

2023

List of Covered Drugs (Formulary)

- UCare's MSHO
- UCare Connect + Medicare

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*.

Updated on 11/21/2023.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

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

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior authorization 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 see your health plan Primary Care Provider (PCP) prior to the referral.

Enrolling in this health plan does not guarantee you can see a particular provider on this list. If you want to make sure, call that provider to ask if he or she is still part of this health plan. Also ask if he or she is accepting new patients. This health plan may not cover all your health care costs. Read your contract or *Member Handbook* carefully to find out what is covered.

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။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ်လီၤဝဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປຣໂປຣເມຍເລກຂ້າງເທິງນີ້.

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 612-676-6868/1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310/1-855-260-9707 (this call is free). TTY call 612-676-6810/1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at ucare.org.

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](https://www.ucare.org) or call Customer Service at the number listed at the bottom of this page.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Service at the number listed at the bottom of this page.
- 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 to frequently asked questions you have about this *List of Covered Drugs*. You can read all the FAQ below to learn more or look for a question and answer.

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

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

- 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, **and**
 - you fill the prescription at a UCare's MSHO and UCare Connect + Medicare network pharmacy.
- UCare's MSHO and UCare Connect + Medicare may have additional steps to access certain drugs. Refer to question B4 for more information.

You can also find an up-to-date list of drugs we cover on our website at [ucare.org](https://www.ucare.org) or call Customer Services at the number listed at the bottom of this page.

For more recent information or other questions, contact us at UCare's MSHO Customer Service at 612-676-6868/1-866-280-7202 (this call is free), UCare Connect + Medicare Customer Service at 612-676-3310/1-855-260-907 (this call is free). TTY call 612-676-6810/1-800-688-2534 (this call is free). 8 am – 8 pm, seven days a week. Or visit us at [ucare.org](https://www.ucare.org).

B2. Does the Drug List ever change?

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

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from UCare's MSHO or UCare's 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 is covered at the beginning of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

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

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

- You can always check UCare's MSHO and UCare Connect + Medicare's current Drug List online at **ucare.org**.
- 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:

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

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

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market and
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will

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

This will give you time to talk to your doctor or other prescriber. 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. Please refer to questions B10-B12 for more information about exceptions.

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. The following are the rules or limits that may apply.

- **Prior Authorization:** For some drugs, you, your doctor, or other prescriber must get authorization from UCare's MSHO or UCare Connect + Medicare before you fill your prescription. A prior authorization may be required for services or drugs outside the network or those not routinely covered by us. UCare's MSHO and UCare Connect + Medicare may not cover the drug if you do not get authorization.
- **Quantity Limits:** Sometimes UCare's MSHO and UCare Connect + Medicare limits the amount of a drug you can get.
- **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 doctor or other prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the 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 to these requirements or limits. You should 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. Please refer to questions B10-B12 for more information about exceptions.

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

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

The Drug List in Section C1 has a column labeled “Necessary actions, restrictions, or limits on use.” Please see question B4 for more information about restrictions, limits, or actions to take.

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

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advanced 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 by the drug’s name,
- or*
- You can search by drug type.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it on page 101. The Index of Covered Drugs is an alphabetical list of all the drugs included in the Drug List. Both brand name drugs and generic drugs are listed in the Index.

To search **by drug type**, find section C1 labeled “Drugs Grouped 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 is not 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 will not 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*
- You can ask the health plan to make an exception to cover your drug. Refer to questions B10 – B12 for more information about exceptions.

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

B9. What if I am 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 will allow multiple refills to provide up to a maximum of 30 days of medication.

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

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

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new UCare's MSHO or UCare Connect + Medicare member.
- This is in addition to the temporary supply during the first 90 days you are 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 will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

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

B11. How can I ask for an exception?

To ask for an exception, call UCare's MSHO Customer Service at 612-676-6868/ 1-866-280-7202 (this call is free), or call UCare Connect + Medicare Customer Service at 612-676-3310/1-855-260-9707 (this call is free), TTY 612-676-6810/1-800-688-2534 (this call is free), 8 am to 8 pm, seven days a week.

A Customer Service representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

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

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

Prior Authorization and formulary exception requests can be initiated by calling Express Scripts at 1-877-558-7521 or by faxing the request form to 1-877-251-5896. 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 will 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 usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

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

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

OTC stands for "over-the-counter." UCare's MSHO and UCare Connect + Medicare covers some OTC drugs through Medical Assistance (Medicaid) at no cost to you. You need a prescription for OTC drugs to be covered. These OTC drugs are listed in this Drug List, starting on page 111.

B15. 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 through Medical Assistance (Medicaid). These non-drug OTC products are listed in this Drug List. You need a prescription for non-drug OTC products to be covered. Examples of OTC non-drug products include gauze pads and bandages.

B16. Can I get my drugs through Mail-Order?

- We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.

For more information about getting drugs through mail-order, please call Customer Service at the number listed at the bottom of this page.

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

B17. What is my copay?

You can read the UCare’s MSHO and UCare Connect + Medicare Drug List to learn about the copay for each drug.

A copay is an amount you may be required to pay as your share of the cost of a prescription drug. A copay is usually a set amount, rather than a percentage. For example, you might pay \$0 to \$10.35 for a prescription drug.

UCare’s MSHO and UCare Connect + Medicare members living in nursing homes or other long-term care facilities will have no copays. Some members getting long-term care in the community will also have no copays.

The Drug List includes copay listed by tiers.

- Tier 1 Generic drugs have the lowest copay. The copay is from \$0 to \$4.15, depending on your income and level of Medical Assistance (Medicaid) eligibility.
- Tier 1 Brand drugs have a higher copay. The copay is from \$0 to \$10.35, depending on your income and level of Medical Assistance (Medicaid) 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 Section D, Index of Covered Drugs. 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., EPIPEN), 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.

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 will cover it.

ST = Step therapy: Drugs that require you to try another drug before we will cover it.

BvsD = Drugs requiring prior authorization to determine coverage under Part B or Part D.

