gm tab, 1 gm 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 |
|---|---|---|
| *metronidazole (metronidazole 500 mg/100ml solution, metronidazole 250 mg tab, metronidazole 500 mg tab, metronidazole 500 mg/100ml solution)* | TIER 1 | |
| *nitazoxanide 500 mg tab* | TIER 1 | QL (6 EA PER 3 OVER TIME), NDS |
| *nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)* | TIER 1 | |
| *nitrofurantoin monohyd macro* | TIER 1 | |
| *pentamidine isethionate for injection solution* | TIER 1 | |
| *pentamidine isethionate for nebulization solution* | TIER 1 | QL (1 EA PER 28 DAYS), PA[3] |
| TEFLARO | TIER 1 | NDS |
| *tigecycline* | TIER 1 | |
| *tinidazole (250 mg tab, 500 mg tab)* | TIER 1 | |
| *trimethoprim 100 mg tab* | TIER 1 | |
| TRIMETHOPRIM 100 MG TAB | TIER 1 | |
| *vancomycin hcl (125 mg cap, 250 mg cap)* | TIER 1 | QL (120 EA PER 30 DAYS) |
| *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)* | 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 |
|---|---|---|
| **ANTIANGINAL AGENTS** | | |
| **NITRATES** | | |
| *isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)* | TIER 1 | |
| *isosorbide mononitrate (isosorbide mononitrate, isosorbide mononitrate)* | TIER 1 | |
| *isosorbide mononitrate er* | TIER 1 | |
| NITRO-BID | TIER 1 | |
| *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)* | TIER 1 | |
| **ANTIANXIETY AGENTS** | | |
| **ANTIANXIETY AGENTS - MISC.** | | |
| *buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)* | TIER 1 | |
| *hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)* | TIER 1 | |
| *hydroxyzine pamoate (25 mg cap, 50 mg cap)* | TIER 1 | |
| **BENZODIAZEPINES** | | |
| *alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)* | TIER 1 | QL (120 EA PER 30 DAYS) |
| *alprazolam 2 mg tab* | TIER 1 | QL (150 EA PER 30 DAYS) |
| *clorazepate dipotassium* | TIER 1 | QL (180 EA PER 30 DAYS) |
| *diazepam (2 mg tab, 5 mg tab, 10 mg tab)* | TIER 1 | QL (120 EA PER 30 DAYS) |
| *diazepam 5 mg/5ml solution* | TIER 1 | QL (1200 ML PER 30 DAYS) |
| *diazepam 5 mg/ml conc* | TIER 1 | QL (240 ML PER 30 DAYS) |
| *diazepam intensol* | TIER 1 | QL (240 ML PER 30 DAYS) |
| *lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab)* | TIER 1 | QL (150 EA PER 30 DAYS) |
| *lorazepam 2 mg/ml conc* | 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 |
|---|---|---|
| *lorazepam intensol* | TIER 1 | QL (150 ML PER 30 DAYS) |
| *oxazepam* | TIER 1 | QL (120 EA PER 30 DAYS) |

## ANTIASTHMATIC AND BRONCHODILATOR AGENTS

### ANTI-INFLAMMATORY AGENTS

| | | |
|---|---|---|
| *cromolyn sodium 20 mg/2ml nebu soln* | TIER 1 | PA³ |

### ANTIASTHMATIC - 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) |
| *ipratropium bromide 0.02 % solution* | TIER 1 | PA³ |
| 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 |
|---|---|---|
| **LEUKOTRIENE MODULATORS** | | |
| *montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)* | TIER 1 | |
| *zafirlukast* | 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) |
| *budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)* | TIER 1 | QL (120 ML PER 30 DAYS), PA[3] |
| QVAR REDIHALER 40 MCG/ACT AERO BA | TIER 1 | QL (10.6 GM PER 30 DAYS) |
| QVAR REDIHALER 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) |
| *albuterol sulfate (0.63 mg/3ml soln, 1.25 mg/3ml soln, (2.5 mg/3ml) 0.083% soln)* | TIER 1 | PA[3] |
| *albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)* | TIER 1 | |
| *albuterol sulfate (2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln)* | TIER 1 | PA[3] |
| *albuterol sulfate hfa (proair equivalent)* | TIER 1 | QL (17 GM PER 30 DAYS) |
| *albuterol sulfate hfa (proventil equivalent)* | TIER 1 | QL (13.4 GM PER 30 DAYS) |
| ANORO ELLIPTA | TIER 1 | QL (60 EA PER 30 DAYS) |
| *arformoterol tartrate* | 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 |
|---|---|---|
| *breyna* | TIER 1 | QL (20.6 GM PER 30 DAYS) |
| BREZTRI AEROSPHERE | TIER 1 | QL (10.7 GM PER 30 DAYS) |
| *budesonide-formoterol fumarate* | 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) |
| *epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)* | TIER 1 | QL (2 EA PER 30 OVER TIME), MFG |
| *fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)* | TIER 1 | QL (60 EA PER 30 DAYS) |
| *formoterol fumarate 20 mcg/2ml nebu soln* | TIER 1 | QL (120 ML PER 30 DAYS), PA³ |
| *ipratropium-albuterol* | TIER 1 | PA³ |
| *levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)* | TIER 1 | PA³ |
| 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) |
| *wixela inhub* | TIER 1 | QL (60 EA PER 30 DAYS) |

## ANTICOAGULANTS

### ANTICOAGULANTS - MISC.

| | | |
|---|---|---|
| *dabigatran etexilate mesylate* | TIER 1 | |
| ELIQUIS (2.5 MG TAB, 5 MG TAB) | TIER 1 | |
| ELIQUIS DVT/PE STARTER PACK | TIER 1 | |
| *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)* | TIER 1 | |
| *fondaparinux sodium (5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml)* | 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 |
|---|---|---|
| *fondaparinux sodium 2.5 mg/0.5ml solution* | TIER 1 | |
| HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION | $0 (Medicaid Covered) | |
| *heparin sodium (porcine) (1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml)* | TIER 1 | |
| *heparin sodium (porcine) pf 1000 unit/ml solution* | TIER 1 | |
| *jantoven* | TIER 1 | |
| *rivaroxaban* | TIER 1 | |
| *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)* | 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

| | | |
|---|---|---|
| *clobazam (10 mg tab, 20 mg tab)* | TIER 1 | QL (60 EA PER 30 DAYS) |
| *clobazam 2.5 mg/ml suspension* | TIER 1 | QL (480 ML PER 30 DAYS) |
| *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)* | TIER 1 | QL (90 EA PER 30 DAYS) |
| *clonazepam (2 mg tab, 2 mg tab disp)* | 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 |
| *carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)* | TIER 1 | |
| *carbamazepine er* | TIER 1 | |
| DIACOMIT | TIER 1 | PA², NDS |
| DILANTIN 30 MG CAP | TIER 1 | |
| EPIDIOLEX | TIER 1 | PA², NDS |
| *eslicarbazepine acetate (200 mg tab, 400 mg tab)* | TIER 1 | QL (30 EA PER 30 DAYS), NDS |
| *eslicarbazepine acetate (600 mg tab, 800 mg tab)* | TIER 1 | QL (60 EA PER 30 DAYS), NDS |
| FINTEPLA | TIER 1 | QL (360 ML PER 30 DAYS), PA², NDS |
| FYCOMPA 0.5 MG/ML SUSPENSION | TIER 1 | QL (720 ML PER 30 DAYS), PA², NDS |
| *gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)* | TIER 1 | |
| *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)* | 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 |
|---|---|---|
| *lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)* | TIER 1 | |
| *lamotrigine er* | TIER 1 | |
| *levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)* | TIER 1 | |
| *levetiracetam er* | TIER 1 | |
| *oxcarbazepine* | TIER 1 | |
| *perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)* | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| *perampanel 2 mg tab* | TIER 1 | QL (60 EA PER 30 DAYS), PA² |
| *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)* | TIER 1 | |
| *phenytek* | TIER 1 | |
| *phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)* | TIER 1 | |
| *phenytoin infatabs* | TIER 1 | |
| *phenytoin sodium extended* | TIER 1 | |
| *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)* | TIER 1 | |
| PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB) | TIER 1 | |
| *roweepra 500 mg tab* | TIER 1 | |
| *rufinamide (40 mg/ml suspension, 400 mg tab)* | TIER 1 | PA², NDS |
| *rufinamide 200 mg tab* | TIER 1 | PA² |
| SPRITAM (250 MG TAB, 500 MG TAB) | TIER 1 | |
| *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)* | 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 | |
| *zonisamide (25 mg cap, 50 mg cap, 100 mg cap)* | TIER 1 | |
| ZTALMY | TIER 1 | QL (1100 ML PER 30 DAYS), PA², NDS |
| **CARBAMATES** | | |
| *felbamate* | TIER 1 | |
| XCOPRI (150 MG TAB, 200 MG TAB) | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB) | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| XCOPRI (250 MG DAILY DOSE) | TIER 1 | QL (56 EA PER 28 DAYS), PA², NDS |
| XCOPRI (350 MG DAILY DOSE) | TIER 1 | QL (56 EA PER 28 DAYS), PA², 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), PA², NDS |
| XCOPRI COPRI 14 12.5 MG & 14 25 MG TAB THPK | TIER 1 | QL (28 EA PER 28 DAYS), PA² |
| **GABA MODULATORS** | | |
| *tiagabine hcl* | TIER 1 | |
| *vigabatrin* | TIER 1 | PA², NDS |
| VIGAFYDE | TIER 1 | QL (720 ML PER 30 DAYS), PA², NDS |
| *vigpoder* | TIER 1 | PA², NDS |
| **SUCCINIMIDES** | | |
| *ethosuximide (250 mg cap, 250 mg/5ml solution)* | TIER 1 | |
| *methsuximide* | 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** | | |
| *divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)* | TIER 1 | |
| *valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)* | TIER 1 | |
| **ANTIDEPRESSANTS** | | |
| **ANTIDEPRESSANTS - MISC.** | | |
| AUVELITY | TIER 1 | QL (60 EA PER 30 DAYS) |
| *bupropion hcl (75 mg tab, 100 mg tab)* | TIER 1 | |
| *bupropion hcl er (sr)* | TIER 1 | |
| *bupropion hcl er (xl) (er 150 mg tab er, er 300 mg tab er)* | TIER 1 | |
| *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)* | TIER 1 | |
| ZURZUVAE (20 MG CAP, 25 MG CAP) | TIER 1 | QL (28 EA PER 14 OVER TIME), PA², NDS |
| ZURZUVAE 30 MG CAP | TIER 1 | QL (14 EA PER 14 OVER TIME), PA², 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 | |
| *tranylcypromine sulfate* | TIER 1 | |
| **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)** | | |
| *citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)* | TIER 1 | |
| *escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 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 |
|---|---|---|
| *fluoxetine hcl (10 mg cap, 20 mg cap, 20 mg/5ml solution, 40 mg cap)* | TIER 1 | |
| *fluvoxamine maleate* | TIER 1 | |
| *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)* | TIER 1 | |
| *paroxetine hcl er* | TIER 1 | |
| *sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| **SEROTONIN MODULATORS** | | |
| NEFAZODONE HCL | TIER 1 | |
| RALDESY | TIER 1 | QL (1200 ML PER 30 DAYS), PA², NDS |
| *trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)* | TIER 1 | |
| TRINTELLIX | TIER 1 | QL (30 EA PER 30 DAYS) |
| *vilazodone hcl* | TIER 1 | QL (30 EA PER 30 DAYS) |
| **SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)** | | |
| *desvenlafaxine succinate er* | TIER 1 | |
| DRIZALMA SPRINKLE | TIER 1 | QL (60 EA PER 30 DAYS) |
| *duloxetine hcl (20 mg dr, 30 mg dr, 60 mg dr)* | TIER 1 | |
| FETZIMA | TIER 1 | QL (30 EA PER 30 DAYS) |
| FETZIMA TITRATION | TIER 1 | QL (28 EA PER 180 OVER TIME) |
| *venlafaxine hcl er (er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er)* | TIER 1 | |
| *venlafaxine hcl ir tab (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100mg tab)* | TIER 1 | |
| **TRICYCLIC AGENTS** | | |
| *amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 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 |
|---|---|---|
| *amoxapine* | TIER 1 | |
| *clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)* | TIER 1 | |
| *desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)* | TIER 1 | |
| *doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)* | TIER 1 | |
| *imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)* | TIER 1 | |
| *nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)* | TIER 1 | |
| *protriptyline hcl* | TIER 1 | |
| *trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)* | TIER 1 | |
| **ANTIDIABETICS** | | |
| **ANTIDIABETIC COMBINATIONS** | | |
| *glipizide-metformin hcl* | 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) |
| *pioglitazone hcl-glimepiride* | TIER 1 | |
| *pioglitazone hcl-metformin hcl* | 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** | | |
| *acarbose (25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| *dextrose tablet and gel* | $0 (OTC) | |
| *diazoxide 50 mg/ml suspension* | TIER 1 | |
| *glucagon emergency (glucagon emergency 1 mg recon soln, glucagon emergency 1 mg recon soln)* | 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 | |
| *metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)* | TIER 1 | |
| *metformin hcl er* | TIER 1 | |
| *mifepristone 300 mg tab* | 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 |
|---|---|---|
| *nateglinide* | TIER 1 | |
| *pioglitazone hcl* | TIER 1 | |
| *repaglinide* | 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 | PA³, INS |
| HUMULIN R U-500 KWIKPEN | TIER 1 | INS |
| INSULIN ASPART | TIER 1 | PA³, 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 | PA³, 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 | PA³, 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 |
|---|---|---|
| **SULFONYLUREAS** | | |
| *glimepiride (1 mg tab, 2 mg tab, 4 mg tab)* | TIER 1 | |
| *glipizide (5 mg tab, 10 mg tab)* | TIER 1 | |
| *glipizide er* | TIER 1 | |
| *glipizide xl* | TIER 1 | |
| **ANTIDIARRHEAL/PROBIOTIC AGENTS** | | |
| **ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.** | | |
| *bismuth subsalicylate (tablets, chewable, suspension)* | $0 (OTC) | |
| **ANTIDIARRHEALS** | | |
| **ANTIDIARRHEAL AGENTS - MISC.** | | |
| *alosetron hcl 0.5 mg tab* | TIER 1 | QL (60 EA PER 30 DAYS) |
| *alosetron hcl 1 mg tab* | TIER 1 | QL (60 EA PER 30 DAYS), NDS |
| *diphenoxylate-atropine 2.5-0.025 mg tab* | TIER 1 | |
| *loperamide (tablet, capsule, oral liquid)* | $0 (OTC) | |
| *loperamide 2 mg capsule (rx only)* | TIER 1 | |
| XERMELO | TIER 1 | PA, QL (84 EA PER 28 DAYS), NDS |
| **ANTIDOTES AND SPECIFIC ANTAGONISTS** | | |
| *activated charcoal* | $0 (OTC) | |
| **OPIOID ANTAGONISTS** | | |
| *ft naloxone hcl* | $0 (OTC) | |
| *gnp naloxone hcl* | $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 |
|---|---|---|
| *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)* | TIER 1 | |
| *naloxone hcl 4 mg/0.1ml liquid* | $0 (OTC) | |
| *naltrexone hcl 50 mg tab* | TIER 1 | |
| NARCAN | TIER 1 | |
| OPVEE | TIER 1 | |
| VIVITROL | TIER 1 | NDS |
| **ANTIEMETICS** | | |
| **5-HT3 RECEPTOR ANTAGONISTS** | | |
| *granisetron hcl 1 mg tab* | TIER 1 | QL (60 EA PER 30 DAYS), PA[3] |
| *ondansetron (4 mg tab disp, 8 mg tab disp)* | TIER 1 | PA[3] |
| *ondansetron hcl (4 mg tab, 4 mg/5ml solution)* | TIER 1 | PA[3] |
| *ondansetron hcl 8 mg tab* | TIER 1 | PA[3] |
| **ANTIEMETICS - ANTICHOLINERGIC** | | |
| *dimenhydrinate tablet* | $0 (OTC) | |
| *meclizine 12.5 mg and 25 mg* | $0 (OTC) | |
| *meclizine 12.5 mg and 25 mg (rx only)* | TIER 1 | |
| *scopolamine* | TIER 1 | |
| **ANTIEMETICS - MISCELLANEOUS** | | |
| *aprepitant (40 mg cap, 125 mg cap)* | TIER 1 | QL (3 EA PER 2 OVER TIME), PA[3] |
| *aprepitant (80 & 125 mg cap, 80 mg cap)* | TIER 1 | QL (6 EA PER 4 OVER TIME), PA[3] |
| *dronabinol* | TIER 1 | PA, QL (60 EA PER 30 DAYS) |
| **ANTIFUNGALS** | | |
| AMPHOTERICIN B 50 MG RECON SOLN | 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 |
|---|---|---|
| *amphotericin b liposome* | TIER 1 | PA[3], NDS |
| *caspofungin acetate (caspofungin acetate, caspofungin acetate)* | TIER 1 | |
| CRESEMBA (74.5 MG CAP, 186 MG CAP) | TIER 1 | PA, NDS |
| CRESEMBA 372 MG RECON SOLN | TIER 1 | NDS |
| *fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)* | TIER 1 | |
| *fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)* | TIER 1 | |
| *flucytosine (250 mg cap, 500 mg cap)* | TIER 1 | NDS |
| *griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)* | TIER 1 | |
| *griseofulvin ultramicrosize (125 mg tab, 250 mg tab)* | TIER 1 | |
| *itraconazole 100 mg cap* | TIER 1 | PA |
| *ketoconazole 200 mg tab* | TIER 1 | |
| *micafungin sodium (micafungin sodium, micafungin sodium)* | TIER 1 | |
| *nystatin 500000 unit tab* | TIER 1 | |
| *posaconazole 100 mg tab dr* | TIER 1 | PA, NDS |
| *terbinafine hcl 250 mg tab* | TIER 1 | |
| *voriconazole (50 mg tab, 200 mg tab)* | TIER 1 | PA |
| *voriconazole 200 mg recon soln* | TIER 1 | PA, NDS |
| *voriconazole 40 mg/ml recon susp* | TIER 1 | PA, NDS |

