

2023

Liiska dawooyinka la daboolay (Rasmiga ah)

- UCare MSHO
- UCare Connect + Medicare

Hordhac

Dukumiintiga waxaa loo yaqaana *Liiska dawooyinka la daboolay* (sidoo kale loo yaqaan Liiska Dawooyinka). Wuxuu wax kaaga sheegayaa dawooyinka dhakhtarku qoro iyo daawooyinka aan farmashiyaha laga iibsan ee ay daboolaan UCare's MSHO iyo Ucare Connect + Medicare. Liiska Dawooyinka waxa kale oo uu kuu sheegayaa haddii ay jiraan sharciyo gaar ah ama xaddidaadyo dawo kasta oo ay daboolaan UCare's MSHO iyo UCare Connect + Medicare. Erayada muhiimka ah iyo qeexitaankooda waxay ka muuqdaan cutubka ugu dambeeya ee *Buug-gacmeedka loogu talagalay Xubinta*.

La cusboonaysiiyay 11/21/2023

Fariimo muhiim ah oo ku Saaban Wax aad Bixiso Tallaalada. Qorshahyagu waxa uu taageeraa Badanka Qaybta Tallaalka D oo aan adiga kharash kugu joogin. Soo wac Adeeg Macmiilka wixii macluumaad dheeraada ah.

Si aad u hesho macluumaad cusub ama su'aalo kale, Adeegga Macaamiisha UCare's MSHO ka wac 612-676-6868/1-866-280-7202, UCare Connect + Adeegga Macaamiisha Medicare ka wac 612-676-3310/1-855-260-9707. TTY 612-676-6810/ 1-800-688-2534. 8 am ilaa 8 pm, toddobo maalmood usbuucii. Wicitaanka waa bilaasha. Wixii macluumaad dheeraad ah, booqo **ucare.org**.

Hindida Maraykanka ah way sii wadan karaan ama bilaabi karaan isticmaalka rugaha caafimaadka ee dadka dhaladka ah iyo Hindida (IHS). Uma baahno ogolaansho hore inay helaan ama kuma soo rogi doono wax shuruud ah si aad adeegyo uga hesho rugahaan. Odayaasha da'doodu tahay 65 sano iyo wixii ka weyn, tan waxaa ku jira adeegyada Ka Dhaafitaanka Waayeelka (EW) ee laga helo dadka dhaladka ah. Haddii dhakhtar ama bixiye kale oo ku sugan kilinig qabiil ama IHS kuu gudbiyo bixiyaha shabakadayada, kama baahnayn inaad aragto qorshahaaga caafimaad Bixiyaha Daryeelka Koowaad (PCP) kahor gudbinta.

Ku biiritaanka qorshahan caafimaad ma dammaanad qaadayso inaad aragto bixiye gaar ah oo liiskan ku jira. Haddii aad rabto inaad hubiso, wac adeeg-bixiyahaas si aad u weydiiso haddii isaga ama iyadu ay weli qayb ka yihiin qorshahan caafimaad. Sidoo kale weydii haddii isaga ama iyada ay aqbalayaan bukaanno cusub. Qorshahan caafimaad waxa laga yaabaa inaanu daboolin dhammaan kharashyada daryeelka caafimaadkaaga. Si taxadar leh u akhri qandaraaskaaga ama Buug-gacmeedka loogu talagalay Xubinta si aad u ogaato waxa daboolaya.