QLL = Quantity limit: There are limits to the amount of drug you can receive.

LA = Limited Distribution: Drugs that are available only at certain pharmacies.

Part B Covered = Covered under Part B (medical) benefit.

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

C1. List of Drugs by Drug Type

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

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

UCare's Minnesota Senior Health Options (MSHO) and UCare Connect + Medicare List of Covered Drugs (Formulary)

Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 EA per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	1	PA; QL (60 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; QL (4 EA per 28 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	QL (10 ML per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL (300 ML per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 GM per 28 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL (100 GM per 28 days)
<i>diflunisal oral tablet 500 mg</i>	1	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (360 EA per 30 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (120 EA per 30 days)

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

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (10 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (5550 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i>	1	QL (2400 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	1	QL (180 EA per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; QL (60 EA per 30 days)
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (600 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (1200 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (120 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (240 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (900 ML per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	1	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL (120 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	

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

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>oxycodone oral capsule 5 mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	1	QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (1200 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (240 EA per 30 days)
ANESTHETICS		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	QL (36 GM per 30 days)
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (360 EA per 30 days)

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

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
NICOTROL INHALATION CARTRIDGE 10 MG	1	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	1	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	1	
ANTIBACTERIALS		
<i>amikacin injection solution 500 mg/2 ml</i>	1	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	
<i>azithromycin intravenous recon soln 500 mg</i>	1	
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	

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

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	QL (30 EA per 10 days)
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	1	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	1	QL (20 EA per 10 days)
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	
E.E.S. 400 ORAL TABLET 400 MG	1	
<i>ertapenem injection recon soln 1 gram</i>	1	QL (14 EA per 14 days)
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	
<i>gentamicin topical cream 0.1 %</i>	1	QL (60 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	QL (60 GM per 30 days)
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram</i>	1	QL (30 EA per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	QL (10 EA per 10 days)
<i>methenamine hippurate oral tablet 1 gram</i>	1	

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

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>paramomycin oral capsule 250 mg</i>	1	
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	

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

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>streptomycin intramuscular recon soln 1 gram</i>	1	QL (60 EA per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tigecycline intravenous recon soln 50 mg</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	PA; QL (224 ML per 28 days)
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	QL (20 EA per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	QL (2 EA per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	QL (10 EA per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	1	QL (27 EA per 10 days)
<i>vancomycin oral capsule 125 mg</i>	1	QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	QL (80 EA per 10 days)
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM)	1	
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 EA per 30 days)
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	1	QL (180 EA per 30 days)
APTIOM ORAL TABLET 400 MG	1	QL (90 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	QL (60 EA per 30 days)

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BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	QL (60 EA per 30 days)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	PA; QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	PA; QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	PA; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	1	PA; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	1	PA; LA
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	PA; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	PA; QL (120 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	

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<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA; LA
EPITOL ORAL TABLET 200 MG	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	1	PA
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA; LA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	1	QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	QL (120 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	PA; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; QL (150 EA per 30 days)
<i>methsuximide oral capsule 300 mg</i>	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	PA; QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
ROWEEPRA ORAL TABLET 500 MG	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	

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<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	1	PA; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA; LA
<i>vigabatrin oral tablet 500 mg</i>	1	PA; LA
VIGADRONE ORAL POWDER IN PACKET 500 MG	1	LA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG	1	QL (120 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	QL (60 EA per 30 days)
XCOPRI ORAL TABLET 50 MG	1	QL (240 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	QL (28 EA per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; LA; QL (1080 ML per 30 days)
ANTIDEMENTIA AGENTS		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	

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<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA
<i>memantine oral solution 2 mg/ml</i>	1	PA
<i>memantine oral tablet 10 mg, 5 mg</i>	1	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
ANTIDEPRESSANTS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	QL (1 EA per 28 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1	QL (4 EA per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (60 EA per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
<i>phenelzine oral tablet 15 mg</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (30 EA per 30 days)
<i>tranylcypromine oral tablet 10 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	1	QL (30 EA per 180 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
ANTIEMETICS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	B vs D
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	B vs D
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
COMPRO RECTAL SUPPOSITORY 25 MG	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B vs D
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	1	B vs D
<i>granisetron hcl oral tablet 1 mg</i>	1	B vs D
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	B vs D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B vs D

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B vs D
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	B vs D
<i>amphotericin b injection recon soln 50 mg</i>	1	B vs D
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1	
<i>casposungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL (90 GM per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	1	QL (60 ML per 28 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	1	QL (30 ML per 28 days)
<i>econazole topical cream 1 %</i>	1	QL (85 GM per 28 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	

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<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	QL (60 GM per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (120 ML per 28 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	
<i>naftifine topical cream 1 %, 2 %</i>	1	QL (60 GM per 28 days)
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	1	QL (180 GM per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL (180 GM per 30 days)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	1	QL (180 GM per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i>	1	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
MITIGARE ORAL CAPSULE 0.6 MG	1	
<i>probenecid oral tablet 500 mg</i>	1	

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<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	1	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	1	PA; QL (1.5 ML per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	QL (8 ML per 28 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (18 EA per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; QL (3 ML per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML	1	PA
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	1	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	1	PA; QL (16 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	QL (18 EA per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	QL (36 EA per 28 days)

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<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (18 EA per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (18 EA per 28 days)
ANTIMYASTHENIC AGENTS		
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
ANTIMYCOBACTERIALS		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; LA