## ANTIHYPERLIPIDEMICS

## ANTIHYPERLIPIDEMICS - MISC.

| | | |
|---|---|---|
| *ezetimibe* | TIER 1 | QL (30 EA PER 30 DAYS) |
| *ezetimibe-simvastatin* | 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 |
|---|---|---|
| *icosapent ethyl* | TIER 1 | |
| NEXLETOL | TIER 1 | PA, QL (30 EA PER 30 DAYS) |
| NEXLIZET | TIER 1 | PA, QL (30 EA PER 30 DAYS) |
| *niacin er (antihyperlipidemic)* | TIER 1 | |
| *omega-3-acid ethyl esters* | TIER 1 | |
| REPATHA | TIER 1 | QL (2 ML PER 28 DAYS) |
| REPATHA SURECLICK | TIER 1 | QL (2 ML PER 28 DAYS) |
| **BILE ACID SEQUESTRANTS** | | |
| *cholestyramine (4 gm packet, 4 gm/dose powder)* | TIER 1 | |
| *cholestyramine light* | TIER 1 | |
| *colesevelam hcl 625 mg tab* | TIER 1 | |
| *colestipol hcl* | TIER 1 | |
| *prevalite 4 gm/dose powder* | TIER 1 | |
| **FIBRIC ACID DERIVATIVES** | | |
| *fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)* | TIER 1 | |
| *fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)* | TIER 1 | |
| *fenofibric acid (45 mg cap dr, 135 mg cap dr)* | TIER 1 | |
| *gemfibrozil 600 mg tab* | TIER 1 | |
| **HMG COA REDUCTASE INHIBITORS** | | |
| *atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)* | TIER 1 | |
| *fluvastatin sodium* | TIER 1 | |
| *lovastatin (10 mg tab, 20 mg tab, 40 mg tab)* | TIER 1 | |
| *pravastatin sodium* | TIER 1 | |
| *rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 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 |
|---|---|---|
| *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** | | |
| *clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)* | TIER 1 | |
| *clonidine weekly patch* | TIER 1 | |
| *doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)* | TIER 1 | |
| *guanfacine hcl* | TIER 1 | |
| *prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)* | TIER 1 | |
| *terazosin hcl* | TIER 1 | |
| **ANTIHYPERTENSIVE COMBINATIONS** | | |
| *amlodipine besy-benazepril hcl* | TIER 1 | |
| *amlodipine besylate-valsartan* | TIER 1 | |
| *amlodipine-olmesartan* | TIER 1 | |
| *atenolol-chlorthalidone* | TIER 1 | |
| *benazepril-hydrochlorothiazide* | TIER 1 | |
| *bisoprolol-hydrochlorothiazide* | TIER 1 | |
| *enalapril-hydrochlorothiazide* | TIER 1 | |
| *fosinopril sodium-hctz* | TIER 1 | |
| *irbesartan-hydrochlorothiazide* | TIER 1 | |
| *lisinopril-hydrochlorothiazide* | TIER 1 | |
| *losartan potassium-hctz* | TIER 1 | |
| *metoprolol-hydrochlorothiazide* | TIER 1 | |
| *olmesartan medoxomil-hctz* | TIER 1 | |
| *telmisartan-hctz* | TIER 1 | |
| *valsartan-hydrochlorothiazide* | TIER 1 | |
| **ANTIHYPERTENSIVES - MISC.** | | |
| *aliskiren fumarate* | TIER 1 | |
| *eplerenone* | 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 |
|---|---|---|
| *metyrosine* | TIER 1 | PA, NDS |
| **VASODILATORS** | | |
| *hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| *minoxidil (2.5 mg tab, 10 mg tab)* | TIER 1 | |
| **ANTIMALARIALS** | | |
| *atovaquone-proguanil hcl* | TIER 1 | |
| CHLOROQUINE PHOSPHATE (CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE 250 MG TAB, CHLOROQUINE PHOSPHATE 500 MG TAB) | TIER 1 | |
| COARTEM | TIER 1 | |
| *hydroxychloroquine sulfate 200 mg tab* | TIER 1 | |
| *mefloquine hcl* | TIER 1 | |
| *primaquine phosphate (primaquine phosphate, primaquine phosphate)* | TIER 1 | |
| *pyrimethamine 25 mg tab* | TIER 1 | PA, NDS |
| *quinine sulfate 324 mg cap* | TIER 1 | PA |
| **ANTIMYCOBACTERIAL AGENTS** | | |
| *dapsone (25 mg tab, 100 mg tab)* | TIER 1 | |
| *ethambutol hcl (100 mg tab, 400 mg tab)* | TIER 1 | |
| *isoniazid (isoniazid 50 mg/5ml syrup, isoniazid 100 mg tab, isoniazid 300 mg tab, isoniazid 100 mg/ml solution)* | TIER 1 | |
| PRIFTIN | TIER 1 | |
| *pyrazinamide 500 mg tab* | TIER 1 | |
| *rifabutin* | TIER 1 | |
| *rifampin (150 mg cap, 300 mg cap, 600 mg 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 |
|---|---|---|
| SIRTURO | TIER 1 | NDS |
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES** | | |
| **ALKYLATING AGENTS** | | |
| CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB) | TIER 1 | PA[3] |
| *cyclophosphamide 25 mg cap* | TIER 1 | PA[3] |
| *cyclophosphamide 50 mg cap* | TIER 1 | PA[3] |
| GLEOSTINE (40 MG CAP, 100 MG CAP) | TIER 1 | NDS |
| GLEOSTINE 10 MG CAP | TIER 1 | |
| LEUKERAN | TIER 1 | NDS |
| *temozolomide* | $0 (Part B Covered) | |
| **ANTIMETABOLITES** | | |
| *capecitabine* | $0 (Part B Covered) | |
| *mercaptopurine 2000 mg/100ml suspension* | TIER 1 | NDS |
| *mercaptopurine 50 mg tab* | 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 | |
| *methotrexate sodium (pf) 50 mg/2ml solution* | 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), PA², NDS |
| FRUZAQLA 5 MG CAP | TIER 1 | QL (21 EA PER 28 DAYS), PA², NDS |
| INLYTA 1 MG TAB | TIER 1 | QL (180 EA PER 30 DAYS), PA², NDS |
| INLYTA 5 MG TAB | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| LENVIMA (10 MG DAILY DOSE) | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| LENVIMA (12 MG DAILY DOSE) | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| LENVIMA (14 MG DAILY DOSE) | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| LENVIMA (18 MG DAILY DOSE) | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| LENVIMA (20 MG DAILY DOSE) | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| LENVIMA (24 MG DAILY DOSE) | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| LENVIMA (4 MG DAILY DOSE) | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| LENVIMA (8 MG DAILY DOSE) | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| **ANTINEOPLASTIC - EGFR INHIBITORS** | | |
| *erlotinib hcl (100 mg tab, 150 mg tab)* | TIER 1 | QL (30 EA PER 30 DAYS), PA² |
| *erlotinib hcl 25 mg tab* | TIER 1 | QL (90 EA PER 30 DAYS), PA² |
| *gefitinib* | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| GILOTRIF | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| LAZCLUZE 240 MG TAB | TIER 1 | QL (30 EA PER 30 DAYS), PA², 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), PA², NDS |
| TAGRISSO | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| VIZIMPRO | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| **ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS** | | |
| DAURISMO 100 MG TAB | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| DAURISMO 25 MG TAB | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| ERIVEDGE | TIER 1 | QL (28 EA PER 28 DAYS), PA², NDS |
| ODOMZO | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| **ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS** | | |
| *abiraterone acetate 250 mg tab* | TIER 1 | QL (120 EA PER 30 DAYS) |
| *abirtega* | TIER 1 | QL (120 EA PER 30 DAYS) |
| AKEEGA | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| *anastrozole 1 mg tab* | TIER 1 | |
| *bicalutamide* | 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), PA², NDS |
| ERLEADA 60 MG TAB | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| EULEXIN | TIER 1 | QL (180 EA PER 30 DAYS), NDS |
| *exemestane* | 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 | PA² |
| FIRMAGON (240 MG DOSE) | TIER 1 | PA² |
| *letrozole 2.5 mg tab* | 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 |
| *megestrol acetate (20 mg tab, 40 mg tab)* | TIER 1 | PA² |
| *megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)* | TIER 1 | PA |
| *nilutamide* | TIER 1 | PA², NDS |
| NUBEQA | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| ORGOVYX | TIER 1 | QL (30 EA PER 28 DAYS), PA², NDS |
| ORSERDU 345 MG TAB | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| ORSERDU 86 MG TAB | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| SOLTAMOX | TIER 1 | NDS |
| *tamoxifen citrate (10 mg tab, 20 mg tab)* | TIER 1 | |
| *toremifene citrate* | 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), PA², NDS |
| XTANDI 80 MG TAB | TIER 1 | QL (60 EA PER 30 DAYS), PA², 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), PA², NDS |
| INQOVI | TIER 1 | QL (5 EA PER 28 DAYS), PA², NDS |
| KISQALI FEMARA (200 MG DOSE) | TIER 1 | QL (49 EA PER 28 DAYS), PA², NDS |
| KISQALI FEMARA (400 MG DOSE) | TIER 1 | QL (70 EA PER 28 DAYS), PA², NDS |
| KISQALI FEMARA (600 MG DOSE) | TIER 1 | QL (91 EA PER 28 DAYS), PA², NDS |
| LONSURF 15-6.14 MG TAB | TIER 1 | QL (100 EA PER 28 DAYS), PA², NDS |
| LONSURF 20-8.19 MG TAB | TIER 1 | QL (80 EA PER 28 DAYS), PA², NDS |
| **ANTINEOPLASTIC ENZYME INHIBITORS** | | |
| ALECENSA | TIER 1 | QL (240 EA PER 30 DAYS), PA², NDS |
| ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB) | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| ALUNBRIG 30 MG TAB | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| AUGTYRO 160 MG CAP | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| AUGTYRO 40 MG CAP | TIER 1 | QL (240 EA PER 30 DAYS), PA², NDS |
| BALVERSA (3 MG TAB, 4 MG TAB) | TIER 1 | QL (56 EA PER 28 DAYS), PA², NDS |
| BALVERSA 5 MG TAB | TIER 1 | QL (28 EA PER 28 DAYS), PA², NDS |
| BOSULIF (50 MG CAP, 400 MG TAB, 500 MG TAB) | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| BOSULIF 100 MG CAP | TIER 1 | QL (180 EA PER 30 DAYS), PA², 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), PA², NDS |
| BRAFTOVI | TIER 1 | QL (180 EA PER 30 DAYS), PA², NDS |
| BRUKINSA 160 MG TAB | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| BRUKINSA 80 MG CAP | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| CABOMETYX | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| CALQUENCE 100 MG TAB | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| CAPRELSA 100 MG TAB | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| CAPRELSA 300 MG TAB | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| COMETRIQ (100 MG DAILY DOSE) | TIER 1 | QL (56 EA PER 28 DAYS), PA², NDS |
| COMETRIQ (140 MG DAILY DOSE) | TIER 1 | QL (112 EA PER 28 DAYS), PA², NDS |
| COMETRIQ (60 MG DAILY DOSE) | TIER 1 | QL (84 EA PER 28 DAYS), PA², NDS |
| COPIKTRA | TIER 1 | QL (56 EA PER 28 DAYS), PA², NDS |
| COTELLIC | TIER 1 | QL (63 EA PER 28 DAYS), PA², NDS |
| *dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)* | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| *dasatinib 20 mg tab* | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| *everolimus (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)* | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| *everolimus 2 mg tab sol* | TIER 1 | QL (150 EA PER 30 DAYS), PA², NDS |
| *everolimus 3 mg tab sol* | TIER 1 | QL (90 EA PER 30 DAYS), PA², 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 |
|---|---|---|
| *everolimus 5 mg tab sol* | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| FOTIVDA | TIER 1 | QL (21 EA PER 28 DAYS), PA², NDS |
| GAVRETO | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| GOMEKLI 1 MG CAP | TIER 1 | QL (42 EA PER 28 DAYS), PA², NDS |
| GOMEKLI 1 MG TAB SOL | TIER 1 | QL (168 EA PER 28 DAYS), PA², NDS |
| GOMEKLI 2 MG CAP | TIER 1 | QL (84 EA PER 28 DAYS), PA², NDS |
| IBRANCE | TIER 1 | QL (21 EA PER 28 DAYS), PA², NDS |
| IBTROZI | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| ICLUSIG | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| IDHIFA | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| *imatinib mesylate 100 mg tab* | TIER 1 | QL (90 EA PER 30 DAYS) |
| *imatinib mesylate 400 mg tab* | 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), PA², NDS |
| IMBRUVICA 140 MG CAP | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| IMBRUVICA 420 MG TAB | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| IMBRUVICA 70 MG/ML SUSPENSION | TIER 1 | QL (216 ML PER 27 DAYS), PA², NDS |
| IMKELDI | TIER 1 | QL (280 ML PER 28 DAYS), PA², NDS |
| INREBIC | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| ITOVEBI 3 MG TAB | TIER 1 | QL (56 EA PER 28 DAYS), PA², 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), PA², NDS |
| JAKAFI | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| JAYPIRCA 100 MG TAB | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| JAYPIRCA 50 MG TAB | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| KISQALI (200 MG DOSE) | TIER 1 | QL (21 EA PER 28 DAYS), PA², NDS |
| KISQALI (400 MG DOSE) | TIER 1 | QL (42 EA PER 28 DAYS), PA², NDS |
| KISQALI (600 MG DOSE) | TIER 1 | QL (63 EA PER 28 DAYS), PA², NDS |
| KOSELUGO 10 MG CAP | TIER 1 | QL (240 EA PER 30 DAYS), PA², NDS |
| KOSELUGO 25 MG CAP | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| KRAZATI | TIER 1 | QL (180 EA PER 30 DAYS), PA², NDS |
| *lapatinib ditosylate* | TIER 1 | QL (180 EA PER 30 DAYS), PA², NDS |
| LORBRENA 100 MG TAB | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| LORBRENA 25 MG TAB | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| LUMAKRAS 120 MG TAB | TIER 1 | QL (240 EA PER 30 DAYS), PA², NDS |
| LUMAKRAS 240 MG TAB | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| LUMAKRAS 320 MG TAB | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| LYNPARZA | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| LYTGOBI (12 MG DAILY DOSE) | TIER 1 | QL (84 EA PER 28 DAYS), PA², 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), PA², NDS |
| LYTGOBI (20 MG DAILY DOSE) | TIER 1 | QL (140 EA PER 28 DAYS), PA², NDS |
| MEKINIST 0.05 MG/ML RECON SOLN | TIER 1 | QL (1200 ML PER 30 DAYS), PA², NDS |
| MEKINIST 0.5 MG TAB | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| MEKINIST 2 MG TAB | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| MEKTOVI | TIER 1 | QL (180 EA PER 30 DAYS), PA², NDS |
| NERLYNX | TIER 1 | QL (180 EA PER 30 DAYS), PA², NDS |
| *nilotinib hcl (150 mg cap, 200 mg cap)* | TIER 1 | QL (112 EA PER 28 DAYS), PA², NDS |
| *nilotinib hcl 50 mg cap* | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| NINLARO | TIER 1 | QL (3 EA PER 28 DAYS), PA², NDS |
| OGSIVEO (100 MG TAB, 150 MG TAB) | TIER 1 | QL (56 EA PER 28 DAYS), PA², NDS |
| OGSIVEO 50 MG TAB | TIER 1 | QL (180 EA PER 30 DAYS), PA², NDS |
| OJEMDA 100 MG TAB | TIER 1 | QL (24 EA PER 28 DAYS), PA², NDS |
| OJEMDA 25 MG/ML RECON SUSP | TIER 1 | QL (96 ML PER 28 DAYS), PA², NDS |
| OJJAARA | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| *pazopanib hcl* | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| PEMAZYRE | TIER 1 | QL (28 EA PER 28 DAYS), PA², NDS |
| PIQRAY (200 MG DAILY DOSE) | TIER 1 | QL (30 EA PER 30 DAYS), PA², 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), PA², NDS |
| PIQRAY (300 MG DAILY DOSE) | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| QINLOCK | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB) | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| RETEVMO 40 MG TAB | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| REZLIDHIA | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| ROMVIMZA | TIER 1 | QL (8 EA PER 28 DAYS), PA², NDS |
| ROZLYTREK 100 MG CAP | TIER 1 | QL (150 EA PER 30 DAYS), PA², NDS |
| ROZLYTREK 200 MG CAP | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| ROZLYTREK 50 MG PACKET | TIER 1 | QL (336 EA PER 28 DAYS), PA², NDS |
| RUBRACA | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| RYDAPT | TIER 1 | QL (224 EA PER 28 DAYS), PA², NDS |