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

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

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Ogaysiiska Xuquuqda Madaniga ah

Takoorku waxa uu ku lid yahay sharciga UCare kuma takooro mid ka mid ah kuwan soo socda:

- isirka
- midab
- asalka qaranka
- caqiidada
- diinta
- qaabka galmada:
- heerka caawimada dad waynaha
- da'da:
- naafanimada (ay ku jirto liidashada jidhka ama maskaxda)
- Jinsiga (ay ku jirto faalooyinka laga bixiyo jinsiga qofka iyo aqoonsiga sinjiga)
- xaalada guurka
- rumaynta siyaasadeed
- xaalada caafimaadka
- heerka caafimaadka
- helitaanka adeegyada daryeelka caafimaadka
- waayo aragnimada sheegashada
- taariikhda caafimaadka
- macluumaadka hide sidaha

Waxaad xaq u leedahay inaad soo gudbiso cabashada takoorka haddii aad rumaysan tahay inay kuula dhaqmeen qaab takoor ah UCare. Waxaad gudbin kartaa cabasho oo aad weydiisan kartaa caawimaad si aad qof ahaan ugu gudbiso cabashada ama boostada, taleefan, fakis, ama iimayl ahaan:

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

Caawinta Dheeraadka ah iyo Adeegyada: UCare wuxuu bixiyaa caawimo iyo adeegyo, sida turjubaano ama macluumaad aqoon leh qaabab la heli karo, lacag la'aan iyo waqti ku habboon si loo xaqiijiyo fursad siman oo aan kaga qayb qaadanno barnaamijyada daryeelka caafimaadka.

Kala xiriir UCare 612-676-3200 (cod ahaan) ama 1-800-203-7225 (cod ahaan), 612-676-6810 (TTY), ama 1-800-688-2534 (TTY).

Adeegyada Caawinta Luuqadda: UCare wuxuu bixiyaa dukumeenti la turjumay iyo tarjumaada luqadda lagu hadlo, bilaash ah iyo waqti ku habboon, marka adeegyada kaalmada luqaddu ay lagama maarmaan tahay si loo hubiyo in dadka ku hadla Ingiriisiga xaddidan ay galaangal macno leh u helaan macluumaadka iyo adeegyadayada. **Kala xiriir** UCare 612-676-3200 (cod ahaan) ama 1-800-203-7225 (cod ahaan), 612-676-6810 (TTY), ama 1-800-688-2534 (TTY).

Cabashooyinka Xuquuqda Madaniga ah

Waxaad xaq u leedahay inaad soo xarayso cabashada takoorka haddii aad rumaysan tahay inay kuula dhaqmay qaab takoor ah UCare. Waxa kale oo aad si toos ah ula xidhiidhi kartaa mid ka mid ah wakaaladaha soo socda si aad u xarayso cabashada takoorka.

Waaxda Caafimaadka iyo Xafiiska Adeegyada Aadanaha ee Xuquuqda Madaniga (OCR)

Waxaad xaq u leedahay inaad soo xarayso cabashada OCR, wakaalada federaalka, haddii aad rumaysan tahay in lagu takooray sababtoo ah wax ka mid ah waxa soo socda:

- isirka
- midab
- asalka qaranka
- da'da:
- naafanimadooda
- sinjiga
- diinta (xaaladaha qaarkood)

Si toos ah ula xiriir OCR si aad u xarayso cabasho:

Office for Civil Rights

U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240

Chicago, IL 60601

Xarunta Jawaabta Macmiilka: Lacag-la'aan: 800-368-1019

TDD Toll-free: 800-537-7697

Email: ocrmail@hhs.gov

Waaxda Minnesota ee Xuquuqaha Adaamiga ah (MDHR)

Minnesota gudaheeda, waxaad xaq u leedahay inaad ka dacwooto MDHR haddii lagugu takooray mid ka mid ah kuwan soo socda:

- isirka
- midab
- asalka qaranka
- diinta
- caqiidada
- sinjiga
- qaabka galmada:
- xaalada guurka
- caawimaad dadweyne xaalad
- naafanimadooda

Kala xiriir **MDHR** si toos ah si aad u xaraysato cabasho:

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)

Waaxda Adeegyada Aadanaha ee Minnesota (DHS)

Waxaad xaq u leedahay inaad cabasho u gudbiso DHS haddii aad aaminsantahay in lagugu takooray barnaamijyadayada daryeelka caafimaadka sababtoo ah mid ka mid ah kuwan soo socda:

- isirka
- midab
- asalka qaranka
- diinta (xaaladaha qaarkood)
- da'da:
- naafanimada (ay ku jirto liidashada jidhka ama maskaxda)
- Jinsiga (ay ku jirto faalooyinka laga bixiyo jinsiga qofka iyo aqoonsiga sinjiga)

Cabashooyinka waa inay qornaadaan oo lagu soo gudbiyo gudaha 180 maalmood laga bilaabo taariikhda aad ogaatay takoorka la tuhunsan yahay. Cabashada waa inay ka koobnaataa magacaga iyo cinwaanka oo faahfaahi takoorka aad ka cabanayso. Dib u eegis ayaanu ku samayn doonaa oo qoraal ahaan ayaan kugu ogaysiin doonaa haddii aanu awood u leenahay inaanu baadho iyo in kale. Haddii aanu oggolaano, waanu baadhi doonaa cabashada.

DHS ayaa qoraal kugu ogaysiin doonta natiijada baadhista. Waxaad xaq u leedahay inaad rafcaan ka qaadato haddii aadan ku raacsanayn go'aanka. Si rafcaan aad u qaadato waa inaad codsi qoran u soo dirtaa inaad hesho dib u eegida DHS natiijada baadhitaanka. Soo koob oo sheeg sababta aad u diiday go'aanka. Ku dar macluumaad dheeraad ah oo aadu malaynayso inay muhiim tahay.

Haddii aad cabasho usoo xarayso qaabkan, dadka u shaqeeya wakaalada ee lagu magacaabay cabashada kaama aar goosan karaan. Tan macnaheedu waxa weeye kuma ciqaabi karaan adiga qaabnaba inaad soo xaraysay cabasho awgeed. Ku soo xaraynta cabashada qaabkan kaama joojiso adiga raadinta tallaabooyinka kale ee sharci ama maamul.

Kala xiriir **DHS** si toos ah si aad u xarayso cabashada takoorka:

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

Hindida Maraykanku waxay sii wadan karaan ama isticmaalaan bilaabida Adeegyada Caafimaadka Hindida iyo qabiilka ruga "IHS". Uma baahan doono ogolaanshe cusub ama ku soo rogida wax shuruuda ah adigu si aad u hesho rugahan. Waayeelka 65 sano jirka ah iyo ka wayn kuwan waxaa ku jira ka dhaafida Waayeelka adeegyada (EW) ee lagu helo dhexda qabiilka. Haddii dhakhtarka ama adeeg bixiyaha kale ee qabiil ama rugta IHS uu kuu gudbiyo adeeg bixiye ku jira shabakadayda. kaagama baahan doono inaad u tagto adeeg bixiyaha koowaad ka hor

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A. Digniin

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

- MSHO ee UCare iyo UCare Connect + Medicare waa qorshayaal caafimaad oo qandaraas kula jira barnaamijka Medicare iyo Caawimaada Caafimaadka Minnesota (Medicaid) si ay u siiyaan gunnooyinka labada barnaamij isdiiwaangeliyaasha. Diiwaangelinta MSHO ee UCare iyo UCare Connect + Medicare waxay ku xirantahay cusbooneysiinta qandaraaska.
- *Liiska daawooyinka la daboolay* iyo/ama farmashiyaha iyo shabakadaha bixiyayaasha ayaa isbedeli kara sanadka oo dhan.
- Gunnooyinka iyo/ama lacag-bixinta ayaa isbeddeli kara Janaayo 1 ee sannad kasta.
- Waxaad had iyo jeer hubin kartaa MSHO ee UCare ama UCare Connect + cusboonaysiinta Medicare *Liiska daawooyinka la daboolay* ee oonlaynka **ucare.org** ama wac Adeegga Macmiilka lambarka ku qoran xagga hoose ee boggan.
- Dukumeentigan waxaad ku heli kartaa bilaash oo qaabab kale ah, sida far waaweyn, farta indhoolaha, ama maqalka. Ka wac Adeegga Macmiilka lambarka ku qoran xagga hoose ee boggan.
- Si aad u samayso ama aad u bedesho codsi joogto ah si aad u hesho dukumeentigan, hadda iyo mustaqbalka, luqad aan Ingiriisi ahayn ama qaab kale, wac Adeegga Macmiilka lambarka ku yaal boggan hoose.