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
TRECTOR ORAL TABLET 250 MG	1	
ANTINEOPLASTICS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA; QL (30 EA per 180 days)
<i>anastrozole oral tablet 1 mg</i>	1	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	1	PA; LA
<i>bexarotene oral capsule 75 mg</i>	1	PA
<i>bexarotene topical gel 1 %</i>	1	PA
<i>bicalutamide oral tablet 50 mg</i>	1	
BOSULIF ORAL TABLET 100 MG	1	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA; LA; QL (60 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; QL (84 EA per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA; LA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA; LA; QL (63 EA per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B vs D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	B vs D
DAURISMO ORAL TABLET 100 MG	1	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; QL (60 EA per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
EMCYT ORAL CAPSULE 140 MG	1	
ERIVEDGE ORAL CAPSULE 150 MG	1	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	1	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; QL (120 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	1	PA; QL (60 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; QL (330 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; QL (240 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; QL (180 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	B vs D
<i>exemestane oral tablet 25 mg</i>	1	
EXKIVITY ORAL CAPSULE 40 MG	1	PA; LA; QL (120 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; LA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	1	PA; LA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	1	PA; QL (30 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; QL (30 EA per 30 days)

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GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; LA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	1	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	1	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA; LA; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	1	PA; QL (60 EA per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; QL (91 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
KRAZATI ORAL TABLET 200 MG	1	PA; QL (180 EA per 30 days)
<i>lapatinib oral tablet 250 mg</i>	1	PA; QL (180 EA per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; LA; QL (28 EA per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA
<i>letrozole oral tablet 2.5 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA
LORBRENA ORAL TABLET 100 MG	1	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 320 MG	1	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	1	
LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB)	1	PA; LA
MATULANE ORAL CAPSULE 50 MG	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	1	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA; LA; QL (180 EA per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	
MESNEX ORAL TABLET 400 MG	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B vs D
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B vs D
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	B vs D
NERLYNX ORAL TABLET 40 MG	1	PA; LA
<i>nilutamide oral tablet 150 mg</i>	1	PA

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NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; QL (3 EA per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA; LA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA; LA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA; QL (30 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	1	PA; LA; QL (30 EA per 28 days)
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA; LA; QL (14 EA per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; LA
PURIXAN ORAL SUSPENSION 20 MG/ML	1	
QINLOCK ORAL TABLET 50 MG	1	PA; LA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA; LA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA; LA; QL (120 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA; LA; QL (28 EA per 28 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	1	PA
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 EA per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>sorafenib oral tablet 200 mg</i>	1	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; QL (60 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; QL (30 EA per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	B vs D
TABLOID ORAL TABLET 40 MG	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA; QL (840 EA per 28 days)
TAGRISSEO ORAL TABLET 40 MG, 80 MG	1	PA; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; QL (90 EA per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA; LA
TEPMETKO ORAL TABLET 225 MG	1	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (56 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	1	PA
<i>toremifene oral tablet 60 mg</i>	1	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 EA per 30 days)

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VALCHLOR TOPICAL GEL 0.016 %	1	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA; LA; QL (42 EA per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	1	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA; QL (120 EA per 30 days)
WELIREG ORAL TABLET 40 MG	1	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; QL (60 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	B vs D
XOSPATA ORAL TABLET 40 MG	1	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA
XTANDI ORAL CAPSULE 40 MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; QL (60 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA; LA; QL (90 EA per 30 days)

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ZEJULA ORAL TABLET 100 MG	1	PA; LA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA; QL (90 EA per 30 days)
ANTIPARASITICS		
<i>albendazole oral tablet 200 mg</i>	1	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (20 EA per 30 days)
LAMPIT ORAL TABLET 120 MG, 30 MG	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	
<i>pentamidine inhalation recon soln 300 mg</i>	1	B vs D; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
<i>primaquine oral tablet 26.3 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA
<i>quinine sulfate oral capsule 324 mg</i>	1	PA
ANTIPARKINSON AGENTS		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	1	PA; LA; QL (90 ML per 30 days)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	1	PA; QL (90 ML per 30 days)

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<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	1	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	1	PA
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	1	QL (2.4 ML per 56 days)

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

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ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	QL (30 EA per 30 days)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	

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FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	QL (8 EA per 180 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	QL (1.32 ML per 90 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	QL (2.63 ML per 90 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	QL (60 EA per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	1	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	1	QL (1 EA per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	QL (30 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	1	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	QL (30 EA per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	1	QL (0.28 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	1	QL (0.35 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	1	QL (0.42 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	1	QL (0.56 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	1	QL (0.7 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	1	QL (0.14 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	1	QL (0.21 ML per 30 days)

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VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	1	QL (7 EA per 180 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 EA per 28 days)
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B vs D
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	1	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	

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CIMDUO ORAL TABLET 300-300 MG	1	
COMPLERA ORAL TABLET 200-25-300 MG	1	
<i>darunavir ethanolate oral tablet 600 mg, 800 mg</i>	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	
DOVATO ORAL TABLET 50-300 MG	1	
EDURANT ORAL TABLET 25 MG	1	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	
ISENTRESS ORAL TABLET 400 MG	1	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
JULUCA ORAL TABLET 50-25 MG	1	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	1	PA; QL (28 EA per 28 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
LIVTENCITY ORAL TABLET 200 MG	1	PA; QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	1	PA; QL (168 EA per 28 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; QL (84 EA per 28 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
PIFELTRO ORAL TABLET 100 MG	1	
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	
PREZISTA ORAL SUSPENSION 100 MG/ML	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	
REYATAZ ORAL POWDER IN PACKET 50 MG	1	
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	1	PA; QL (28 EA per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	1	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	1	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	1	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	
TRIZIVIR ORAL TABLET 300-150-300 MG	1	
<i>valacyclovir oral tablet 1 gram</i>	1	QL (120 EA per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	QL (60 EA per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	1	
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	

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VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; QL (28 EA per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
ANXIOLYTICS		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	PA; QL (120 EA per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	PA; QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	PA; QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	PA; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	PA; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	PA; QL (120 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 EA per 30 days)

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<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	PA; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; QL (150 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	PA; QL (10 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	PA; QL (120 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (30 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	1	PA; QL (10 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
BIPOLAR AGENTS		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	

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<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPITOL ORAL TABLET 200 MG	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	1	QL (1 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)