| SCEMBLIX 100 MG TAB | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| SCEMBLIX 20 MG TAB | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| SCEMBLIX 40 MG TAB | TIER 1 | QL (240 EA PER 30 DAYS), PA², NDS |
| *sorafenib tosylate* | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| STIVARGA | TIER 1 | QL (84 EA PER 28 DAYS), PA², NDS |
| *sunitinib malate* | TIER 1 | QL (28 EA PER 28 DAYS), PA², 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), PA², NDS |
| TAFINLAR (50 MG CAP, 75 MG CAP) | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| TAFINLAR 10 MG TAB SOL | TIER 1 | QL (840 EA PER 28 DAYS), PA², 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), PA², NDS |
| TALZENNA 0.25 MG CAP | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| TAZVERIK | TIER 1 | QL (240 EA PER 30 DAYS), PA², NDS |
| TEPMETKO | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| TIBSOVO | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| TRUQAP | TIER 1 | QL (64 EA PER 28 DAYS), PA², NDS |
| TURALIO 125 MG CAP | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| VANFLYTA 17.7 MG TAB | TIER 1 | QL (28 EA PER 28 DAYS), PA², NDS |
| VANFLYTA 26.5 MG TAB | TIER 1 | QL (56 EA PER 28 DAYS), PA², NDS |
| VERZENIO | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| VITRAKVI 100 MG CAP | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| VITRAKVI 20 MG/ML SOLUTION | TIER 1 | QL (300 ML PER 30 DAYS), PA², NDS |
| VITRAKVI 25 MG CAP | TIER 1 | QL (180 EA PER 30 DAYS), PA², NDS |
| VONJO | TIER 1 | QL (120 EA PER 30 DAYS), PA², 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), PA², NDS |
| VORANIGO 40 MG TAB | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 250 MG CAP) | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| XALKORI 150 MG CAP SPRINK | TIER 1 | QL (180 EA PER 30 DAYS), PA², NDS |
| XALKORI 200 MG CAP | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| XOSPATA | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB) | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| ZELBORAF | TIER 1 | QL (240 EA PER 30 DAYS), PA², NDS |
| ZOLINZA | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| ZYDELIG | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| ZYKADIA | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| **ANTINEOPLASTICS MISC.** | | |
| ACTIMMUNE | TIER 1 | PA², NDS |
| AYVAKIT | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| BESREMI | TIER 1 | QL (2 ML PER 28 DAYS), PA², NDS |
| *bexarotene 75 mg cap* | TIER 1 | QL (300 EA PER 30 DAYS), PA², NDS |
| DROXIA | TIER 1 | |
| HERNEXEOS | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| *hydroxyurea 500 mg cap* | 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), PA², NDS |
| POMALYST | TIER 1 | QL (21 EA PER 28 DAYS), PA², NDS |
| REVUFORJ 110 MG TAB | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| REVUFORJ 160 MG TAB | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| REVUFORJ 25 MG TAB | TIER 1 | QL (240 EA PER 30 DAYS), PA², NDS |
| *tretinoin 10 mg cap* | TIER 1 | NDS |
| TUKYSA | TIER 1 | QL (120 EA PER 30 DAYS), PA², NDS |
| VENCLEXTA 10 MG TAB | TIER 1 | QL (60 EA PER 30 DAYS), PA² |
| VENCLEXTA 100 MG TAB | TIER 1 | QL (180 EA PER 30 DAYS), PA², NDS |
| VENCLEXTA 50 MG TAB | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| VENCLEXTA STARTING PACK | TIER 1 | QL (42 EA PER 28 DAYS), PA², NDS |
| WELIREG | TIER 1 | QL (90 EA PER 30 DAYS), PA², NDS |
| XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK | TIER 1 | QL (8 EA PER 28 DAYS), PA², NDS |
| XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK | TIER 1 | QL (16 EA PER 28 DAYS), PA², NDS |
| XPOVIO (40 MG ONCE WEEKLY) TAB THPK | TIER 1 | QL (4 EA PER 28 DAYS), PA², NDS |
| XPOVIO (40 MG TWICE WEEKLY) TAB THPK | TIER 1 | QL (8 EA PER 28 DAYS), PA², NDS |
| XPOVIO (60 MG ONCE WEEKLY) TAB THPK | TIER 1 | QL (4 EA PER 28 DAYS), PA², NDS |
| XPOVIO (60 MG TWICE WEEKLY) | TIER 1 | QL (24 EA PER 28 DAYS), PA², 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), PA², NDS |
| XPOVIO (80 MG TWICE WEEKLY) | TIER 1 | QL (32 EA PER 28 DAYS), PA², NDS |
| **CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS** | | |
| IWILFIN | TIER 1 | QL (240 EA PER 30 DAYS), PA², NDS |
| *leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)* | TIER 1 | |
| *mesna 400 mg tab* | TIER 1 | NDS |
| **ANTIPARKINSON AND RELATED THERAPY AGENTS** | | |
| **ANTIPARKINSON ADJUNCTIVE THERAPY** | | |
| *carbidopa 25 mg tab* | TIER 1 | |
| *entacapone* | TIER 1 | |
| **ANTIPARKINSON ANTICHOLINERGICS** | | |
| *benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)* | TIER 1 | |
| *trihexyphenidyl hcl (trihexyphenidyl hcl, trihexyphenidyl hcl 0.4 mg/ml solution)* | TIER 1 | |
| **ANTIPARKINSON DOPAMINERGICS** | | |
| *amantadine hcl (50 mg/5ml solution, 100 mg cap)* | TIER 1 | |
| *bromocriptine mesylate (2.5 mg tab, 5 mg cap)* | TIER 1 | |
| *carbidopa-levodopa* | TIER 1 | |
| *carbidopa-levodopa er* | TIER 1 | |
| *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)* | TIER 1 | |
| *pramipexole dihydrochloride* | 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 |
|---|---|---|
| *ropinirole hcl* | TIER 1 | |
| *ropinirole hcl er* | TIER 1 | |
| RYTARY | TIER 1 | |
| **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS** | | |
| *rasagiline mesylate (0.5 mg tab, 1 mg tab)* | TIER 1 | |
| *selegiline hcl (5 mg cap, 5 mg tab)* | TIER 1 | |
| **ANTIPSYCHOTICS/ANTIMANIC AGENTS** | | |
| **ANTIMANIC AGENTS** | | |
| *divalproex sodium er* | TIER 1 | |
| *lithium carbonate (150mg cap, 300mg cap, 600mg cap)* | TIER 1 | |
| *lithium carbonate 300 mg tab* | TIER 1 | |
| *lithium carbonate er tablet* | TIER 1 | |
| *lithium oral solution* | TIER 1 | |
| **ANTIPSYCHOTICS - MISC.** | | |
| CAPLYTA | TIER 1 | QL (30 EA PER 30 DAYS), PA², NDS |
| COBENFY | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| COBENFY STARTER PACK | TIER 1 | QL (56 EA PER 28 DAYS), PA², NDS |
| *haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)* | TIER 1 | |
| *haloperidol decanoate (50 mg/ml, 100 mg/ml)* | TIER 1 | |
| *haloperidol lactate* | TIER 1 | |
| *lurasidone hcl* | TIER 1 | |
| MOLINDONE HCL | TIER 1 | |
| NUPLAZID | TIER 1 | QL (30 EA PER 30 DAYS), PA², 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 |
|---|---|---|
| *thiothixene* | 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 |
| *ziprasidone hcl tab* | TIER 1 | |
| *ziprasidone mesylate recon soln* | TIER 1 | QL (60 EA PER 30 DAYS) |
| **BENZISOXAZOLES** | | |
| FANAPT | TIER 1 | QL (60 EA PER 30 DAYS), PA², NDS |
| FANAPT TITRATION PACK A | TIER 1 | QL (8 EA PER 180 OVER TIME), PA² |
| FANAPT TITRATION PACK B | TIER 1 | QL (12 EA PER 180 OVER TIME), PA² |
| FANAPT TITRATION PACK C | TIER 1 | QL (8 EA PER 180 OVER TIME), PA² |
| 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 |
| *paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)* | TIER 1 | QL (30 EA PER 30 DAYS) |
| *paliperidone er 6 mg tab 24h* | 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 |
|---|---|---|
| *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)* | TIER 1 | |
| *risperidone microspheres er (er 12.5 mg, er 25 mg)* | TIER 1 | QL (2 EA PER 28 DAYS) |
| *risperidone microspheres er (er 37.5 mg, er 50 mg)* | TIER 1 | QL (2 EA PER 28 DAYS), NDS |
| **DIBENZAPINES** | | |
| *asenapine maleate* | TIER 1 | QL (60 EA PER 30 DAYS) |
| *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)* | TIER 1 | |
| *loxapine succinate* | TIER 1 | |
| *olanzapine* | TIER 1 | |
| *quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)* | TIER 1 | |
| *quetiapine fumarate er* | TIER 1 | |
| SECUADO | TIER 1 | QL (30 EA PER 30 DAYS), PA², 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 |
|---|---|---|
| **PHENOTHIAZINES** | | |
| *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)* | TIER 1 | |
| *compro suppositories* | TIER 1 | |
| *fluphenazine decanoate 25 mg/ml solution* | TIER 1 | |
| *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)* | TIER 1 | |
| *perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)* | TIER 1 | |
| *prochlorperazine maleate (5 mg tab, 10 mg tab)* | TIER 1 | |
| *prochlorperazine suppositories* | TIER 1 | |
| *thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| *trifluoperazine hcl* | TIER 1 | |
| **QUINOLINONE DERIVATIVES** | | |
| ABILIFY MAINTENA | TIER 1 | QL (1 EA PER 28 DAYS), NDS |
| *aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)* | TIER 1 | |
| *aripiprazole (10 mg tab disp, 15 mg tab disp)* | 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), PA² |
| OPIPZA 10 MG FILM | TIER 1 | QL (90 EA PER 30 DAYS), PA² |
| REXULTI | TIER 1 | QL (30 EA PER 30 DAYS), NDS |
| **ANTISEPTICS & DISINFECTANTS** | | |
| *hydrogen peroxide* | $0 (OTC) | |
| **CHLORINE ANTISEPTICS** | | |
| *chlorhexidine gluconate* | $0 (OTC) | |
| **IODINE ANTISEPTICS** | | |
| *povidone-iodine (betadine)* | $0 (OTC) | |
| **ANTISPASTICITY AGENTS** | | |
| *baclofen (5 mg tab, 10 mg tab, 20 mg tab)* | TIER 1 | |
| *chlorzoxazone 500 mg tab* | TIER 1 | |
| *cyclobenzaprine hcl (5 mg tab, 10 mg tab)* | TIER 1 | |
| *dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)* | TIER 1 | |
| *methocarbamol (500 mg tab, 750 mg tab)* | TIER 1 | |
| *pyridostigmine bromide 60 mg tab* | TIER 1 | |
| *tizanidine hcl (2 mg tab, 4 mg tab)* | TIER 1 | |
| **ANTIVIRALS** | | |
| **ANTIRETROVIRALS** | | |
| *abacavir sulfate* | TIER 1 | |
| *abacavir sulfate-lamivudine* | TIER 1 | |
| APTIVUS | TIER 1 | NDS |
| *atazanavir sulfate* | 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 |
| *darunavir 600 mg tab* | TIER 1 | |
| *darunavir 800 mg tab* | TIER 1 | NDS |
| DELSTRIGO | TIER 1 | NDS |
| DESCOVY | TIER 1 | NDS |
| DOVATO | TIER 1 | NDS |
| EDURANT | TIER 1 | NDS |
| EDURANT PED | TIER 1 | NDS |
| *efavirenz 600 mg tab* | TIER 1 | |
| *efavirenz-emtricitab-tenofo df* | TIER 1 | |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR (EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB, EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TAB) | TIER 1 | NDS |
| *emtricitab-rilpivir-tenofov df* | TIER 1 | NDS |
| *emtricitabine* | TIER 1 | |
| *emtricitabine-tenofovir df (100-150 mg tab, 167-250 mg tab, 200-300 mg tab)* | TIER 1 | |
| *emtricitabine-tenofovir df 133-200 mg* | TIER 1 | NDS |
| EMTRIVA 10 MG/ML SOLUTION | TIER 1 | |
| *etravirine* | TIER 1 | NDS |
| EVOTAZ | TIER 1 | NDS |
| *fosamprenavir calcium* | 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 |
| *lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)* | TIER 1 | |
| *lamivudine-zidovudine* | TIER 1 | |
| *lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab)* | TIER 1 | |
| *maraviroc* | TIER 1 | NDS |
| *nevirapine (nevirapine 200 mg tab, nevirapine 50 mg/5ml suspension)* | TIER 1 | |
| *nevirapine er 400 mg tab 24h* | 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 |
| *ritonavir* | 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 |
| *tenofovir disoproxil fumarate* | 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 |
| *zidovudine* | TIER 1 | |
| **HEPATITIS AGENTS** | | |
| *adefovir dipivoxil* | TIER 1 | |
| BARACLUDE 0.05 MG/ML SOLUTION | TIER 1 | NDS |
| *entecavir* | TIER 1 | QL (30 EA PER 30 DAYS) |
| *lamivudine 100 mg tab* | 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** | | |
| *acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)* | 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 |
|---|---|---|
| *acyclovir sodium* | TIER 1 | PA[3] |
| *famciclovir (125 mg tab, 250 mg tab, 500 mg tab)* | TIER 1 | |
| *valacyclovir hcl (1 gm tab, 500 mg tab)* | TIER 1 | |
| **INFLUENZA AGENTS** | | |
| *oseltamivir phosphate (45 mg cap, 75 mg cap)* | TIER 1 | QL (42 EA PER 180 OVER TIME) |
| *oseltamivir phosphate 30 mg cap* | TIER 1 | QL (84 EA PER 180 OVER TIME) |
| *oseltamivir phosphate 6 mg/ml recon susp* | 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 |
| *valganciclovir hcl 450 mg tab* | TIER 1 | |
| *valganciclovir hcl 50 mg/ml recon soln* | 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 |
|---|---|---|
| **BETA BLOCKERS** | | |
| **ALPHA-BETA BLOCKERS** | | |
| *carvedilol* | TIER 1 | |
| *labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)* | TIER 1 | |
| **BETA BLOCKERS CARDIO-SELECTIVE** | | |
| *acebutolol hcl (200 mg cap, 400 mg cap)* | TIER 1 | |
| *atenolol (25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| *betaxolol hcl (10 mg tab, 20 mg tab)* | TIER 1 | |
| *bisoprolol fumarate (5 mg tab, 10 mg tab)* | TIER 1 | |
| *metoprolol succinate er* | TIER 1 | |
| *metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)* | TIER 1 | |
| *nebivolol hcl* | TIER 1 | |
| **BETA BLOCKERS NON-SELECTIVE** | | |
| *nadolol (20 mg tab, 40 mg tab, 80 mg tab)* | TIER 1 | |
| *pindolol* | TIER 1 | |
| *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)* | TIER 1 | |
| *propranolol hcl er* | TIER 1 | |
| *sotalol hcl* | TIER 1 | |
| *sotalol hcl (af)* | TIER 1 | |
| *timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)* | TIER 1 | |
| **CALCIUM CHANNEL BLOCKERS** | | |
| *amlodipine besylate (2.5 mg tab, 5 mg tab, 10 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 |
|---|---|---|
| *cartia xt* | TIER 1 | |
| *dilt-xr* | TIER 1 | |
| *diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)* | TIER 1 | |
| *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)* | TIER 1 | |
| *diltiazem hcl er beads* | TIER 1 | |
| *diltiazem hcl er coated beads* | TIER 1 | |
| *felodipine er* | TIER 1 | |
| *nifedipine er* | TIER 1 | |
| *nifedipine er osmotic release* | TIER 1 | |
| *nimodipine 30 mg cap* | TIER 1 | |
| *tiadylt er* | TIER 1 | |
| *verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)* | TIER 1 | |
| *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)* | TIER 1 | |
| **CARDIOVASCULAR AGENTS** | | |
| **ALPHA-ADRENERGIC AGONISTS** | | |
| *droxidopa (200 mg cap, 300 mg cap)* | TIER 1 | PA, NDS |
| *droxidopa 100 mg cap* | TIER 1 | PA |
| *midodrine hcl* | TIER 1 | |
| **ANTIARRHYTHMICS** | | |
| *amiodarone hcl (100 mg tab, 200 mg tab, 400 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 |
|---|---|---|
| *disopyramide phosphate* | TIER 1 | |
| *dofetilide* | TIER 1 | |
| *flecainide acetate* | TIER 1 | |
| *mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)* | TIER 1 | |
| *propafenone hcl* | TIER 1 | |
| *propafenone hcl er* | TIER 1 | |
| *quinidine sulfate (quinidine sulfate, quinidine sulfate)* | TIER 1 | |
| **CARDIOVASCULAR AGENTS, OTHER** | | |
| ATTRUBY | TIER 1 | PA, QL (112 EA PER 28 DAYS), NDS |
| *digoxin (digoxin 0.05 mg/ml solution, digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)* | TIER 1 | |
| ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK) | TIER 1 | QL (240 EA PER 30 DAYS) |
| *ivabradine hcl* | TIER 1 | QL (60 EA PER 30 DAYS) |
| *pentoxifylline er* | TIER 1 | |
| *ranolazine er* | TIER 1 | |
| *sacubitril-valsartan* | 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 |