B. Su'aalaha Inta Badan La Isweydiiyo (FAQ)

U hel jawaabaha Su'aalaha inta badan La is waydiiyo aad arrintan ka qabto *Liiska daawooyinka la daboolay*. Waxaad akhrin kartaa dhamaan Su'aalaha Inta badan la isweydiiyo hoos si aad wax badan u barato ama aad u raadiso su'aal iyo jawaabo.

B1. Daawooyin la qoray oo nooc ah ayaa ku jira *Liiska daawooyinka la daboolay*? (ama "*Liiska daawooyinka*" marka la soo gaabiyo.)

Daawooyinka ku jira *Liiska Daawooyinka* ee Qaybta C waa daawooyinka ay daboolaan UCare MSHO iyo UCare Connect + Medicare. Daawooyinkan waxaa laga heli karaa farmasiyada shabakadayada. Farmashiye wuxuu ku jiraa shabakadayada haddii aanu kula heshiinay inay nala shaqeeyaan oo ay ku siiyaan adeegyo.

Waxaan u tixraacnaa farmasiyadan sida "farmasiyada shabakada."

- MSHO ee UCare iyo UCare Connect + Medicare ayaa dabooli doona dhamaan daawooyinka caafimaad ahaan lagama maarmaanka ah ee ku jira *Liiska Daawooyinka* haddii:
 - dhakhtarkaaga ama daawo qoro kale ayaa sheegaya inaad u baahan tahay si aad u fiicnaato ama aad caafimaad u hesho, **iyoo**
 - waxaad daawada ka buuxinaysaa farmashiyaha shabakada UCare ee MSHO iyo UCare Connect + Medicare.
- MSHO ee UCare iyo UCare Connect + Medicare waxaa laga yaabaa inay lahaadaan tallaabooyin dheeraad ah oo lagu helo daawooyinka qaarkood (Tixraac su'aasha B4 wixii macluumaad dheeraad ah).

Waxaa kale oo aad ka heli kartaa liis cusub oo daawooyin ah oo aanu ku daboolno websaytka ee **ucare.org** ama wac Adeegyada Macmiilka ee lambarka ku qoran dhanka hoose ee boggan.

Si aad u hesho macluumaad cusub ama su'aalo kale, Adeegga Macaamiisha UCare's MSHO ka wac 612-676-6868/ 1-866-280-7202 (Wicitaankan waa bilaash), UCare Connect + Adeegga Macaamiisha Medicare ka wac 612-676-3310/ 1-855-260-9707 (Wicitaankan waa bilaash). TTY 612-676-6810/ 1-800-688-2534 (Wicitaankan waa bilaash). 8 am ilaa 8 pm, toddobo maalmood usbuucii. Wicitaanka waa bilaasha. **Wixii macluumaad dheeraad ah, booqo **ucare.org**** ee usbuuca. Ama nagu soo booqo **ucare.org**

B2. Liiska daawadu weligiis ma isbedeli doonaa?

Haa, iyo UCare's MSHO iyo UCare Connect + Medicare waa inay raacaan xeerarka Medicare iyo Assistance Medical (Medicaid) marka la samaynayo isbedel. Waxa laga yaabaa in aan ku daro ama ka saarno daroogoyinka ku jira Liiska Dawooyinka sanadka gudihisa.