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<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	1	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	QL (30 EA per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	1	QL (7 EA per 180 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 EA per 28 days)
BLOOD GLUCOSE REGULATORS		
<i>acarbose oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	1	PA; QL (4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	PA; QL (2.4 ML per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	PA; QL (1.2 ML per 30 days)
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG	1	QL (180 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	1	
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	1	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	1	
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	1	
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	1	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	1	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	1	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	1	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	1	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30 EA per 30 days)
KORLYM ORAL TABLET 300 MG	1	PA
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 EA per 30 days)
<i>miglitol oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	PA; QL (2 ML per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	1	PA; QL (2 ML per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 ML per 28 days)
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	1	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	QL (90 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	QL (60 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	
TRADJENTA ORAL TABLET 5 MG	1	QL (30 EA per 30 days)

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TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	1	PA; QL (2 ML per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	PA; QL (9 ML per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	1	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	1	
BLOOD PRODUCTS AND MODIFIERS		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
CABLIVI INJECTION KIT 11 MG	1	PA; LA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30 EA per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	QL (28 ML per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	QL (22.4 ML per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	QL (16.8 ML per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	QL (11.2 ML per 28 days)

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<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
LEUKINE INJECTION RECON SOLN 250 MCG	1	PA
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	1	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	1	PA; LA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	1	PA
<i>tranexamic acid oral tablet 650 mg</i>	1	
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	1	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	1	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA
CARDIOVASCULAR AGENTS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	

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<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	

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<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; QL (30 EA per 30 days)
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL (4 EA per 28 days)
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
CORLANOR ORAL SOLUTION 5 MG/5 ML	1	QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	QL (60 EA per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	1	

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<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 EA per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30 EA per 30 days)

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<i>fluvastatin oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; LA
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	

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<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	PA; QL (7 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA; QL (6 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA; QL (6 ML per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 EA per 30 days)
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
TAZTIA XT ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
TIADYL ER ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	QL (30 EA per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	1	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	1	PA; QL (60 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	1	PA; QL (42 EA per 180 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; QL (1 EA per 28 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	1	PA; QL (14 EA per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; QL (120 EA per 180 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	1	PA; QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	1	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	1	PA; QL (12 ML per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; QL (1.6 ML per 28 days)
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; QL (30 EA per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	1	PA; QL (7 EA per 180 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	1	PA; QL (12 EA per 180 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; QL (1 ML per 28 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; QL (4.2 ML per 180 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; QL (4.2 ML per 180 days)
<i>riluzole oral tablet 50 mg</i>	1	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	PA; QL (30 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; QL (120 EA per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; QL (120 EA per 30 days)
DENTAL AND ORAL AGENTS		
<i>cevimeline oral capsule 30 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
DERMATOLOGICAL AGENTS		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	QL (30 GM per 30 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; QL (6 ML per 28 days)
ALA-CORT TOPICAL CREAM 1 %	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	
<i>azelaic acid topical gel 15 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	QL (120 ML per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	QL (100 GM per 28 days)
<i>ciclopirox topical shampoo 1 %</i>	1	QL (120 ML per 28 days)
<i>ciclopirox topical solution 8 %</i>	1	QL (6.6 ML per 28 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	QL (120 GM per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (120 ML per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	1	QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical foam 0.05 %</i>	1	QL (100 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical lotion 0.05 %</i>	1	QL (118 ML per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	1	QL (236 ML per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol-emollient topical foam 0.05 %</i>	1	QL (100 GM per 28 days)
CLODAN TOPICAL SHAMPOO 0.05 %	1	QL (236 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (45 GM per 28 days)
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical gel 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; QL (8 ML per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; QL (1.34 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; QL (8 ML per 28 days)
ERY PADS TOPICAL SWAB 2 %	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	1	QL (120 ML per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone topical cream 1 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>ivermectin topical cream 1 %</i>	1	QL (60 GM per 30 days)
<i>malathion topical lotion 0.5 %</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	QL (44 GM per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL (60 GM per 28 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 30 MG	1	PA; QL (60 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	1	PA
<i>permethrin topical cream 5 %</i>	1	
<i>pimecrolimus topical cream 1 %</i>	1	PA; QL (100 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
REGRANEX TOPICAL GEL 0.01 %	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	QL (180 GM per 30 days)
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i>	1	
SSD TOPICAL CREAM 1 %	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; QL (100 GM per 30 days)
<i>tazarotene topical cream 0.1 %</i>	1	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	QL (360 EA per 30 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	QL (360 EA per 30 days)
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	PA
CHEMET ORAL CAPSULE 100 MG	1	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B vs D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B vs D
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B vs D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B vs D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	1	PA

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

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>electrolyte-148 intravenous parenteral solution</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %	1	B vs D
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	1	
KLOR-CON ORAL PACKET 20 MEQ	1	
<i>lanthanum oral tablet,chewable 1,000 mg</i>	1	QL (135 EA per 30 days)
<i>lanthanum oral tablet,chewable 500 mg</i>	1	QL (270 EA per 30 days)
<i>lanthanum oral tablet,chewable 750 mg</i>	1	QL (180 EA per 30 days)
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
<i>penicillamine oral tablet 250 mg</i>	1	PA

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	B vs D

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	1	QL (180 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	1	QL (90 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL (270 EA per 30 days)
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	1	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	B vs D
<i>trientine oral capsule 250 mg</i>	1	PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	B vs D
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	1	
GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	PA
CHENODAL ORAL TABLET 250 MG	1	PA; LA
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	1	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	1	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	QL (30 EA per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 EA per 30 days)
<i>loperamide oral capsule 2 mg</i>	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (60 EA per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 EA per 30 days)