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 |
| *riluzole* | TIER 1 | |
| **CEPHALOSPORINS** | | |
| **CEPHALOSPORINS - 1ST GENERATION** | | |
| *cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)* | TIER 1 | |
| *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)* | TIER 1 | |
| *cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)* | TIER 1 | |
| **CEPHALOSPORINS - 2ND GENERATION** | | |
| CEFACLOR (250 MG CAP, 500 MG CAP) | TIER 1 | |
| *cefotetan disodium* | TIER 1 | |
| *cefoxitin sodium* | TIER 1 | |
| *cefprozil* | TIER 1 | |
| *cefuroxime axetil* | TIER 1 | |
| *cefuroxime sodium* | TIER 1 | |
| **CEPHALOSPORINS - 3RD GENERATION** | | |
| *cefdinir* | TIER 1 | |
| *cefixime* | TIER 1 | |
| *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)* | 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 | |
| *tazicef 1 gm recon soln* | TIER 1 | |
| *tazicef 2 gm recon soln* | TIER 1 | |
| TAZICEF 6 GM RECON SOLN | TIER 1 | |
| **CONTRACEPTIVES** | | |
| **EMERGENCY CONTRACEPTIVES** | | |
| *levonorgestrel emergency contraceptive* | $0 (OTC) | |
| **COUGH/COLD/ALLERGY** | | |
| **ANTITUSSIVES** | | |
| *benzonatate (100 mg cap, 200 mg cap)* | $0 (Medicaid Covered) | |
| *dextromethorphan capsule and oral suspension* | $0 (OTC) | |
| **EXPECTORANTS** | | |
| *guaifenesin (mucinex)* | $0 (OTC) | |
| **MISC. RESPIRATORY INHALANTS** | | |
| *camphor inhalant liquid* | $0 (OTC) | |
| *nasal mist* | $0 (OTC) | |
| *simply saline baby* | $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 |
|---|---|---|
| **DENTAL AND ORAL AGENTS** | | |
| *cevimeline hcl* | TIER 1 | |
| *chlorhexidine gluconate 0.12 % solution* | TIER 1 | |
| *clotrimazole 10 mg troche* | TIER 1 | |
| *hydrogen peroxide / benzyl alcohol* | $0 (OTC) | |
| *kourzeq* | TIER 1 | |
| *lidocaine viscous hcl* | TIER 1 | |
| *menthol lozenge* | $0 (OTC) | |
| *nystatin 100000 unit/ml suspension* | TIER 1 | |
| *periogard* | TIER 1 | |
| *pilocarpine hcl (5 mg tab, 7.5 mg tab)* | TIER 1 | |
| SODIUM FLUORIDE - POTASSIUM NITRATE 1.1-5% GEL | TIER 1 | |
| *sodium fluoride 1.1% cream* | TIER 1 | |
| *sodium fluoride 1.1% gel* | TIER 1 | |
| *sodium fluoride 1.1% paste* | TIER 1 | |
| *throat lozenge* | $0 (OTC) | |
| *triamcinolone acetonide 0.1 % paste* | TIER 1 | |
| **DERMATOLOGICALS** | | |
| **ACNE PRODUCTS** | | |
| *accutane* | TIER 1 | |
| *amnesteem* | TIER 1 | |
| *benzoyl peroxide (cream, gel, wash)* | $0 (OTC) | |
| *claravis* | TIER 1 | |
| *clindamycin phos (once-daily)* | TIER 1 | QL (75 ML PER 30 DAYS) |
| *clindamycin phos (twice-daily)* | TIER 1 | QL (75 GM PER 30 DAYS) |
| *clindamycin phosphate (1 % lotion, 1 % solution)* | 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) |
| *erythromycin 2 % solution* | TIER 1 | QL (60 ML PER 30 DAYS) |
| *isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)* | TIER 1 | |
| *sulfacetamide sodium (acne)* | TIER 1 | QL (118 ML PER 30 DAYS) |
| *tretinoin cream (0.025 %, 0.05 %, 0.1 %)* | TIER 1 | PA, QL (45 GM PER 30 DAYS) |
| *zenatane* | TIER 1 | |
| **ANTIBIOTICS - TOPICAL** | | |
| *bacitracin / polymyxin b ointment* | $0 (OTC) | |
| *bacitracin 500 unit/gram ointment* | $0 (OTC) | |
| *bacitracin zinc 500 unit/gram ointment* | $0 (OTC) | |
| *gentamicin sulfate 0.1 % cream* | TIER 1 | QL (30 GM PER 30 DAYS) |
| *gentamicin sulfate 0.1 % ointment* | TIER 1 | QL (120 GM PER 30 DAYS) |
| *mupirocin 2% ointment* | TIER 1 | QL (220 GM PER 30 DAYS) |
| *neomycin / bacitracin / polymixin (neosporin)* | $0 (OTC) | |
| *neomycin / bacitracin / polymixin / pramoxine (neosporin plus)* | $0 (OTC) | |
| **ANTIFUNGALS - TOPICAL** | | |
| *ciclopirox 0.77 % gel* | TIER 1 | QL (100 GM PER 30 DAYS) |
| *ciclopirox 1 % shampoo* | TIER 1 | QL (120 ML PER 30 DAYS) |
| *ciclopirox 8 % solution* | TIER 1 | QL (13.2 ML PER 30 DAYS) |
| *ciclopirox olamine 0.77 % cream* | TIER 1 | QL (90 GM PER 30 DAYS) |
| *ciclopirox olamine 0.77 % suspension* | TIER 1 | QL (60 ML PER 30 DAYS) |
| *clotrimazole 1% cream* | $0 (OTC) | QL (30 ML PER 28 OVER TIME) |
| *clotrimazole 1% cream (rx only)* | TIER 1 | QL (45 GM PER 30 DAYS) |
| *clotrimazole 1% solution (rx only)* | TIER 1 | QL (30 ML PER 28 OVER TIME) |
| *clotrimazole-betamethasone 1-0.05 % cream* | TIER 1 | QL (90 GM PER 30 DAYS) |
| *econazole nitrate 1 % cream* | TIER 1 | QL (170 GM PER 30 DAYS) |
| *ketoconazole 2 % cream* | 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 |
|---|---|---|
| *ketoconazole 2 % shampoo* | TIER 1 | QL (240 ML PER 30 DAYS) |
| *klayesta* | TIER 1 | QL (60 GM PER 30 DAYS) |
| *miconazole (micatin)* | $0 (OTC) | |
| *nyamyc* | TIER 1 | QL (60 GM PER 30 DAYS) |
| *nystatin (100000 unit/gm cream, 100000 unit/gm powder)* | TIER 1 | QL (60 GM PER 30 DAYS) |
| *nystatin 100000 unit/gm ointment* | TIER 1 | QL (30 GM PER 30 DAYS) |
| *nystatin-triamcinolone* | TIER 1 | QL (60 GM PER 30 DAYS) |
| *nystop* | TIER 1 | QL (60 GM PER 30 DAYS) |
| *terbinafine (lamisil)* | $0 (OTC) | |
| *tolnaftate (tinactin)* | $0 (OTC) | |
| **ANTIHISTAMINES-TOPICAL** | | |
| *diphenhydramine / zinc* | $0 (OTC) | |
| *diphenhydramine 2% gel* | $0 (OTC) | |
| **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL** | | |
| *bexarotene 1 % gel* | TIER 1 | QL (60 GM PER 30 DAYS), PA², NDS |
| *diclofenac sodium 3 % gel* | TIER 1 | PA, QL (100 GM PER 30 DAYS) |
| FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION) | TIER 1 | QL (10 ML PER 30 DAYS) |
| *fluorouracil 5 % cream* | TIER 1 | QL (80 GM PER 30 DAYS) |
| PANRETIN | TIER 1 | PA², NDS |
| VALCHLOR | TIER 1 | QL (60 GM PER 30 DAYS), PA², NDS |
| **ANTIPSORIATICS** | | |
| *acitretin* | TIER 1 | |
| *calcipotriene (0.005 % cream, 0.005 % ointment)* | 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 |
| METHOXSALEN 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 |
| *tazarotene 0.1 % cream* | 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** | | |
| *bath oil* | $0 (OTC) | |
| **CORTICOSTEROIDS - TOPICAL** | | |
| *betamethasone dipropionate (0.05 % cream, 0.05 % ointment)* | TIER 1 | QL (90 GM PER 30 DAYS) |
| *betamethasone dipropionate 0.05 % lotion* | TIER 1 | QL (120 ML PER 30 DAYS) |
| *betamethasone dipropionate aug (0.05 % cream, 0.05 % ointment)* | TIER 1 | QL (100 GM PER 30 DAYS) |
| *betamethasone dipropionate aug 0.05 % lotion* | TIER 1 | QL (120 ML PER 30 DAYS) |
| *betamethasone valerate (0.1 % cream, 0.1 % ointment)* | 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) |
| *clobetasol prop emollient base* | TIER 1 | QL (120 GM PER 30 DAYS) |
| *clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)* | TIER 1 | QL (120 GM PER 30 DAYS) |
| *clobetasol propionate 0.05 % foam* | TIER 1 | QL (100 GM PER 30 DAYS) |
| *clobetasol propionate 0.05 % lotion* | TIER 1 | QL (118 ML PER 30 DAYS) |
| *clobetasol propionate 0.05 % shampoo* | TIER 1 | QL (236 ML PER 30 DAYS) |
| *clobetasol propionate 0.05 % solution* | TIER 1 | QL (100 ML PER 30 DAYS) |
| *clobetasol propionate e* | TIER 1 | QL (120 GM PER 30 DAYS) |
| *cortizone-10 feminine itch* | $0 (OTC) | |
| *desonide 0.05 % cream* | TIER 1 | QL (60 GM PER 30 DAYS) |
| *desonide 0.05 % ointment* | TIER 1 | QL (120 GM PER 30 DAYS) |
| *desoximetasone 0.25 % cream* | TIER 1 | QL (100 GM PER 30 DAYS) |
| *desoximetasone 0.25 % ointment* | TIER 1 | QL (120 GM PER 30 DAYS) |
| *fluocinolone acetonide 0.01 % solution* | TIER 1 | QL (90 ML PER 30 DAYS) |
| *fluocinolone acetonide 0.025 % ointment* | TIER 1 | QL (120 GM PER 30 DAYS) |
| *fluocinolone acetonide body* | 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 |
|---|---|---|
| *fluocinolone acetonide scalp* | TIER 1 | QL (120 ML PER 30 DAYS) |
| *fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)* | TIER 1 | QL (60 GM PER 30 DAYS) |
| *fluocinonide 0.05 % solution* | TIER 1 | QL (60 ML PER 30 DAYS) |
| *fluocinonide 0.1 % cream* | TIER 1 | |
| *fluticasone propionate (0.005 % ointment, 0.05 % cream)* | TIER 1 | QL (240 GM PER 30 DAYS) |
| *gynecort 10* | $0 (OTC) | |
| *halobetasol propionate (0.05 % cream, 0.05 % ointment)* | TIER 1 | QL (50 GM PER 30 DAYS) |
| *hydrocortisone 0.5%, 1%, 2.5% (cream, ointment, lotion)* | $0 (OTC) | QL (240 GM PER 30 DAYS) |
| *hydrocortisone 1% cream (rx only)* | TIER 1 | QL (240 GM PER 30 DAYS) |
| *mometasone furoate (0.1 % cream, 0.1 % ointment)* | TIER 1 | QL (180 GM PER 30 DAYS) |
| *mometasone furoate 0.1 % solution* | TIER 1 | QL (180 ML PER 30 DAYS) |
| MONISTAT CARE INSTANT ITCH RLF | $0 (OTC) | |
| *triamcinolone acetonide (0.025 % cream, 0.025 % ointment, 0.1 % cream, 0.1 % ointment, 0.5 % cream)* | TIER 1 | QL (454 GM PER 30 DAYS) |
| *triamcinolone acetonide (0.025 %, 0.1 %)* | TIER 1 | QL (120 ML PER 30 DAYS) |
| *triamcinolone acetonide 0.5 % ointment* | TIER 1 | QL (120 GM PER 30 DAYS) |
| *vagisil 1 % cream* | $0 (OTC) | |
| **DIAPER RASH PRODUCTS** | | |
| *diaper rash products* | $0 (OTC) | |
| **EMOLLIENT/KERATOLYTIC AGENTS** | | |
| *urea 10% and 20% (cream, lotion)* | $0 (OTC) | |
| **LINIMENTS** | | |
| *camphor / menthol / methyl salicylate pain relieving patch and cream* | $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 |
|---|---|---|
| *methyl salicylate / menthol* | $0 (OTC) | |
| *trolamine salicylate (myoflex)* | $0 (OTC) | |
| **LOCAL ANESTHETICS - TOPICAL** | | |
| *camphor / menthol pain relieving patch* | $0 (OTC) | |
| *capsaicin cream and patch* | $0 (OTC) | |
| *lidocaine 4% patch* | $0 (OTC) | |
| *lidocaine 5 % ointment* | TIER 1 | QL (107 GM PER 30 DAYS) |
| *lidocaine 5% patch* | TIER 1 | PA, QL (90 EA PER 30 DAYS) |
| *lidocaine hcl 4 % solution* | TIER 1 | QL (50 ML PER 30 DAYS) |
| *lidocaine-prilocaine 2.5-2.5 % cream* | TIER 1 | QL (30 GM PER 30 DAYS) |
| *pramoxine / calamine lotion* | $0 (OTC) | |
| **MISC. DERMATOLOGICAL PRODUCTS** | | |
| *acyclovir 5 % ointment* | TIER 1 | QL (30 GM PER 30 DAYS) |
| ADBRY | TIER 1 | PA, QL (6 ML PER 28 DAYS), NDS |
| *ammonium lactate (12% cream, 12% lotion)* | $0 (OTC) | |
| *ammonium lactate (12% cream, 12% lotion) rx only* | TIER 1 | |
| *camphor / menthol lotion 0.5-0.5%* | $0 (OTC) | |
| EUCRISA | TIER 1 | PA, QL (100 GM PER 30 DAYS) |
| *glycerin (topical)* | $0 (OTC) | |
| *hydrophor ointment* | $0 (OTC) | |
| *imiquimod 5 % cream* | TIER 1 | QL (24 EA PER 30 DAYS) |
| *malathion* | TIER 1 | |
| *mineral oil / petrolatum* | $0 (OTC) | |
| NEMLUVIO | TIER 1 | PA, QL (2 EA PER 28 DAYS), NDS |
| *permethrin (0.5% aerosol, 1% crème rinse)* | $0 (OTC) | |
| *permethrin 5% cream (rx only)* | 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 |
|---|---|---|
| *pimecrolimus* | TIER 1 | QL (100 GM PER 30 DAYS) |
| *piperonyl / pyrethrins (rid)* | $0 (OTC) | |
| PODOFILOX 0.5 % SOLUTION | TIER 1 | QL (7 ML PER 30 DAYS) |