Waxa kale oo laga yaabaa inaan bedelno xeerarkayaga ku saabsan daawada. Tusaale ahaan, waxaan awoodnaa:

- Inaan go'aan ka gaarno inaad u baahato ama aadan u baahnayn ogolaansho ka hor daawada. (Ogolaanshaha hore waa ogolaanshaha UCare's MSHO ama UCare's Connect + Medicare ka hor intaadan helin daawo.)
- Inaan ku darno ama beddel qaddarka daawada aad heli karto (oo loo yaqaan xaddidnaanta tirada.)
- Inaan ku darno ama beddel xaddidaadaha daawaynta tallabada ee daawada. (Daawaynta tallabada macnaheedu waa inaad isku daydo hal daawo kahor inta aanan daboolin daawo kale.)

Macluumaad dheeraad ah oo ku saabsan xeerarka daawada, tixraac su'aasha B4.

Haddii aad qaadanayso daawo la daboolay bilawga sanadka, guud ahaan ma saari doono mana bedeli doono caymiska daawadaas **dinta ka dhiman** sanadka ilaa:

- daawo cusub, oo ka jaban ayaa suuqa ku jirta oo ka shaqeysa sidoo kale daawo ku jirta Liiska Dawooyinka hadda, ama
- Waxaan ogaanay in daawadu aysan ammaan ahayn, ama
- daawada ayaa laga saaray suuqa.

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

- Waxaad had iyo jeer ka hubin kartaa UCare MSHO iyo UCare Connect + Liiska dawooyinka hadda ee Medicare ee khadka **ucare.org**.
- Waxaad sidoo kale wici kartaa Adeegga Macmiilka lambarka ku qoran xagga hoose ee boggan si aad u hubiso Liiska Dawooyinka hadda.

B3. Maxaa dhacaya marka isbeddel lagu sameeyo Liiska Dawooyinka?

Isbeddellada qaarkood ee Liiska Dawooyinka ayaa isla markiiba dhici doona. Tusaale ahaan:

- **Daawooyin cusub oo macmal ah ayaa diyaar noqon doona.** Mararka qaarkood, daawo macmal ah oo cusub ayaa suuqa ku soo baxda taas oo shaqaynaysa iyo sidoo kale dawada asalka ee ku jirta Liiska Dawooyinka hadda. Marka ay taasi dhacdo, waxa laga yaabaa in aan meesha ka saarno dawada magaca leh oo aan ku darno daawada guud, laakiin kharashkaaga daawada cusub waxa uu ahaan doonaa sidii hore ama wuu yaraan doonaa. Marka aan ku darno daawada guud ee cusub, waxa laga yaabaa in aan go'aansanno in aan ku hayno dawada magaca sumadda ee liiska laakiin aan beddelno xeerarkeeda caymis ama xaddid.
 - Waxaa laga yaabaa inaan kuu sheegin ka hor intaan samaynin isbeddelkan, laakiin waxaanu kuu soo diri doonaa macluumaadka ku saabsan isbeddelka gaarka ah ee aanu samaynay mar uu dhaco.
 - Adiga ama bixiyahaaga waxaad codsan kartaan in laga reebo isbeddeladan. Waxaan kuu soo diri doonaa ogeysiis ay ku jiraan tillaabooyinka aad qaadi karto si aad u codsato ka reeban. Fadlan Tixraac su'aalaha B10-B12 wixii macluumaad dheeraad ah ee ka reeban.
- **Daawo ayaa suuqa laga saaray.** Haddii Maamulka Cuntada iyo Dawooyinka (FDA) uu sheego in daawada aad qaadanayso aanay ammaan ahayn ama soo saaraha daawada uu ka qaato daroogada suuqa, waxaanu ka saaraynaa Liiska Dawooyinka. Haddii aad qaadanayso daawada, waan ku ogeysiin doonaa. Xubnuhu waa inay sidoo kale la xidhiidhaan dhakhtarkooda ama farmashiyaha si ay u helaan wixii macluumaad dheeraad ah.