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

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	1	PA; LA
OICALIVA ORAL TABLET 10 MG, 5 MG	1	PA; LA; QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	1	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	PA; QL (12 ML per 30 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
XERMELO ORAL TABLET 250 MG	1	PA; LA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 EA per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 EA per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine oral powder 1 gram/scoop</i>	1	
CERDELGA ORAL CAPSULE 84 MG	1	PA
CHOLBAM ORAL CAPSULE 250 MG	1	PA
CHOLBAM ORAL CAPSULE 50 MG	1	PA; QL (120 EA per 30 days)
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	1	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B vs D
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; LA
<i>miglustat oral capsule 100 mg</i>	1	PA; LA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B vs D
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	1	PA; LA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA
<i>sapropterin oral tablet, soluble 100 mg</i>	1	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	1	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	1	PA
GENITOURINARY AGENTS		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
ELMIRON ORAL CAPSULE 100 MG	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>penicillamine oral tablet 250 mg</i>	1	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>tiopronin oral tablet 100 mg</i>	1	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B vs D
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
TRIDERM TOPICAL CREAM 0.5 %	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA
VYNDAMAX ORAL CAPSULE 61 MG	1	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
<i>misoprostol oral tablet 200 mcg</i>	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	1	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
APRI ORAL TABLET 0.15-0.03 MG	1	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
CAMILA ORAL TABLET 0.35 MG	1	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	1	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	1	
CYRED EQ ORAL TABLET 0.15-0.03 MG	1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DEBLITANE ORAL TABLET 0.35 MG	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	1	QL (8 EA per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	1	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
ENSKYCE ORAL TABLET 0.15-0.03 MG	1	
ERRIN ORAL TABLET 0.35 MG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
INCASSIA ORAL TABLET 0.35 MG	1	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	1	
JASMIEL (28) ORAL TABLET 3-0.02 MG	1	
JINTELI ORAL TABLET 1-5 MG-MCG	1	
JULEBER ORAL TABLET 0.15-0.03 MG	1	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	1	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	1	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	1	
LORYNA (28) ORAL TABLET 3-0.02 MG	1	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	1	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	1	
LYLEQ ORAL TABLET 0.35 MG	1	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	1	QL (8 EA per 28 days)
LYZA ORAL TABLET 0.35 MG	1	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	1	

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

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	1	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
MILI ORAL TABLET 0.25-35 MG-MCG	1	
NIKKI (28) ORAL TABLET 3-0.02 MG	1	
NORA-BE ORAL TABLET 0.35 MG	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
OSPHENA ORAL TABLET 60 MG	1	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	1	

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<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>raloxifene oral tablet 60 mg</i>	1	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	1	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1	
SHAROBEL ORAL TABLET 0.35 MG	1	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
SYEDA ORAL TABLET 3-0.03 MG	1	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; QL (37.5 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; QL (180 ML per 30 days)
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	

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TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	1	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	1	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	1	
VESTURA (28) ORAL TABLET 3-0.02 MG	1	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	1	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	1	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	1	
YUVAFEM VAGINAL TABLET 10 MCG	1	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	1	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN ORAL TABLET 500 MG	1	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	1	B vs D
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	1	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA

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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	1	B vs D
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
IMMUNOLOGICAL AGENTS		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	\$0 Part D Adult Vaccine
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	B vs D
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	1	\$0 Part D Adult Vaccine
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	\$0 Part D Adult Vaccine
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	1	PA; QL (6 EA per 28 days)

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AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	1	PA; QL (0.4 ML per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	1	PA; QL (2 EA per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1	PA; QL (6 EA per 28 days)
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	\$0 Part D Adult Vaccine
<i>azathioprine oral tablet 50 mg</i>	1	B vs D
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	1	\$0 Part D Adult Vaccine
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA; LA
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	\$0 Part D Adult Vaccine
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	\$0 Part D Adult Vaccine
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	\$0 Part D Adult Vaccine
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B vs D
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B vs D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B vs D
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; QL (8 ML per 28 days)

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DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; QL (1.34 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; QL (8 ML per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; QL (8 ML per 28 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	B vs D; \$0 Part D Adult Vaccine
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B vs D; \$0 Part D Adult Vaccine
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B vs D; \$0 Part D Adult Vaccine
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; QL (330 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; QL (240 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; QL (180 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	B vs D
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	1	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	1	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	\$0 Part D Adult Vaccine (ages 19-45)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	\$0 Part D Adult Vaccine (ages 19-45)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B vs D

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GENGRAF ORAL SOLUTION 100 MG/ML	1	B vs D
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	\$0 Part D Adult Vaccine
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	B vs D; \$0 Part D Adult Vaccine
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; QL (6 EA per 180 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; QL (4 EA per 180 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	1	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; QL (2 EA per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; QL (4 EA per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; QL (2 EA per 28 days)

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HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4 EA per 28 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	\$0 Part D Adult Vaccine
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	\$0 Part D Adult Vaccine
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	\$0 Part D Adult Vaccine
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	\$0 Part D Adult Vaccine
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	\$0 Part D Adult Vaccine
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	\$0 Part D Adult Vaccine
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	\$0 Part D Adult Vaccine
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B vs D
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B vs D
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	B vs D
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	\$0 Part D Adult Vaccine
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B vs D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	B vs D
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B vs D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B vs D

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ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	1	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; QL (2.8 ML per 28 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; QL (55 EA per 180 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	PA; QL (2 ML per 28 days)
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	B vs D; \$0 Part D Adult Vaccine
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	\$0 Part D Adult Vaccine
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	B vs D
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	\$0 Part D Adult Vaccine

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RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	B vs D; \$0 Part D Adult Vaccine
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	B vs D; \$0 Part D Adult Vaccine
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	1	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	QL (60 EA per 30 days)
REZUROCK ORAL TABLET 200 MG	1	PA; QL (30 EA per 30 days)
RIDAURA ORAL CAPSULE 3 MG	1	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; QL (84 EA per 180 days)
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	B vs D
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	\$0 Part D Adult Vaccine
<i>sirolimus oral solution 1 mg/ml</i>	1	B vs D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B vs D
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; QL (2 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; QL (2 ML per 28 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; QL (2.4 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5 ML per 28 days)