| *salicylic acid wart remover (liquid, gel, pad, strip)* | $0 (OTC) | |
| *selenium sulfide 2.5 % lotion* | TIER 1 | |
| *tacrolimus (0.03 %, 0.1 %)* | TIER 1 | QL (100 GM PER 30 DAYS) |
| TOPICAL MOISTURIZING CREAM, LOTION, OINTMENT | $0 (OTC) | |
| *vitamin a* | $0 (OTC) | |
| *vitamin a / vitamin d* | $0 (OTC) | |
| **MISC. TOPICAL** | | |
| CALAMINE / ZINC OXIDE LOTION AND SUSPENSION | $0 (OTC) | |
| *dimethicone 1% cream* | $0 (OTC) | |
| DRYSOL | $0 (Medicaid Covered) | |
| *eyelid cleansing wipes* | $0 (OTC) | |
| JOHNSONS BABY OIL | $0 (OTC) | |
| JOHNSONS BABY OIL SHEA/COCOA | $0 (OTC) | |
| *lanolin / petrolatum* | $0 (OTC) | |
| *lanolin/mineral oil/white petrolatum (eucerin)* | $0 (OTC) | |
| *menthol / zinc oxide* | $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 |
|---|---|---|
| *sodium chloride* | $0 (OTC) | |
| STERILID | $0 (OTC) | |
| VISTA MEIBO EYELID CLEANSING FOAM | $0 (OTC) | |
| *witch hazel* | $0 (OTC) | |
| *zinc oxide topical ointment* | $0 (OTC) | |
| **ROSACEA AGENTS** | | |
| *azelaic acid 15 % gel* | TIER 1 | QL (50 GM PER 30 DAYS) |
| *ivermectin 1 % cream* | TIER 1 | QL (60 GM PER 30 DAYS) |
| *metronidazole (0.75 % cream, 0.75 % gel)* | TIER 1 | QL (45 GM PER 30 DAYS) |
| *metronidazole 0.75 % lotion* | TIER 1 | QL (118 ML PER 30 DAYS) |
| *metronidazole 1 % gel* | TIER 1 | QL (60 GM PER 30 DAYS) |
| **TAR PRODUCTS** | | |
| *coal tar* | $0 (OTC) | |
| **WOUND CARE PRODUCTS** | | |
| SANTYL | TIER 1 | QL (180 GM PER 30 OVER TIME) |
| *silver sulfadiazine 1 % cream* | TIER 1 | |
| *ssd* | TIER 1 | |
| *wound care supplies* | $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 |
|---|---|---|
| **DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS** | | |
| **DIETARY MANAGEMENT PRODUCTS** | | |
| *l-methylfolate* | $0 (OTC) | |
| *l-methylfolate combinations* | $0 (OTC) | |
| **NUTRITIONAL SUPPLEMENTS** | | |
| CHARCOAL 200 MG CAP | $0 (OTC) | |
| *coenzyme q10* | $0 (OTC) | |
| *cranberry supplement* | $0 (OTC) | |
| *flaxseed oil* | $0 (OTC) | |
| *glucosamine / chondroitin* | $0 (OTC) | |
| *glucosamine sulfate* | $0 (OTC) | |
| *melatonin* | $0 (OTC) | |
| *melatonin / pyridoxine* | $0 (OTC) | |
| *methylsulfonylmethane (msm supplement)* | $0 (OTC) | |
| *multivitamins / minerals* | $0 (OTC) | |
| *omega-3 fatty acids (fish oil)* | $0 (OTC) | |
| *sam-e supplement* | $0 (OTC) | |
| **DIURETICS** | | |
| **CARBONIC ANHYDRASE INHIBITORS** | | |
| *acetazolamide (125 mg tab, 250 mg tab)* | TIER 1 | |
| *acetazolamide er* | TIER 1 | |
| *methazolamide (25 mg tab, 50 mg tab)* | TIER 1 | |
| **DIURETIC COMBINATIONS** | | |
| *amiloride-hctz* | TIER 1 | |
| *spironolactone-hctz* | TIER 1 | |
| *triamterene-hctz* | 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** | | |
| *bumetanide* | TIER 1 | |
| *furosemide (furosemide 10 mg/ml solution, furosemide 8 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)* | TIER 1 | |
| *torsemide* | TIER 1 | |
| **POTASSIUM SPARING DIURETICS** | | |
| *amiloride hcl 5 mg tab* | TIER 1 | |
| *spironolactone (25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | |
| **THIAZIDES AND THIAZIDE-LIKE DIURETICS** | | |
| *chlorthalidone* | TIER 1 | |
| *hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)* | TIER 1 | |
| *indapamide* | TIER 1 | |
| *metolazone* | TIER 1 | |
| **ENDOCRINE AND METABOLIC AGENTS - MISC.** | | |
| **BONE DENSITY REGULATORS** | | |
| *alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)* | TIER 1 | |
| *calcitonin (salmon) 200 unit/act solution* | TIER 1 | |
| *ibandronate sodium 150 mg tab* | TIER 1 | QL (1 EA PER 28 DAYS) |
| *raloxifene hcl* | TIER 1 | |
| *risedronate sodium* | TIER 1 | |
| *teriparatide (teriparatide, teriparatide)* | 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** | | |
| *calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)* | TIER 1 | |
| *carglumic acid* | TIER 1 | PA, NDS |
| *cinacalcet hcl* | TIER 1 | PA |
| CYSTADANE | TIER 1 | NDS |
| DOXERCALCIFEROL CAPSULE (0.5 MCG, 1 MCG, 2.5 MCG) | TIER 1 | |
| *l-glutamine 5 gm packet* | TIER 1 | PA, QL (180 EA PER 30 DAYS), NDS |
| *levocarnitine (1 gm/10ml solution, 330 mg tab)* | TIER 1 | |
| *levocarnitine sf* | TIER 1 | |
| NEXVIAZYME | TIER 1 | PA, NDS |
| *paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)* | TIER 1 | |
| REVCOVI | TIER 1 | PA, NDS |
| *sapropterin dihydrochloride (100 mg packet, 500 mg packet)* | TIER 1 | PA, NDS |
| *sodium phenylbutyrate 500 mg tab* | TIER 1 | PA, NDS |
| **SOMATOSTATIC AGENTS** | | |
| *octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml)* | TIER 1 | PA |
| SIGNIFOR | TIER 1 | PA, QL (60 ML PER 30 DAYS), NDS |
| **VASOPRESSIN RECEPTOR ANTAGONISTS** | | |
| *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)* | TIER 1 | PA, QL (56 EA PER 28 DAYS), NDS |
| *tolvaptan (15 mg tab, 30 mg tab)* | 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 |
|---|---|---|
| **ENDOCRINE MEDICATIONS** | | |
| **OTHER ENDOCRINE DRUGS** | | |
| *cabergoline* | TIER 1 | |
| *desmopressin ace spray refrig* | TIER 1 | |
| *desmopressin acetate (0.1 mg tab, 0.2 mg tab)* | TIER 1 | |
| *desmopressin acetate spray (desmopressin acetate spray, desmopressin acetate spray)* | 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** | | |
| *abigale* | TIER 1 | |
| *abigale lo* | TIER 1 | |
| *afirmelle* | TIER 1 | |
| *altavera* | TIER 1 | |
| *alyacen 1/35* | TIER 1 | |
| *alyacen 7/7/7* | TIER 1 | |
| *amethia* | TIER 1 | |
| *apri* | TIER 1 | |
| *aranelle* | 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 |
|---|---|---|
| *ashlyna* | TIER 1 | |
| *aubra* | TIER 1 | |
| *aubra eq* | TIER 1 | |
| *aurovela 1.5/30* | TIER 1 | |
| *aurovela 1/20* | TIER 1 | |
| *aurovela fe 1.5/30* | TIER 1 | |
| *aurovela fe 1/20* | TIER 1 | |
| *aviane* | TIER 1 | |
| *ayuna* | TIER 1 | |
| *azurette* | TIER 1 | |
| *balziva* | TIER 1 | |
| *blisovi fe 1.5/30* | TIER 1 | |
| *blisovi fe 1/20* | TIER 1 | |
| *briellyn* | TIER 1 | |
| *camrese* | TIER 1 | |
| *camrese lo* | TIER 1 | |
| *chateal* | TIER 1 | |
| *chateal eq* | TIER 1 | |
| *cryselle-28* | TIER 1 | |
| *cyclafem 1/35* | TIER 1 | |
| *cyclafem 7/7/7* | TIER 1 | |
| *cyred* | TIER 1 | |
| *cyred eq* | TIER 1 | |
| *dasetta 1/35* | TIER 1 | |
| *dasetta 7/7/7* | TIER 1 | |
| *daysee* | TIER 1 | |
| *delyla* | TIER 1 | |
| *desogestrel-ethinyl estradiol* | 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 |
|---|---|---|
| *drospirenone-ethinyl estradiol* | TIER 1 | |
| *elinest* | TIER 1 | |
| *eluryng* | TIER 1 | |
| *emoquette* | TIER 1 | |
| *enilloring* | TIER 1 | |
| *enskyce* | TIER 1 | |
| *estarylla* | TIER 1 | |
| *estradiol-norethindrone acet* | TIER 1 | |
| *ethynodiol diac-eth estradiol* | TIER 1 | |
| *etonogestrel-ethinyl estradiol* | TIER 1 | |
| *falmina* | TIER 1 | |
| *feirza 1.5/30* | TIER 1 | |
| *feirza 1/20* | TIER 1 | |
| *femynor* | TIER 1 | |
| *fyavolv* | TIER 1 | |
| *hailey 1.5/30* | TIER 1 | |
| *hailey fe 1.5/30* | TIER 1 | |
| *hailey fe 1/20* | TIER 1 | |
| *haloette* | TIER 1 | |
| *iclevia* | TIER 1 | |
| *introvale* | TIER 1 | |
| *isibloom* | TIER 1 | |
| *jaimiess* | TIER 1 | |
| *jasmiel* | TIER 1 | |
| *jinteli* | TIER 1 | |
| *jolessa* | TIER 1 | |
| *juleber* | TIER 1 | |
| *junel 1.5/30* | 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 |
|---|---|---|
| *junel 1/20* | TIER 1 | |
| *junel fe 1.5/30* | TIER 1 | |
| *junel fe 1/20* | TIER 1 | |
| *kalliga* | TIER 1 | |
| *kariva* | TIER 1 | |
| *kelnor 1/35* | TIER 1 | |
| *kurvelo* | TIER 1 | |
| *larin 1.5/30* | TIER 1 | |
| *larin 1/20* | TIER 1 | |
| *larin fe 1.5/30* | TIER 1 | |
| *larin fe 1/20* | TIER 1 | |
| *larissia* | TIER 1 | |
| *leena* | TIER 1 | |
| *lessina* | TIER 1 | |
| *levonest* | TIER 1 | |
| *levonorg-eth estrad triphasic* | TIER 1 | |
| *levonorgest-eth estrad 91-day* | TIER 1 | |
| *levonorgest-eth estradiol-iron* | TIER 1 | |
| *levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)* | TIER 1 | |
| *levora 0.15/30 (28)* | TIER 1 | |
| *lillow* | TIER 1 | |
| *lo-zumandimine* | TIER 1 | |
| *lojaimiess* | TIER 1 | |
| *loryna* | TIER 1 | |
| *low-ogestrel* | TIER 1 | |
| *luizza 1.5/30* | TIER 1 | |
| *luizza 1/20* | TIER 1 | |
| *lutera* | 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 |
|---|---|---|
| *marlissa* | TIER 1 | |
| *microgestin 1.5/30* | TIER 1 | |
| *microgestin 1/20* | TIER 1 | |
| *microgestin fe 1.5/30* | TIER 1 | |
| *microgestin fe 1/20* | TIER 1 | |
| *mili* | TIER 1 | |
| *mimvey* | TIER 1 | |
| *mono-linyah* | TIER 1 | |
| *necon 0.5/35 (28)* | TIER 1 | |
| *nikki* | TIER 1 | |
| *norelgestromin-eth estradiol* | TIER 1 | |
| *norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)* | TIER 1 | |
| *norethindrone acet-ethinyl est* | TIER 1 | |
| *norethindrone-eth estradiol* | TIER 1 | |
| *norgestim-eth estrad triphasic* | TIER 1 | |
| *norgestimate-eth estradiol* | TIER 1 | |
| *nortrel 0.5/35 (28)* | TIER 1 | |
| *nortrel 1/35 (21)* | TIER 1 | |
| *nortrel 1/35 (28)* | TIER 1 | |
| *nortrel 7/7/7* | TIER 1 | |
| *nylia 1/35* | TIER 1 | |
| *nylia 7/7/7* | TIER 1 | |
| *nymyo* | TIER 1 | |
| *ocella* | TIER 1 | |
| *orsythia* | TIER 1 | |
| *philith* | TIER 1 | |
| *pimtrea* | TIER 1 | |
| *pirmella 1/35* | 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 |
|---|---|---|
| *pirmella 7/7/7* | TIER 1 | |
| *portia-28* | TIER 1 | |
| *previfem* | TIER 1 | |
| *reclipsen* | TIER 1 | |
| *setlakin* | TIER 1 | |
| *simliya* | TIER 1 | |
| *simpesse* | TIER 1 | |
| *sprintec 28* | TIER 1 | |
| *sronyx* | TIER 1 | |
| *syeda* | TIER 1 | |
| *tarina fe 1/20* | TIER 1 | |
| *tarina fe 1/20 eq* | TIER 1 | |
| *tri femynor* | TIER 1 | |
| *tri-estarylla* | TIER 1 | |
| *tri-linyah* | TIER 1 | |
| *tri-lo-estarylla* | TIER 1 | |
| *tri-lo-marzia* | TIER 1 | |
| *tri-lo-mili* | TIER 1 | |
| *tri-lo-sprintec* | TIER 1 | |
| *tri-mili* | TIER 1 | |
| *tri-nymyo* | TIER 1 | |
| *tri-previfem* | TIER 1 | |
| *tri-sprintec* | TIER 1 | |
| *tri-vylibra* | TIER 1 | |
| *tri-vylibra lo* | TIER 1 | |
| *turqoz* | TIER 1 | |
| *valtya 1/35* | TIER 1 | |
| *valtya 1/50* | 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 | |
| *vestura* | TIER 1 | |
| *vienva* | TIER 1 | |
| *viorele* | TIER 1 | |
| *volnea* | TIER 1 | |
| *vyfemla* | TIER 1 | |
| *vylibra* | TIER 1 | |
| *wera* | TIER 1 | |
| *xulane* | TIER 1 | |
| *zafemy* | TIER 1 | |
| *zarah* | TIER 1 | |
| *zovia 1/35 (28)* | TIER 1 | |
| *zovia 1/35e (28)* | TIER 1 | |
| *zumandimine* | TIER 1 | |
| *dotti* | TIER 1 | |
| *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)* | TIER 1 | |
| *estradiol valerate (10 mg/ml, 20 mg/ml, 40 mg/ml)* | TIER 1 | |
| MENEST | TIER 1 | |