Si aad u hesho macluumaad cusub ama su'aalo kale, Adeegga Macaamiisha UCare's MSHO ka wac 612-676-6868/ 1-866-280-7202 (Wicitaankan waa bilaash), UCare Connect + Adeegga Macaamiisha Medicare ka wac 612-676-3310/ 1-855-260-9707 (Wicitaankan waa bilaash). TTY 612-676-6810/ 1-800-688-2534 (Wicitaankan waa bilaash). 8 am ilaa 8 pm, toddobo maalmood usbuucii. Wicitaanka waa bilaasha. **Wixii macluumaad dheeraad ah, booqo [ucare.org](https://www.ucare.org)** ee usbuuca. Ama nagu soo booqo [ucare.org](https://www.ucare.org)

Waxaa laga yaabaa inaan sameyno isbedelo kale oo saameeya daawooyinka aad qaadato. Waxaan horay kaaga sheegi doonaa kuwaas

isbedelada kale ee Liiska Dawooyinka. Isbedelladani waxay dhici karaan haddii:

- FDA ay bixiso hagitaano cusub ama ay jiraan tilmaamo caafimaad oo cusub oo ku saabsan daawada.
- Waxaan ku daraynaa daawo baddel ah oo aan ku cusbayn suuqa iyo
 - Beddel daawada magaca leh ee hadda ku jirta Liiska Dawooyinka **ama**
 - Beddel xeerarka caymiska ama xadka daawada magaca summada.

Markay isbadeladu dhacaan, waxaan

- Kuu sheegi doonaa ugu yaraan 30 maalmood ka hor inta aanaan isbeddelka ku samayn Liiska Daawooyinka **ama**
- Ogaysiin doonaa oo waxaan ku siinaynaa sahay 30 maalmood ah ka dib markaad codsato buuxin.

Tani waxay ku siin doontaa wakhti aad la hadasho dhakhtarkaaga ama daawo qoraha kale. Waxay kaa caawin karaan inaad go'aansato

- Haddii ay jirto daawo la mid ah Liiska Dawooyinka waxaad qaadan kartaa beddelkeeda ama
- Haddi ay tahay inaad weydiisato wax laga reebay isbeddeladan. Fadlan Tixraac su'aalaha B10-B12 wixii macluumaad dheeraad ah ee ku saabsan ka reebitaanada.

B4. Ma jiraan wax xayiraad ama xaddidaad ah oo ku saabsan caymiska daawada ama tallaabo kasta oo loo baahan yahay in la qaado si loo helo daawooyinka qaarkood?

Haa, daawooyinka qaarkood waxay leeyihiin xeerar caymis ama waxay leeyihiin xaddid inta aad heli karto. Hoos waxaa ah sharciyada iyo xadadka habboonaan kara.

- **Ogolaansho hore:** Daawooyinka qaar, adiga, dhakhtarkaaga, ama daawo qore kale waa inaad ka heshaa ogolaansho MSHO ee UCare ama UCare Connect + Medicare ka hor intaadan buuxin daawada laguu qoray. Ogolaanshaha hore ayaa looga baahan karaa adeegyo ama dawooyin ka baxsan shabakada ama Kuwan aan si joogto ah u daboolin anaga. MSHO ee UCare iyo UCare Connect + Medicare ma daboo sho daawada haddii aanad helin ogolaansho.
- **Xadka Tirada:** Mararka qaarkood MSHO ee UCare iyo UCare Connect + Medicare ayaa xaddidaya qaddarka daawada aad heli karto.
- **Daaweynta talaabada:** Mararka qaarkood MSHO ee UCare iyo UCare Connect + Medicare waxay kaaga baahan yihiin inaad sameyso daawaynta talaabada. Tani waxay la macno tahay inaad isku daydo daawooyinka si gaar ah xaaladaada caafimaad. Waxaa laga yaabaa inaad isku daydo hal daawo ka hor inta aanaan daboolin daawo kale. Haddii dhakhtarkaaga ama daawo qore kale uu u maleeyo in daawada kowaad aysan kuu shaqaynayn, markaa waxaanu dabooli doonaa kan labaad.