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STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B vs D
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; QL (1 ML per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA; QL (1 ML per 28 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	\$0 Part D Adult Vaccine
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	\$0 Part D Adult Vaccine
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	\$0 Part D Adult Vaccine
<i>tetanus, diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	1	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	1	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	\$0 Part D Adult Vaccine
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	\$0 Part D Adult Vaccine
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	\$0 Part D Adult Vaccine
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	\$0 Part D Adult Vaccine
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	\$0 Part D Adult Vaccine
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	\$0 Part D Adult Vaccine
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	\$0 Part D Adult Vaccine
XATMEP ORAL SOLUTION 2.5 MG/ML	1	B vs D
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; QL (300 ML per 30 days)

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XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; LA; QL (8 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; LA; QL (1 ML per 28 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	1	\$0 Part D Adult Vaccine
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>balsalazide oral capsule 750 mg</i>	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B vs D

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<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	1	PA; LA

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<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
<i>risedronate oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL (4 EA per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	1	PA; QL (2.48 ML per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	B vs D
NON-FRF		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Part B Covered	
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Part B Covered	
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	1	PA
DENTA 5000 PLUS DENTAL CREAM 1.1 %	1	
DENTAGEL DENTAL GEL 1.1 %	1	
DEXCOM G6 RECEIVER	Part B Covered	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Part B Covered	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Part B Covered	PA; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	Part B Covered	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Part B Covered	PA; QL (3 EA per 30 days)
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	

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FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Part B Covered	
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Part B Covered	
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	Part B Covered	
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FREESTYLE LIBRE 14 DAY READER	Part B Covered	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Part B Covered	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Part B Covered	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Part B Covered	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Part B Covered	PA; QL (2 EA per 28 days)
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	1	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	1	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	1	
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	Part B Covered	

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NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Part B Covered	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	1	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	1	PA; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	1	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	PA; QL (15 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	Part B Covered	
ONETOUCH ULTRA2 METER	Part B Covered	
ONETOUCH ULTRA2 METER KIT	Part B Covered	
ONETOUCH ULTRAMINI KIT	Part B Covered	
ONETOUCH VERIO FLEX METER	Part B Covered	
ONETOUCH VERIO FLEX START KIT	Part B Covered	
ONETOUCH VERIO IQ METER	Part B Covered	
ONETOUCH VERIO IQ METER KIT	Part B Covered	
ONETOUCH VERIO METER	Part B Covered	
ONETOUCH VERIO REFLECT METER	Part B Covered	
ONETOUCH VERIO REFLECT START KIT	Part B Covered	
ONETOUCH VERIO TEST STRIPS STRIP	Part B Covered	
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Part B Covered	
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	Part B Covered	
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	
<i>phentermine oral tablet 37.5 mg</i>	1	
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	1	PA
SF 5000 PLUS DENTAL CREAM 1.1 %	1	
SF DENTAL GEL 1.1 %	1	

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SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Part B Covered	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Part B Covered	
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	1	PA
OPHTHALMIC AGENTS		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	PA
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	

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<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	QL (3.5 GM per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	QL (70 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	

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<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	1	PA
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	1	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	QL (60 EA per 30 days)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	QL (10 ML per 14 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	QL (10 ML per 14 days)

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<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	1	PA; QL (120 EA per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	
OTIC AGENTS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
RESPIRATORY TRACT/ PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B vs D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; LA
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	QL (36 GM per 30 days)

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<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B vs D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
ALYQ ORAL TABLET 20 MG	1	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	B vs D
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	1	QL (1 EA per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	1	QL (2 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	QL (25.8 GM per 30 days)
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL (60 ML per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	1	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B vs D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B vs D; QL (60 ML per 30 days)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; LA; QL (84 ML per 56 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	

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

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COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B vs D
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	1	QL (26 GM per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; QL (1.34 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; QL (8 ML per 28 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	Mylan and Teva Manufacturers; QL (2 EA per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	1	ST; QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	1	ST; QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	ST; QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	B vs D
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B vs D

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<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL (30 ML per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B vs D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	1	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	B vs D
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; QL (60 EA per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	QL (30.5 GM per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; QL (112 EA per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	1	PA; QL (90 EA per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	B vs D
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 GM per 30 days)

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QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 GM per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	PA; QL (30 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	QL (4 GM per 30 days)
SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	1	QL (90 EA per 90 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	QL (4 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	1	QL (21 GM per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	1	QL (2 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	1	PA; QL (60 EA per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; QL (280 ML per 28 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	PA; QL (224 ML per 28 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	1	PA; QL (56 EA per 28 days)

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TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; QL (84 EA per 28 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	QL (36 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	QL (60 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
SKELETAL MUSCLE RELAXANTS		
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
SLEEP DISORDER AGENTS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 EA per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	1	PA; LA; QL (540 ML per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	1	PA; LA; QL (540 ML per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL (30 EA per 30 days)