## FLUOROQUINOLONES

| | | |
|---|---|---|
| *ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)* | 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 |
|---|---|---|
| *levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)* | TIER 1 | |
| *levofloxacin in d5w* | 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 | |
| *cromolyn sodium 100 mg/5ml conc* | TIER 1 | |
| *enulose* | TIER 1 | |
| *generlac* | TIER 1 | |
| *lactase (lactaid)* | $0 (OTC) | |
| *lactulose encephalopathy* | TIER 1 | |
| *metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)* | TIER 1 | |
| REZDIFFRA | TIER 1 | PA, QL (30 EA PER 30 DAYS), NDS |
| *ursodiol (250 mg tab, 300 mg cap, 500 mg tab)* | TIER 1 | |
| VOWST | TIER 1 | PA, QL (12 EA PER 90 OVER TIME), NDS |
| **GASTROINTESTINAL AGENTS - MISC.** | | |
| **ANTIFLATULENTS** | | |
| *simethicone (mylicon)* | $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 |
|---|---|---|
| **INFLAMMATORY BOWEL AGENTS** | | |
| *balsalazide disodium* | TIER 1 | |
| *mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos)* | TIER 1 | |
| *mesalamine er 0.375 gm cap 24h* | TIER 1 | |
| *mesalamine-cleanser* | 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 |
| *sulfasalazine (500 mg tab, 500 mg tab dr)* | TIER 1 | |
| **GENITOURINARY AGENTS** | | |
| **ANTISPASMODICS, URINARY** | | |
| *bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)* | TIER 1 | |
| GEMTESA | TIER 1 | |
| MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H) | TIER 1 | |
| *oxybutynin chloride (5 mg tab, 5 mg/5ml solution)* | TIER 1 | |
| *oxybutynin chloride er* | TIER 1 | |
| *solifenacin succinate* | TIER 1 | |
| *tolterodine tartrate* | TIER 1 | |
| *tolterodine tartrate er* | TIER 1 | |
| *trospium chloride* | TIER 1 | |
| *trospium chloride er* | TIER 1 | |
| **BENIGN PROSTATIC HYPERTROPHY AGENTS** | | |
| *alfuzosin hcl er* | TIER 1 | |
| *dutasteride 0.5 mg cap* | 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 |
|---|---|---|
| *dutasteride-tamsulosin hcl* | TIER 1 | |
| *finasteride 5 mg tab* | TIER 1 | |
| *silodosin* | TIER 1 | |
| *tadalafil (2.5 mg tab, 5 mg tab)* | TIER 1 | PA, QL (30 EA PER 30 DAYS) |
| *tamsulosin hcl* | TIER 1 | |
| **GENITOURINARY AGENTS, OTHER** | | |
| *acetic acid 0.25 % solution* | TIER 1 | |
| CYSTAGON | TIER 1 | PA |
| *cytra-2* | $0 (OTC) | |
| ELMIRON | TIER 1 | |
| *phenazopyridine (azo)* | $0 (OTC) | |
| *potassium citrate* | $0 (OTC) | |
| *potassium citrate / sodium citrate (cytra-3)* | $0 (OTC) | |
| *potassium citrate er* | TIER 1 | |
| RENACIDIN | TIER 1 | |
| *sod citrate-citric acid* | $0 (OTC) | |
| SODIUM CHLORIDE (SODIUM CHLORIDE 0.9 % SOLUTION, SODIUM CHLORIDE 0.9 % SOLUTION) | TIER 1 | |
| **GOUT AGENTS** | | |
| *allopurinol (100 mg tab, 300 mg tab)* | TIER 1 | |
| *colchicine 0.6 mg tab* | TIER 1 | |
| *colchicine-probenecid* | TIER 1 | |
| *febuxostat* | TIER 1 | |
| *probenecid* | 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 |
|---|---|---|
| **HEMATOLOGICAL AGENTS - MISC.** | | |
| **PLATELET AGGREGATION INHIBITORS** | | |
| *anagrelide hcl* | TIER 1 | |
| *aspirin-dipyridamole er* | TIER 1 | |
| *cilostazol* | TIER 1 | |
| *clopidogrel bisulfate 75 mg tab* | TIER 1 | |
| *dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)* | TIER 1 | |
| *prasugrel hcl* | TIER 1 | |
| *ticagrelor* | TIER 1 | |
| **HEMATOPOIETIC AGENTS** | | |
| **COBALAMINS** | | |
| *cyanocobalmin (vitamin b12) solution for injection* | $0 (Medicaid Covered) | |
| *cyanocobalmin (vitamin b12) tablet, liquid, lozenge* | $0 (OTC) | |
| **FOLIC ACID/FOLATES** | | |
| *folic acid* | $0 (OTC) | |
| **HEMATOPOIETIC GROWTH FACTORS** | | |
| *eltrombopag olamine (12.5 mg packet, 25 mg packet)* | TIER 1 | PA, NDS |
| *eltrombopag olamine (12.5 mg tab, 25 mg tab)* | TIER 1 | PA, QL (30 EA PER 30 DAYS), NDS |
| *eltrombopag olamine (50 mg tab, 75 mg tab)* | 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 |
|---|---|---|
| **HEMATOPOIETIC MIXTURES** | | |
| *iron combination tablet* | $0 (OTC) | |
| *iron-vitamin c tablet* | $0 (OTC) | |
| **IRON** | | |
| *carbonyl iron* | $0 (OTC) | |
| *ferrous fumarate* | $0 (OTC) | |
| *ferrous gluconate* | $0 (OTC) | |
| *ferrous sulfate* | $0 (OTC) | |
| *polysaccharide iron complex* | $0 (OTC) | |
| **HEMOSTATICS** | | |
| **HEMOSTATICS - SYSTEMIC** | | |
| *tranexamic acid 650 mg tab* | TIER 1 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)** | | |
| *budesonide 3 mg cp dr part* | TIER 1 | |
| *budesonide er 9 mg* | TIER 1 | PA, QL (30 EA PER 30 DAYS), NDS |
| *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)* | TIER 1 | |
| DEXAMETHASONE INTENSOL | TIER 1 | |
| *dexamethasone sodium phosphate 4 mg/ml solution* | TIER 1 | |
| *fludrocortisone acetate 0.1 mg tab* | TIER 1 | |
| *hydrocortisone (5 mg tab, 10 mg tab, 20 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 |
|---|---|---|
| *hydrocortisone sod suc (pf)* | TIER 1 | |
| *methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)* | TIER 1 | PA[3] |
| *methylprednisolone 4 mg tab thpk* | TIER 1 | |
| *prednisolone 15 mg/5ml solution* | TIER 1 | PA[3] |
| *prednisolone sodium phosphate (6.7 (5 base) mg/5ml, 25 mg/5ml)* | TIER 1 | PA[3] |
| *prednisolone sodium phosphate 15 mg/5ml solution* | TIER 1 | PA[3] |
| *prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 10 mg (21) tab thpk, 10 mg (48) tab thpk)* | 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

### ANTIHISTAMINE HYPNOTICS

| | | |
|---|---|---|
| *diphenydramine* | $0 (OTC) | |

### NON-BARBITURATE HYPNOTICS

| | | |
|---|---|---|
| BELSOMRA | TIER 1 | QL (30 EA PER 30 DAYS) |
| *doxepin hcl (3 mg tab, 6 mg tab)* | TIER 1 | QL (30 EA PER 30 DAYS) |
| *eszopiclone* | TIER 1 | QL (30 EA PER 30 DAYS) |
| *ramelteon* | TIER 1 | QL (30 EA PER 30 DAYS) |
| *temazepam (15 mg cap, 30 mg cap)* | 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 |
|---|---|---|
| *zaleplon 10 mg cap* | TIER 1 | QL (60 EA PER 30 DAYS) |
| *zaleplon 5 mg cap* | TIER 1 | QL (30 EA PER 30 DAYS) |
| *zolpidem tartrate 10 mg tab* | TIER 1 | QL (30 EA PER 30 DAYS) |
| *zolpidem tartrate 5 mg tab* | TIER 1 | QL (60 EA PER 30 DAYS) |
| **IMMUNOLOGICAL AGENTS** | | |
| **ANGIOEDEMA (HAE) AGENTS** | | |
| HAEGARDA | TIER 1 | PA, NDS |
| *icatibant acetate* | 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 | PA³ |
| ENGERIX-B | TIER 1 | PA³, 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 | PA³, VAC |
| HIBERIX | TIER 1 | |
| IMOVAX RABIES | TIER 1 | PA³, VAC |
| INFANRIX | TIER 1 | |
| IPOL | TIER 1 | |
| IXIARO | TIER 1 | VAC |
| JYNNEOS | TIER 1 | PA³, 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 | PA³, 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 | PA³, VAC |
| RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION) | TIER 1 | PA³, VAC |
| RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR | TIER 1 | PA³, VAC |
| RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION | TIER 1 | PA³, VAC |
| ROTARIX | TIER 1 | |
| ROTATEQ | TIER 1 | |
| SHINGRIX | TIER 1 | QL (2 EA PER 999 OVER TIME), VAC |
| TDVAX | TIER 1 | PA³, VAC |
| TENIVAC | TIER 1 | PA³ |
| 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

| | | |
|---|---|---|
| *calcium polycarbophil tablet (fiber laxative)* | $0 (OTC) | |
| *methylcellulose (citrucel)* | $0 (OTC) | |
| *psyllium (metamucil)* | $0 (OTC) | |
| UNIFIBER | $0 (OTC) | |
| *wheat dextrin fiber powder* | $0 (OTC) | |