Waxaad ku ogaan kartaa haddii daawadaadu leedahay wax shuruudo dheeraad ah ama xaddidaad adigoo eegaya jadwalka Qaybta C1. Waxaad sidoo kale ka heli kartaa macluumaad dheeraad ah adigoo booqanaya websaytkayaga **ucare.org**. Waxaan soo qornay dukumeenti onleen ah oo sharaxaya ogolaanshahayagii hore iyo xayiraadaha daawaynta tillaabada. Waxaad sidoo kale naga codsan kartaa inaan nuqul kuu soo dirno.

Waxaad codsan kartaa in wax laga reebo shuruudahan ama xadidaadan. Waa inaad la hadashaa dhakhtarkaaga ama daawo qore kale. Waxay kaa caawin karaan inaad go'aansato haddii ay jirto daawo la mid ah oo ku jirta Liiska Dawooyinka oo aad qaadan karto beddelkeeda ama inaad weydiisato ka reebis. Fadlan tixraac su'aalaha B10-B12 wixii macluumaad dheeraad ah ee ku saabsan ka reebitaanada.

Si aad u hesho macluumaad cusub ama su'aalo kale, Adeegga Macaamiisha UCare's MSHO ka wac 612-676-6868/ 1-866-280-7202 (Wicitaankan waa bilaash), UCare Connect + Adeegga Macaamiisha Medicare ka wac 612-676-3310/ 1-855-260-9707 (Wicitaankan waa bilaash). TTY 612-676-6810/ 1-800-688-2534 (Wicitaankan waa bilaash). 8 am ilaa 8 pm, toddobo maalmood usbuucii. Wicitaanka waa bilaasha. **Wixii macluumaad dheeraad ah, booqo ucare.org** ee usbuuca. Ama nagu soo booqo **ucare.org**

B5. Sideed ku ogaan doontaa in daawada aad rabto ay leedahay xad ama haddii ay jiraan wax talaabo ah oo loo baahan yahay si loo helo daawada?

Liiska Daawooyinka ee Qaybta C1 waxay leedahay khaanad lagu calaamadeeyay "Ficilada lagama maarmaanka ah, xayiraadaha, ama xadididda isticmaalka." Fadlan ka eeg su'aasha B4 si aad u hesho macluumaad dheeraad ah oo ku saabsan xayiraadaha, xadidaada, ama tallaabooyinka la qaadayo.

B6. Maxaa dhacaya haddii MSHO ee UCare iyo UCare Connect + Medicare ay beddelaan xeerarkooda ku saabsan sida aan u daboolno daawooyinka qaarkood (tusaale, ogolaanshaha hore, xadidaada tirada, iyo/ama xaddidaadaha daweynta tillaabada)?

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

B7. Sideen uga heli karaa daawo liiska daawooyinka?

Waxaa jira laba siyaabood oo lagu helo daawo:

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

Si aad ugu raadiso **alifbeeto ahaan**, tixraac Tasmada qaybta Daawooyinka la Daboolay. Waxaad ka heli kartaa boga 101. Tasmada daawooyinka la daboolay waa liis alifbeeta ah ee dhamaan daawooyinka lagu daray Liiska Dawooyinka. Daawooyinka magaca summadaha iyo daawooyinka badelaada labadaba waxay ku taxan yihiin tasmada.

Si aad ugu raadiso **nooca daawada**, raadi qaybta C1 ee ku calaamadaysan "Daawooyinka la isugu geeyay Nooca Daawada." Daawooyinka ku jira qaybtan waxa loo qaybiyaa qaybo iyadoo la fiirinayo noocooda. Tusaale ahaan, haddii aad daawo u qaadnayso dhanjafka, waa inaad eegtaa qaybta "Waxyaabaha ka hortaga dhanjafka". Halkaas ayaad ka heli doontaa dawooyinka daaweeya xanuunka dhanjafka.

B8. Kawaran haddii dawada aan rabo inaan qaato aysan ku jirin liiska dawooyinka?