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<i>nitisinone</i>	70	<i>olanzapine</i>	34, 42	<i>oxaprozin</i>	2
NITRO-BID.....	54	<i>olanzapine-fluoxetine</i>	17	<i>oxazepam</i>	41
<i>nitrofurantoin macrocrystal..</i>	9	<i>olmesartan</i>	55	<i>oxcarbazepine</i>	13
<i>nitrofurantoin monohyd/m-cryst</i>	9	<i>olmesartan-hcthiamid</i>	55	OXERVATE.....	96
<i>nitroglycerin</i>	55	<i>olmesartan-hydrochlorothiazide</i>	55	<i>oxybutynin chloride</i>	71
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<i>norethindrone (contraceptive)</i>	77	<i>omega-3 acid ethyl esters..</i>	55	<i>oxycodone-acetaminophen...</i>	3
<i>norethindrone acetate</i>	77	<i>omeprazole</i>	69	OZEMPIC.....	47
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<i>nortriptyline</i>	17			PEDIARIX (PF).....	86
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<i>peg-electrolyte soln</i>	69	<i>potassium chloride in 5 % dex</i>	66	<i>propylthiouracil</i>	81
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<i>penicillamine</i>	65, 71	<i>potassium chloride-0.45 % nacl</i>	66	PULMOZYME.....	100
<i>penicillin g potassium</i>	9	<i>potassium chloride-d5-0.2%nacl</i>	66	PURIXAN.....	27
<i>penicillin g sodium</i>	9	<i>potassium chloride-d5-0.9%nacl</i>	66	<i>pyrazinamide</i>	22
<i>penicillin v potassium</i>	9	<i>potassium citrate</i>	66	<i>pyridostigmine bromide</i>	22
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<i>pentamidine</i>	30	<i>prasugrel</i>	49	QINLOCK.....	27
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<i>perindopril erbumine</i>	55	<i>prazosin</i>	55, 71	<i>quinapril</i>	55
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<i>permethrin</i>	63	<i>prednisolone acetate</i>	96	<i>quinidine sulfate</i>	56
<i>perphenazine</i>	19, 34	<i>prednisolone sodium phosphate</i>	72, 90, 96	<i>quinine sulfate</i>	30
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<i>silodosin</i>	71	<i>sumatriptan succinate</i>	22	<i>teriparatide</i>	91
<i>silver sulfadiazine</i>	63	<i>sunitinib malate</i>	28	<i>testosterone</i>	78
<i>simvastatin</i>	56			<i>testosterone cypionate</i>	78
<i>sirolimus</i>	87			<i>testosterone enanthate</i>	78
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<i>tizanidine</i>	36	TRIZIVIR.....	39	VIRACEPT.....	39
<i>tobramycin</i>	10, 96, 101	TROPHAMINE 10 %.....	67	VIREAD.....	39, 40
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<i>nacl</i>	101	TRULICITY.....	48	VIVITROL.....	4
<i>tobramycin sulfate</i>	10	TRUMENBA.....	88	VIZIMPRO.....	29
<i>tobramycin-</i>		TUKYSA.....	28	VONJO.....	29
<i>dexamethasone</i>	96	TURALIO.....	28	<i>voriconazole</i>	20
<i>tolcapone</i>	31	TWINRIX (PF).....	88	VOSEVI.....	40
<i>tolterodine</i>	71	TYDEMY.....	79	VOTRIENT.....	29
<i>topiramate</i>	14, 22	TYPHIM VI.....	88	VRAYLAR.....	36, 43
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<i>torseamide</i>	57	UDENYCA AUTOINJECTOR..	49	VYFEMLA (28).....	79
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<i>tramadol</i>	3	VALCHLOR.....	29	WIXELA INHUB.....	102
<i>tramadol-acetaminophen</i>	3	<i>valganciclovir</i>	39	WYMZYA FE.....	79
<i>trandolapril</i>	57	<i>valproic acid</i>	14, 22, 43	XALKORI.....	29
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UCare's MSHO and UCare Connect + Medicare 2023 OTC List

The following list of over-the-counter (OTC) medications are covered for UCare's MSHO and UCare Connect + Medicare members. This drug list only includes the generic version of products. Some brand products are listed in parentheses for reference purposes only. This list is subject to change.

If you have questions, please call either UCare's MSHO Customer Service at **612-676-6868/1-866-280-7202**, or call UCare Connect + Medicare Customer Service at **612-676-3310/1-855-260-9707**, TTY **612-676-6810** or **1-800-688-2534**, 8 am – 8 pm, seven days a week.

ANALGESICS AND ANTI-INFLAMMATORY DRUGS
acetaminophen (TYLENOL)
aspirin (BAYER)
aspirin / acetaminophen/ caffeine (EXCEDRIN)
aspirin / buffers (BUFFERIN)
aspirin / sodium bicarb / citric acid (ALKA-SELTZER)
capsaicin (ZOSTRIX)
diclofenac 1% gel
ibuprofen (MOTRIN)
lidocaine patches
naproxen (ALEVE)
Salonpas patches
COUGH AND COLD MEDICATIONS
ANTI-HISTAMINES
cetirizine (ZYRTEC)
clemastine fumarate
diphenhydramine (BENADRYL)
loratadine (CLARITIN)
chlorpheniramine
DECONGESTANTS
phenylephrine (SUDAFED PE)
pseudoephedrine (SUDAFED)
ANTI-HISTAMINE / DECONGESTANT COMBINATIONS
cetirizine / pseudoephedrine (ZYRTEC - D)
loratadine / pseudoephedrine (CLARITIN - D)
phenylephrine / acetaminophen
phenylephrine / guaifenesin
pseudoephedrine / ibuprofen
Nexafed Sinus Press-Pain (pseudoephedrine / acetaminophen)
ANTI-TUSSIVES AND EXPECTORANT DRUGS
dextromethorphan (ROBITUSSIN)
dextromethorphan / phenylephrine
dextromethorphan / phenylephrine / acetaminophen
dextromethorphan / pseudoephedrine / acetaminophen
guaifenesin (MUCINEX)

guaifenesin / dextromethorphan (MUCINEX DM)
guaifenesin / dextromethorphan / phenylephrine
guaifenesin / dextromethorphan / pseudoephedrine
Duraflu (guaifenesin / dextromethorphan / pseudoephedrine / acetaminophen)
guaifenesin / phenylephrine
guaifenesin / pseudoephedrine
DERMATOLOGICAL DRUGS
ANTIACNE DRUGS
benzoyl peroxide
KEROLYTIC DRUGS
salicylic acid
SCABICIDES
permethrin (NIX)
piperonyl / pyrethrins (RID)
TOPICAL ANESTHETICS
pramoxine (PROCTO-FOAM)
TOPICAL ANTIBACTERIAL DRUGS
bacitracin
bacitracin zinc
bacitracin / polymyxin b (POLYSPORIN)
chlorhexidine
neomycin / bacitracin / polymixin (NEOSPORIN)
neomycin / bacitracin / polymixin / pramoxine (NEOSPORIN PLUS)
TOPICAL ANTIFUNGALS
clotrimazole (LOTRIMIN)
miconazole (MICATIN)
terbinafine (LAMISIL)
tolnaftate (TINACTIN)
TOPICAL CORTICOSTEROIDS
hydrocortisone / aloe vera
hydrocortisone
OTHER TOPICAL DERMATOLOGICAL DRUGS
ammonium lactate (AMLACTIN)
Aquaphor ointment (white petrolatum)
calamine / zinc oxide
Cetaphil Cream (glyceryl / dimethicone / petrolatum)
coal tar
diphenhydramine
diphenhydramine / zinc