### LAXATIVE COMBINATIONS

| | | |
|---|---|---|
| GAVILYTE-C | TIER 1 | |
| *gavilyte-g* | TIER 1 | |
| *gavilyte-n with flavor pack* | TIER 1 | |
| *na sulfate-k sulfate-mg sulf* | TIER 1 | |
| *peg 3350-kcl-na bicarb-nacl* | TIER 1 | |
| *peg-3350/electrolytes* | TIER 1 | |
| *peg-3350/electrolytes/ascorbat* | TIER 1 | |
| *peg-kcl-nacl-nasulf-na asc-c* | 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 |
|---|---|---|
| *senna / docusate sodium (peri-colace)* | $0 (OTC) | |
| **LAXATIVES - MISCELLANEOUS** | | |
| *constulose* | TIER 1 | |
| *glycerin suppository* | $0 (OTC) | |
| *lactulose (10 gm/15ml, 20 gm/30ml)* | TIER 1 | |
| LINZESS | TIER 1 | QL (30 EA PER 30 DAYS) |
| *lubiprostone* | TIER 1 | QL (60 EA PER 30 DAYS) |
| MOVANTIK | TIER 1 | QL (30 EA PER 30 DAYS) |
| *polyethylene glycol 3350 (miralax)* | $0 (OTC) | |
| *sorbitol solution* | $0 (OTC) | |
| **LUBRICANT LAXATIVES** | | |
| *mineral oil* | $0 (OTC) | |
| **SALINE LAXATIVES** | | |
| *enema (sodium phosphates)* | $0 (OTC) | |
| *magnesium citrate solution (citroma)* | $0 (OTC) | |
| *magnesium hydroxide (phillips' milk of magnesia)* | $0 (OTC) | |
| **STIMULANT LAXATIVES** | | |
| *bisacodyl (tablets, suppository)* | $0 (OTC) | |
| *sennosides* | $0 (OTC) | |
| **SURFACTANT LAXATIVES** | | |
| *docusate calcium capsule* | $0 (OTC) | |
| *docusate sodium (capsule, oral liquid, oral syrup, enema)* | $0 (OTC) | |
| *enema (benzocaine-docusate sodium)* | $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 |
|---|---|---|
| **MEDICAL DEVICES AND SUPPLIES** | | |
| **AUDITORY SUPPLIES** | | |
| *hearing aid batteries* | $0 (OTC) | |
| **BANDAGES-DRESSINGS-TAPE** | | |
| GAUZE PADS, DRESSINGS, BANDAGES | $0 (OTC) | |
| **CONTRACEPTIVES** | | |
| *female condoms* | $0 (OTC) | |
| *male condoms* | $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) |
| *lancet device* | $0 (Part B Covered) | |
| *lancets* | $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** | | |
| *catheter* | $0 (OTC) | |
| *incontinence supplies* | $0 (OTC) | |
| *ostomy supplies* | $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 |
|---|---|---|
| **INFANT CARE PRODUCTS** | | |
| *diapers* | $0 (OTC) | |
| **OPTICAL AND OPHTHALMIC SUPPLIES** | | |
| *optical supplies* | $0 (OTC) | |
| **PARENTERAL THERAPY SUPPLIES** | | |
| *alcohol swabs* | 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) | |
| *respiratory therapy supplies* | $0 (OTC) | |
| **MIGRAINE PRODUCTS** | | |
| AIMOVIG | TIER 1 | PA, QL (1 ML PER 30 DAYS) |
| *dihydroergotamine mesylate 4 mg/ml solution* | 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 |
|---|---|---|
| **SEROTONIN AGONISTS** | | |
| *naratriptan hcl* | TIER 1 | QL (18 EA PER 30 OVER TIME) |
| *rizatriptan benzoate (5 mg tab disp, 10 mg tab disp)* | TIER 1 | QL (36 EA PER 28 OVER TIME) |
| *rizatriptan benzoate (5 mg tab, 10 mg tab)* | TIER 1 | QL (18 EA PER 30 OVER TIME) |
| *sumatriptan (5 mg/act, 20 mg/act)* | TIER 1 | QL (12 EA PER 30 OVER TIME) |
| *sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)* | TIER 1 | QL (18 EA PER 30 OVER TIME) |
| *sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)* | TIER 1 | QL (8 ML PER 28 DAYS) |
| *sumatriptan succinate refill (sumatriptan succinate refill, sumatriptan succinate refill 6 mg/0.5ml soln cart)* | TIER 1 | QL (8 ML PER 28 DAYS) |
| *zolmitriptan (2.5 mg tab, 5 mg tab)* | TIER 1 | QL (18 EA PER 30 OVER TIME) |
| **MINERALS ELECTROLYTES** | | |
| **CALCIUM** | | |
| *calcium / magnesium tab* | $0 (OTC) | |
| *calcium / magnesium / vitamin d* | $0 (OTC) | |
| *calcium / magnesium / zinc* | $0 (OTC) | |
| *calcium / phosphorus / vitamin d* | $0 (OTC) | |
| *calcium / vitamin c / vitamin d* | $0 (OTC) | |
| *calcium / vitamin d / vitamin k* | $0 (OTC) | |
| *calcium carbonate* | $0 (OTC) | |
| *calcium carbonate / folic acid / vitamin d* | $0 (OTC) | |
| *calcium carbonate / vitamin d* | $0 (OTC) | |
| *calcium carbonate / vitamin d / minerals* | $0 (OTC) | |
| *calcium citrate* | $0 (OTC) | |
| *calcium citrate / vitamin d* | $0 (OTC) | |
| *calcium gluconate 10 % solution* | 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** | | |
| *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)* | $0 (OTC) | |
| CALCIUM-MAGNESIUM-ZINC-VIT D3 | $0 (OTC) | |
| **PHOSPHATE** | | |
| K-PHOS | TIER 1 | |
| *phosphorus supplement* | $0 (OTC) | |
| *potassium / sodium phosphate* | $0 (OTC) | |
| **TRACE MINERALS** | | |
| *chromium* | $0 (OTC) | |
| *selenium tablet* | $0 (OTC) | |
| **ZINC** | | |
| *zinc gluconate tablet* | $0 (OTC) | |
| *zinc sulfate (tablet, capsule)* | $0 (OTC) | |
| *zinc tablet* | $0 (OTC) | |
| **MISCELLANEOUS THERAPEUTIC CLASSES** | | |
| **CHELATING AGENTS** | | |
| *deferasirox (90 mg tab, 180 mg tab, 360 mg tab)* | TIER 1 | PA |
| *penicillamine 250 mg tab* | TIER 1 | PA, NDS |
| *trientine hcl 250 mg cap* | TIER 1 | PA, NDS |
| **IMMUNOMODULATORS** | | |
| *lenalidomide* | TIER 1 | QL (28 EA PER 28 DAYS), PA², 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 |
| *azathioprine 50 mg tab* | TIER 1 | PA³ |
| BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR) | TIER 1 | PA, QL (4 ML PER 28 DAYS), NDS |
| *cyclosporine (25 mg cap, 100 mg cap)* | TIER 1 | PA³ |
| *cyclosporine modified* | TIER 1 | PA³ |
| ENVARSUS XR | TIER 1 | PA³ |
| *everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)* | TIER 1 | PA³, NDS |
| *everolimus 0.25 mg tab* | TIER 1 | PA³ |
| *mycophenolate mofetil (250 mg cap, 500 mg tab)* | TIER 1 | PA³ |
| *mycophenolate mofetil 200 mg/ml recon susp* | TIER 1 | PA³, NDS |
| *mycophenolate sodium* | TIER 1 | PA³ |
| *mycophenolic acid* | TIER 1 | PA³ |
| PROGRAF (0.2 MG PACKET, 1 MG PACKET) | TIER 1 | PA³ |
| *sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)* | TIER 1 | PA³ |
| *tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)* | TIER 1 | PA³ |
| 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** | | |
| *ringers irrigation (ringers irrigation, ringers irrigation)* | $0 (Medicaid Covered) | |
| *tis-u-sol* | $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** | | |
| *miscellaneous natural products* | $0 (OTC) | |
| BACTERIOSTATIC WATER(BENZ ALC) | $0 (Medicaid Covered) | |
| METHYLCELLULOSE (1 % GEL, POWDER) | $0 (OTC) | |
| *petrolatum (vaseline)* | $0 (OTC) | |
| *saline bacteriostatic* | $0 (Medicaid Covered) | |
| *sodium chloride bacteriostatic* | $0 (Medicaid Covered) | |
| *sterile water for injection* | $0 (Medicaid Covered) | |
| THICK-IT POWDER | $0 (OTC) | |
| **POTASSIUM REMOVING AGENTS** | | |
| LOKELMA | TIER 1 | |
| *sodium polystyrene sulfonate* | TIER 1 | |
| VELTASSA | TIER 1 | |
| **MULTIVITAMINS** | | |
| **B-COMPLEX VITAMINS** | | |
| *vitamin b complex combinations* | $0 (OTC) | |
| **BIOFLAVONOID PRODUCTS** | | |
| *bioflavonoids* | $0 (OTC) | |
| **MULTIPLE VITAMINS W/ CALCIUM** | | |
| *multivitamins / calcium* | $0 (OTC) | |
| **MULTIPLE VITAMINS W/ IRON** | | |
| *multivitamins / iron* | $0 (OTC) | |
| *multivitamins* | $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** | | |
| *pediatric multivitamin combinations* | $0 (OTC) | |
| **PEDIATRIC VITAMINS** | | |
| PEDIATRIC MULTIVITAMIN COMBINATIONS | $0 (OTC) | |
| **PRENATAL VITAMINS** | | |
| PRENATAL VITAMIN | TIER 1 | |
| PRENATAL VITAMIN (RX ONLY) | TIER 1 | |
| **VITAMIN MIXTURES** | | |
| *niacin* | $0 (OTC) | |
| *vitamin a / vitamin c / vitamin d* | $0 (OTC) | |
| *vitamin d / vitamin k* | $0 (OTC) | |
| **VITAMINS W/ LIPOTROPICS** | | |
| *vitamins / lipotropics* | $0 (OTC) | |
| **NASAL AGENTS - SYSTEMIC AND TOPICAL** | | |
| **NASAL AGENTS - MISC.** | | |
| *sodium chloride nasal spray* | $0 (OTC) | |
| **NASAL ANTIALLERGY** | | |
| *azelastine hcl (0.1 %, 137 mcg/spray)* | TIER 1 | |
| *cromolyn sodium 5.2 mg/act aero soln* | $0 (OTC) | |
| *flunisolide 25 mcg/act (0.025%) solution* | TIER 1 | QL (50 ML PER 30 DAYS) |
| *fluticasone propionate 50 mcg/act suspension* | TIER 1 | QL (32 GM PER 30 DAYS) |
| *ipratropium bromide (0.03 %, 0.06 %)* | TIER 1 | |
| *mometasone furoate 50 mcg/act suspension* | TIER 1 | QL (34 GM PER 30 DAYS) |
| *olopatadine hcl 0.6 % solution* | TIER 1 | |
| *triamcinolone acetonide nasal spray* | $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 |
|---|---|---|
| **SYMPATHOMIMETIC DECONGESTANTS** | | |
| *oxymetazoline (afrin)* | $0 (OTC) | |
| *phenylephrine (neo-synephrine)* | $0 (OTC) | |
| *phenylephrine (sudafed pe)* | $0 (OTC) | |
| *pseudoephedrine (sudafed)* | $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 | |
| *electrolyte oral f36solution* | $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 |
|---|---|---|
| *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)* | TIER 1 | |
| *klor-con (klor-con 20 meq packet, klor-con 8 meq tab er)* | TIER 1 | |
| *klor-con 10 (klor-con 10, klor-con 10)* | TIER 1 | |
| *klor-con m10* | TIER 1 | |
| *klor-con m15* | TIER 1 | |
| *klor-con m20* | TIER 1 | |
| LACTATED RINGERS (LACTATED RINGERS, LACTATED RINGERS) | TIER 1 | |
| *magnesium chloride* | $0 (OTC) | |
| *magnesium gluconate* | $0 (OTC) | |
| *magnesium oxide* | $0 (OTC) | |
| *magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)* | TIER 1 | |
| *magnesium tablet* | $0 (OTC) | |
| *plenamine* | 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 | |
| *potassium chloride 2 meq/ml solution* | TIER 1 | |
| *potassium chloride 20 meq packet* | TIER 1 | |
| *potassium chloride 20 meq/15ml (10%) solution* | TIER 1 | |
| *potassium chloride 40 meq/15ml (20%) solution* | TIER 1 | |
| *potassium chloride crys er* | TIER 1 | |
| *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)* | TIER 1 | |
| *potassium chloride in dextrose 20-5 meq/l-% solution* | TIER 1 | |
| POTASSIUM CL IN DEXTROSE 5% | TIER 1 | |
| *potassium gluconate* | $0 (OTC) | |
| *pyridoxine (vitamin b6)* | $0 (OTC) | |
| *ringers* | $0 (Medicaid Covered) | |
| *sodium chloride (0.45 %, 3 %, 5 %)* | TIER 1 | |
| *sodium chloride (2.5 meq/ml, 4 meq/ml)* | $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 |
|---|---|---|
| *sodium chloride 1 gm tab* | $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 | |
| *sodium fluoride chewable tablet* | TIER 1 | |
| SOLUVITA | $0 (OTC) | |
| **OPHTHALMIC AGENTS** | | |
| **BETA-BLOCKERS - OPHTHALMIC** | | |
| BETAXOLOL HCL (BETAXOLOL HCL 0.5 % SOLUTION, BETAXOLOL HCL 0.5 % SOLUTION) | TIER 1 | |
| *brimonidine tartrate-timolol* | TIER 1 | |
| CARTEOLOL HCL | TIER 1 | |
| *dorzolamide hcl-timolol mal* | TIER 1 | |
| *dorzolamide hcl-timolol mal pf* | TIER 1 | |
| LEVOBUNOLOL HCL | TIER 1 | |
| *timolol maleate (0.25 %, 0.5 %)* | TIER 1 | |
| **OPHTHALMIC ADRENERGIC AGENTS** | | |
| APRACLONIDINE HCL 0.5 % SOLUTION | TIER 1 | |
| *brimonidine tartrate (0.1 %, 0.15 %, 0.2 %)* | TIER 1 | |
| SIMBRINZA | TIER 1 | |
| **OPHTHALMIC ANTI-INFECTIVES** | | |
| *ak-poly-bac* | TIER 1 | QL (7 GM PER 7 OVER TIME) |
| BACITRACIN 500 UNIT/GM OINTMENT | TIER 1 | |
| *bacitracin-polymyxin b* | 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 |
|---|---|---|
| *ciprofloxacin hcl 0.3 % solution* | TIER 1 | QL (30 ML PER 30 OVER TIME) |
| *erythromycin 5 mg/gm ointment* | TIER 1 | QL (7 GM PER 7 OVER TIME) |
| *gatifloxacin 0.5 % solution* | TIER 1 | QL (5 ML PER 7 OVER TIME) |
| *gentamicin sulfate 0.3 % solution* | TIER 1 | QL (10 ML PER 7 OVER TIME) |
| *moxifloxacin hcl 0.5 % solution* | TIER 1 | QL (6 ML PER 7 OVER TIME) |
| *neomycin-bacitracin zn-polymyx* | TIER 1 | QL (7 GM PER 7 OVER TIME) |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN | TIER 1 | QL (10 ML PER 7 OVER TIME) |
| *ofloxacin 0.3 % solution* | TIER 1 | QL (60 ML PER 30 OVER TIME) |
| *polycin* | TIER 1 | QL (7 GM PER 7 OVER TIME) |
| *polymyxin b-trimethoprim* | TIER 1 | QL (10 ML PER 7 OVER TIME) |
| *sulfacetamide sodium (sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)* | TIER 1 | QL (15 ML PER 7 OVER TIME) |
| SULFACETAMIDE SODIUM 10 % OINTMENT | TIER 1 | |
| *tobramycin 0.3 % solution* | TIER 1 | QL (30 ML PER 30 OVER TIME) |
| TRIFLURIDINE | TIER 1 | QL (15 ML PER 7 OVER TIME) |
| XDEMVY | TIER 1 | PA, QL (10 ML PER 42 DAYS), NDS |
| ZIRGAN | TIER 1 | |
| **OPHTHALMIC DECONGESTANTS** | | |
| *naphazoline /pheniramine drops (naphcon-a)* | $0 (OTC) | |
| *tetrahydrazoline drops (visine)* | $0 (OTC) | |
| **OPHTHALMIC KINASE INHIBITORS** | | |
| RHOPRESSA | TIER 1 | |
| ROCKLATAN | TIER 1 | QL (2.5 ML PER 25 DAYS) |
| **OPHTHALMIC STEROIDS** | | |
| *bacitra-neomycin-polymyxin-hc* | 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 | |
| *fluorometholone* | TIER 1 | |
| *loteprednol etabonate (0.5 % gel, 0.5 % suspension)* | TIER 1 | |
| *neomycin-polymyxin-dexameth* | TIER 1 | |
| *prednisolone acetate 1 % suspension* | TIER 1 | |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | TIER 1 | |
| SULFACETAMIDE-PREDNISOLONE | TIER 1 | |
| *tobramycin-dexamethasone* | TIER 1 | |
| **OPHTHALMICS - MISC.** | | |
| *artificial tear drops* | $0 (OTC) | |
| *atropine sulfate 1 % solution* | TIER 1 | |
| ATROPINE SULFATE 1 % SOLUTION | TIER 1 | |
| *azelastine hcl 0.05 % solution* | TIER 1 | |
| *balanced salt* | $0 (Medicaid Covered) | |
| CROMOLYN SODIUM (CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION) | TIER 1 | |
| *cyclosporine 0.05 % emulsion* | TIER 1 | QL (60 EA PER 30 DAYS) |
| CYSTADROPS | TIER 1 | PA, QL (20 ML PER 28 DAYS), NDS |
| *dextran 70/hypromellose lubricating eye drops* | $0 (OTC) | |
| *diclofenac sodium 0.1 % solution* | TIER 1 | |
| *dorzolamide hcl 2 % solution* | TIER 1 | |
| *epinastine hcl* | TIER 1 | |
| FLURBIPROFEN SODIUM | TIER 1 | |
| *ketorolac tromethamine (0.4 %, 0.5 %)* | 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 |
|---|---|---|
| *ketotifen drops (zaditor)* | $0 (OTC) | |
| *lubricant eye drops and ointment* | $0 (OTC) | |
| MIEBO | TIER 1 | QL (3 ML PER 30 DAYS) |
| *olopatadine 0.1% and 0.2% eye drop* | $0 (OTC) | |
| *pilocarpine hcl (1 %, 2 %, 4 %)* | TIER 1 | |
| *polyethylene glycol drops* | $0 (OTC) | |
| *polyvinyl alcohol / povidone drops (refresh)* | $0 (OTC) | |
| *polyvinyl alcohol drops (hypotears)* | $0 (OTC) | |
| *sodium chloride eye products* | $0 (OTC) | |
| TYRVAYA | TIER 1 | PA, QL (8.4 ML PER 30 DAYS) |
| XIIDRA | TIER 1 | QL (60 EA PER 30 DAYS) |
| **PROSTAGLANDINS - OPHTHALMIC** | | |
| *bimatoprost 0.03 % solution* | TIER 1 | QL (2.5 ML PER 25 DAYS) |
| *latanoprost 0.005 % solution* | TIER 1 | |
| LUMIGAN | TIER 1 | QL (2.5 ML PER 25 DAYS) |
| *tafluprost (pf)* | TIER 1 | QL (30 EA PER 30 DAYS) |
| *travoprost (bak free)* | TIER 1 | QL (2.5 ML PER 25 DAYS) |
| VYZULTA | TIER 1 | QL (2.5 ML PER 25 DAYS) |
| **OTIC AGENTS** | | |
| **OTIC AGENTS - MISCELLANEOUS** | | |
| *acetic acid 2 % solution* | TIER 1 | |
| *carbamide peroxide ear wax removal solution* | $0 (OTC) | |
| *ciprofloxacin-dexamethasone* | TIER 1 | QL (15 ML PER 30 DAYS) |
| *fluocinolone acetonide 0.01 % oil* | TIER 1 | |
| *hydrocortisone-acetic acid* | TIER 1 | |
| *neomycin-polymyxin-hc (1 %, 3.5-10000-1)* | TIER 1 | |
| *neomycin-polymyxin-hc 3.5-10000-1 suspension* | 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 |
|---|---|---|
| **PASSIVE IMMUNIZING AND TREATMENT AGENTS** | | |
| **MONOCLONAL ANTIBODIES** | | |
| BEYFORTUS | TIER 1 | |
| **PENICILLINS** | | |
| **AMINOPENICILLINS** | | |
| *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)* | TIER 1 | |
| AMOXICILLIN 125 MG CHEW TAB | TIER 1 | |
| AMOXICILLIN 250 MG CHEW TAB | TIER 1 | |
| *ampicillin* | TIER 1 | |
| *ampicillin sodium reconstituted solution* | TIER 1 | |
| **NATURAL PENICILLINS** | | |
| BICILLIN L-A | TIER 1 | |
| *penicillin g potassium* | 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** | | |
| *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)* | 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 |
|---|---|---|
| *ampicillin-sulbactam sodium reconstituted solution* | TIER 1 | |
| *piperacillin sod-tazobactam so* | TIER 1 | |
| **PENICILLINASE-RESISTANT PENICILLINS** | | |
| *dicloxacillin sodium* | TIER 1 | |
| *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)* | TIER 1 | |
| *nafcillin sodium 10 gm recon soln* | TIER 1 | NDS |
| *oxacillin sodium* | TIER 1 | |
| OXACILLIN SODIUM IN DEXTROSE IN 2 GM/50ML SOLUTION | TIER 1 | |
| **PROGESTINS** | | |
| *camila* | TIER 1 | |
| *deblitane* | TIER 1 | |
| DEPO-SUBQ PROVERA 104 | TIER 1 | |
| *emzahh* | TIER 1 | |
| *errin* | TIER 1 | |
| *gallifrey* | TIER 1 | |
| *heather* | TIER 1 | |
| *incassia* | TIER 1 | |
| *jencycla* | TIER 1 | |
| LILETTA (52 MG) | TIER 1 | |
| *lyleq* | TIER 1 | |
| *lyza* | TIER 1 | |
| *medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml susp prsyr, 150 mg/ml suspension)* | 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 |
| *meleya* | TIER 1 | |
| NEXPLANON | TIER 1 | |
| *nora-be* | TIER 1 | |
| *norethindrone 0.35 mg tab* | TIER 1 | |
| *norethindrone acetate 5 mg tab* | TIER 1 | |
| *norlyda* | TIER 1 | |
| *norlyroc* | TIER 1 | |
| *orquidea* | TIER 1 | |
| *progesterone (100 mg cap, 200 mg cap)* | TIER 1 | |
| *sharobel* | TIER 1 | |
| *tulana* | TIER 1 | |

## PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

### AGENTS FOR CHEMICAL DEPENDENCY

| | | |
|---|---|---|
| *acamprosate calcium* | TIER 1 | |
| *disulfiram 250 mg tab* | TIER 1 | |

### ANTIDEMENTIA AGENTS

| | | |
|---|---|---|
| *donepezil hcl (5 mg tab disp, 10 mg tab disp, 23 mg tab)* | TIER 1 | QL (30 EA PER 30 DAYS) |
| *donepezil hcl (5 mg tab, 10 mg tab)* | TIER 1 | |
| *galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 12 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab)* | TIER 1 | |
| *galantamine hydrobromide 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 |
|---|---|---|
| *memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)* | TIER 1 | |
| *memantine hcl er* | TIER 1 | |
| *rivastigmine* | TIER 1 | |
| *rivastigmine tartrate* | 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 |
| *tetrabenazine 12.5 mg tab* | TIER 1 | |
| *tetrabenazine 25 mg tab* | 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 |
|---|---|---|
| *dalfampridine er* | TIER 1 | QL (60 EA PER 30 DAYS) |
| *dimethyl fumarate 120 mg cap dr* | TIER 1 | PA, QL (14 EA PER 30 DAYS) |
| *dimethyl fumarate 240 mg cap dr* | TIER 1 | PA, QL (60 EA PER 30 DAYS), NDS |
| *dimethyl fumarate starter pack* | TIER 1 | PA, QL (120 EA PER 180 OVER TIME) |
| *fingolimod hcl* | TIER 1 | PA, QL (30 EA PER 30 DAYS), NDS |
| *glatiramer acetate 20 mg/ml soln prsyr* | TIER 1 | PA, QL (30 ML PER 30 DAYS), NDS |
| *glatiramer acetate 40 mg/ml soln prsyr* | TIER 1 | PA, QL (12 ML PER 28 DAYS), NDS |
| *glatopa 20 mg/ml soln prsyr* | TIER 1 | PA, QL (30 ML PER 30 DAYS), NDS |
| *glatopa 40 mg/ml soln prsyr* | 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 |
| *teriflunomide* | TIER 1 | PA, QL (30 EA PER 30 DAYS), NDS |
| NUEDEXTA | TIER 1 | PA, NDS |
| PIMOZIDE | TIER 1 | |
| **SMOKING DETERRENTS** | | |
| *bupropion hcl er (smoking det)* | TIER 1 | |
| *nicotine gum / lozenge* | $0 (OTC) | |
| *nicotine patch* | $0 (OTC) | |
| NICOTROL NASAL SPRAY | TIER 1 | |
| *varenicline tablet (starter pack, 0.5 mg, 1 mg)* | 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 |
|---|---|---|
| **RESPIRATORY TRACT AGENTS** | | |
| **ANTIHISTAMINES** | | |
| *cetirizine (tablet, solution)* | $0 (OTC) | |
| *cetirizine / pseudoephedrine 12 hour tablet* | $0 (OTC) | |
| *cetirizine 1 mg/ml oral solution (rx only)* | TIER 1 | |
| *chlorpheniramine* | $0 (OTC) | |
| *chlorpheniramine / phenylephrine / acetaminophen* | $0 (OTC) | |
| *chlorpheniramine / phenylephrine / aspirin* | $0 (OTC) | |
| *dextromethorphan / phenylephrine / acetaminophen* | $0 (OTC) | |
| *diphenhydramine / phenylephrine / acetaminophen* | $0 (OTC) | |
| *diphenhydramine 50 mg/ml solution* | TIER 1 | |
| *diphenhydramine tablet, capsule, oral liquid* | $0 (OTC) | |
| *doxylamine / dextromethorphan* | $0 (OTC) | |
| *fexofenadine (tablet, suspension)* | $0 (OTC) | |
| *guaifenesin / dextromethorphan (mucinex dm)* | $0 (OTC) | |
| *guaifenesin / dextromethorphan / phenylephrine* | $0 (OTC) | |
| *guaifenesin / dextromethorphan / pseudoephedrine* | $0 (OTC) | |
| *guaifenesin-codeine oral solution* | $0 (OTC) | |
| *levocetirizine 5 mg tablet* | $0 (OTC) | |
| *levocetirizine 5 mg tablet (rx only)* | TIER 1 | |
| *loratadine (claritin)* | $0 (OTC) | |
| *loratadine / pseudoephedrine (claritin – d)* | $0 (OTC) | |
| *phenylephrine / acetaminophen* | $0 (OTC) | |
| *phenylephrine / bropheniramine / dextromethorphan* | $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 |
|---|---|---|
| *phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen* | $0 (OTC) | |
| *phenylephrine / dextromethorphan* | $0 (OTC) | |
| *phenylephrine / guaifenesin* | $0 (OTC) | |
| *promethazine hcl (25 mg/ml, 50 mg/ml)* | $0 (Medicaid Covered) | |
| *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)* | TIER 1 | |
| *pseudoephedrine / guaifenesin* | $0 (OTC) | |
| *pseudoephedrine / ibuprofen* | $0 (OTC) | |
| **PULMONARY ANTIHYPERTENSIVES** | | |
| ADEMPAS | TIER 1 | PA, QL (90 EA PER 30 DAYS), NDS |
| *alyq* | TIER 1 | PA |
| *ambrisentan* | TIER 1 | PA, QL (30 EA PER 30 DAYS), NDS |
| *bosentan (62.5 mg tab, 125 mg tab)* | TIER 1 | PA, QL (60 EA PER 30 DAYS), NDS |
| OPSUMIT | TIER 1 | PA, QL (30 EA PER 30 DAYS), NDS |
| *sildenafil citrate 20 mg tab* | TIER 1 | PA |
| *tadalafil (pah)* | TIER 1 | PA |
| WINREVAIR | TIER 1 | PA, QL (1 EA PER 21 OVER TIME), NDS |
| **RESPIRATORY TRACT AGENTS, OTHER** | | |
| *acetylcysteine (10 %, 20 %)* | 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 |
| *pirfenidone (267 mg cap, 267 mg tab)* | TIER 1 | PA, QL (270 EA PER 30 DAYS), NDS |
| *pirfenidone 801 mg tab* | 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), PA³, NDS |
| *roflumilast* | TIER 1 | |
| *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)* | 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 |

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** | | |
| *sulfadiazine 500 mg tab* | TIER 1 | |
| *sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)* | TIER 1 | |
| **TETRACYCLINES** | | |
| *demeclocycline hcl* | TIER 1 | |
| *doxy 100* | TIER 1 | |
| *doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg recon soln, 100 mg tab)* | TIER 1 | |
| *doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)* | TIER 1 | |
| *minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)* | TIER 1 | |
| *tetracycline hcl (250 mg cap, 500 mg cap)* | TIER 1 | |
| **THYROID AGENTS** | | |
| **ANTITHYROID AGENTS** | | |
| *methimazole (5 mg tab, 10 mg tab)* | TIER 1 | |
| *propylthiouracil 50 mg tab* | TIER 1 | |
| **THYROID HORMONES** | | |
| *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)* | TIER 1 | |
| *levoxyl* | TIER 1 | |
| *liomny* | TIER 1 | |
| *liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg 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 |
|---|---|---|
| **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS** | | |
| **ANTISPASMODICS** | | |
| *dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)* | TIER 1 | |
| *glycopyrrolate (1 mg tab, 2 mg tab)* | TIER 1 | |
| **H-2 ANTAGONISTS** | | |
| *cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)* | TIER 1 | |
| *famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon suspension) (rx only)* | TIER 1 | |
| *famotidine 10 mg tab, 20 mg tab* | $0 (OTC) | |
| **MISC. ANTI-ULCER** | | |
| *misoprostol (100 mcg tab, 200 mcg tab)* | TIER 1 | |
| *sucralfate (1 gm tab, 1 gm/10ml suspension)* | TIER 1 | |
| **PROTON PUMP INHIBITORS** | | |
| *esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)* | TIER 1 | |
| *lansoprazole dr 15 mg capsule* | $0 (OTC) | |
| *lansoprazole dr capsule (15 mg, 30 mg) (rx only)* | TIER 1 | |
| *omeprazole capsule (10 mg, 20 mg, 40 mg) (rx only)* | TIER 1 | |
| *omeprazole dr 20 mg tablet* | $0 (OTC) | |
| *pantoprazole sodium (20 mg tab dr, 40 mg tab dr)* | TIER 1 | |
| *rabeprazole sodium 20 mg tab dr* | 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), PA², NDS |
| KOSELUGO 7.5 MG CAP SPRINK | TIER 1 | QL (360 EA PER 30 DAYS), PA², NDS |
| **VAGINAL AND RELATED PRODUCTS** | | |
| **SPERMICIDES** | | |
| *contraceptive sponge / gel* | $0 (OTC) | |
| **VAGINAL ANTI-INFECTIVES** | | |
| *clindamycin phosphate 2 % cream* | TIER 1 | |
| *clotrimazole vaginal cream* | $0 (OTC) | |
| *metronidazole vaginal gel 0.75 %* | TIER 1 | |
| *miconazole (monistat)* | $0 (OTC) | |
| *povidone-iodine (summers eve)* | $0 (OTC) | |
| *terconazole* | TIER 1 | |
| *tioconazole (vagistat)* | $0 (OTC) | |
| **VAGINAL ESTROGENS** | | |
| *estradiol (0.01 % cream, 10 mcg tab)* | TIER 1 | |
| ESTRING | TIER 1 | |
| PREMARIN 0.625 MG/GM CREAM | TIER 1 | |
| *yuvafem* | TIER 1 | |
| **VITAMINS** | | |
| **OIL SOLUBLE VITAMINS** | | |
| *beta-carotene* | $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 |
|---|---|---|
| *phytonadione (1 mg/0.5ml solution, 5 mg tab, 10 mg/ml solution)* | $0 (Medicaid Covered) | |
| *vitamin d* | $0 (OTC) | |
| *vitamin e* | $0 (OTC) | |
| *vitamin k1 (1 mg/0.5ml, 10 mg/ml)* | $0 (Medicaid Covered) | |
| **WATER SOLUBLE VITAMINS** | | |
| *biotin* | $0 (OTC) | |
| *calcium ascorbate* | $0 (OTC) | |
| *calcium panthothenate* | $0 (OTC) | |
| *niacinamide* | $0 (OTC) | |
| *riboflavin (vitamin b2)* | $0 (OTC) | |
| *thiamine (vitamin b1)* | $0 (OTC) | |
| *vitamin c* | $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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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.**

PO Box 52
Minneapolis, MN 55440-0052

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