dimethicone
Eucerin cream (lanolin/mineral oil/white petrolatum)
hydrogen peroxide
methyl salicylate / menthol / camphor (BENGAY)
mineral oil / petrolatum (DERMACERIN CREAM)
petrolatum (VASELINE)
povidone-iodine (BETADINE)
pramoxine / calamine
Sween Prep (chloroxylenol)
trolamine salicylate (MYOFLEX)
urea 10% and 20% (CARMOL)
zinc oxide (DESITIN)
EAR / NOSE / THROAT MEDICATIONS
DRUGS AFFECTING THE EAR
carbamide peroxide (DEBROX)
DRUGS AFFECTING THE NOSE
cromolyn (NASALCROM)
triamcinolone acetonide (NASACORT)
oxymetazoline (AFRIN)
phenylephrine (NEO-SYNEPHRINE)
sodium chloride nasal spray
GASTROINTESTINAL DRUGS
ANTACIDS
aluminum hydroxide (ALTERNAGEL)
calcium carbonate (TUMS)
calcium carbonate / magnesium hydroxide (MYLANTA SUPREME)
magnesium carbonate / aluminum hydroxide (GAVISCON)
magnesium hydroxide / aluminum hydroxide / simethicone (MYLANTA)
magnesium oxide (URO-MAG)
sodium bicarbonate
ANTIDIARRHEAL DRUGS
bismuth subsalicylate (PEPTO-BISMOL)
loperamide (IMMODIUM)
ANTIULCER DRUGS
famotidine (PEPCID)
lansoprazole (PREVACID)
omeprazole (PRILOSEC)
LAXATIVES AND CATHARTICS
activated charcoal

bisacodyl (DULCOLAX)
calcium polycarbophil (fiber laxative)
cellulose (UNIFIBER)
charcoal / sorbitol
docusate calcium (SURFAK)
docusate sodium (COLACE)
glycerin suppository
mineral oil enemas
magnesium citrate solution (CITROMA)
magnesium hydroxide (PHILLIPS' MILK OF MAGNESIA)
methylcellulose (CITRUCCEL)
polyethylene glycol 3350 (MIRALAX)
psyllium (METAMUCIL)
senna / docusate sodium (PERI-COLACE)
Sennosides
OTHER GI DRUGS
lactase (LACTAID)
phenylephrine / shark liver / petrolatum (PREPARATION H)
simethicone (MYLICON)
sorbitol solution
witch hazel wipes and pads
MISCELLANEOUS (OTHER) Drugs
dimenhydrinate (DRAMAMINE)
levonorgestrel (PLAN B)
meclizine
phenazopyridine (AZO)
OPHTHALMIC DRUGS
carboxymethylcellulose drops
dextran 70/he-cell drops (GENTEAL TEARS)
eyelid cleanser combinations
glycerin / propylene glycol drops
hypromellose drops (GENTEAL TEARS SEVERE)
ketotifen drops (ZADITOR)
lanolin/mineral oil / petrolatum ointment (ULTRA FRESH PM)
mineral oil / petrolatum ointment (REFRESH PM)
naphazoline /pheniramine drops (NAPHCON-A)
polyvinyl alcohol / povidone drops (REFRESH)
polyvinyl alcohol drops (HYPOTEARNS)
propylene glycol (SYSTANE)
propylene glycol / PEGs (SYSTANE ULTRA)

sodium chloride
tetrahydrazoline drops (VISINE)
SMOKING CESSATION PRODUCTS
nicotine patch (NICODERM)
nicotine gum
nicotine polacrilex lozenge (COMMIT)
VAGINAL ANTIFUNGALS
clotrimazole (GYNE-LOTRIMIN)
miconazole (MONISTAT)
tioconazole (VAGISTAT)
VITAMINS AND RELATED PRODUCTS
MINERALS / ELECTROLYTES
calcium carbonate
calcium citrate
calcium gluconate
calcium lactate
calcium / magnesium
calcium / magnesium / zinc
chromium
electrolyte solution (pediatric)
ferrous gluconate
ferrous sulfate
magnesium chloride
magnesium gluconate
magnesium oxide
potassium chloride/sodium chloride (THERMOTABS)
potassium gluconate
selenium
sodium chloride
vitron-c
zinc gluconate
zinc sulfate
MISCELLANEOUS NUTRIENTS
beta-carotene
biotin
flaxseed oil
glucose (Dextrose)
glucosamine sulfate
glucosamine / chondroitin
omega-3 fatty acids (Fish oil)
VITAMINS
cyanocobalmin (vitamin B12)

folic acid
niacin
niacinamide
pyridoxine (vitamin B6)
riboflavin (vitamin B2)
thiamine (vitamin B1)
vitamin A
vitamin C
vitamin D
vitamin E
VITAMIN COMBINATION PRODUCTS
beta carotene / vitamin C / vitamin E / minerals
calcium carbonate / vitamin D
calcium carbonate / vitamin D / minerals
folic acid / vitamin B complex / vitamin C
multivitamins
multivitamins / iron
multivitamins / minerals
multivitamins / minerals / iron
prenatal vitamin
vitamin A / vitamin D
vitamin A / vitamin C / vitamin D
vitamin B complex
vitamin B complex / folic acid
vitamin B complex / vitamin C
vitamin B complex / vitamin C / vitamin E / zinc

UCare’s MSHO (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare’s MSHO depends on contract renewal.

Last updated: 04/17/2023

H2456_6245_082020 accepted

U6245 (08/2020)

H5937_6245_082020

This formulary was updated on 11/21/2023.

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



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U1549 (12/2023)