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

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

ama

- Waxaad weydiisan kartaa shirkadda qorshaha caafimaadka inuu sameeyo ka-reebis si loo daboolo daawadaada. Tixraac su'aalaha B10 – B12 wixii macluumaad dheeraad ah ee ku saabsan ka reebitaanada.

Si aad u hesho macluumaad cusub ama su'aalo kale, Adeegga Macaamiisha UCare's MSHO ka wac 612-676-6868/ 1-866-280-7202 (Wicitaankan waa bilaash), UCare Connect + Adeegga Macaamiisha Medicare ka wac 612-676-3310/ 1-855-260-9707 (Wicitaankan waa bilaash). TTY 612-676-6810/ 1-800-688-2534 (Wicitaankan waa bilaash). 8 am ilaa 8 pm, toddobo maalmood usbuucii. Wicitaanka waa bilaasha. **Wixii macluumaad dheeraad ah, booqo [ucare.org](https://www.ucare.org)** ee usbuuca. Ama nagu soo booqo **[ucare.org](https://www.ucare.org)**

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

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

Haddii warqadda daawada lagu qoro maalmo ka yar, waxaan u ogolaan doonaa dib u buuxinta badan si ay u bixiso ugu badnaan 30 maalmood oo daawo ah.

Waxaanu dabooli doonaa sahayda daawadaada 30-maalmood haddii:

- aad qaadanayso daawo aan ku jirin Liiska Dawooyinka, **ama**
- xeerarka qorshaha caafimaadku aanay kuu ogolaan inaad hesho qaddarka uu ku amray daawo qorahaaga, **ama**
- daawadu u baahan tahay ogolaansho hore ee MSHO ee UCare ama UCare Connect + Medicare, **ama**
- aad qaadanayso daawo qayb ka ah xakamaynta daawaynta tillaabada.

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

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

Haddii aad tahay xubin hadda u gudbaysa heer daryeel oo kan aad hadda ku jirto ka duwan, waxaa laga yaabaa in lagu qoro daawooyin aan ku jirin liiskayaga. Markaad la hadlayso dhakhtarkaaga si aad u go'aamiso habka ficilkaaga, waxaad xaq u leedahay inaad hesho sahayda kala guurka 31-maalmood ee daawada maadaama aad u gudbayso heer daryeel oo ka duwan. Haddii aad tahay xubin hadda, la seexiyay ama laga saaray xarunta daryeelka muddada-dheer, waxaa lagu ogolaan doonaa dib u buuxinta isla markiiba si loo hubiyo inaad hesho sahay ku filan daawooyinkaaga.

B10. Ma codsan karaa ka-dhaafitaan si loo daboolo daawadayda?

Haa. Waxaad waydiisan kartaa MSHO ee UCare ama UCare Connect + Medicare inay sameeyaan ka reebitaan si loo daboolo daawadaas ee aan ku jirin liiska daawada.

Waxaad sidoo kale na weydiisan kartaa inaan bedelno sharciyada daawadaada.

- Tusaale ahaan, MSHO ee UCare ama UCare Connect + Medicare ayaa laga yaabaa inay xaddidaan qaddarka daawada aan dabooli doono. Haddii dawadaadu leedahay xad, waxaad na waydiin kartaa inaan bedelno xadka oo aan wax badan daboolno.
- Tusaalooyinka kale: Waxaad na waydiin kartaa inaan tuurno xannibaadaha daawaynta tallaabo ama ogolaanshaha hore shuruudo.

Si aad u hesho macluumaad cusub ama su'aalo kale, Adeegga Macaamiisha UCare's MSHO ka wac 612-676-6868/ 1-866-280-7202 (Wicitaankan waa bilaash), UCare Connect + Adeegga Macaamiisha Medicare ka wac 612-676-3310/ 1-855-260-9707 (Wicitaankan waa bilaash). TTY 612-676-6810/ 1-800-688-2534 (Wicitaankan waa bilaash). 8 am ilaa 8 pm, toddobo maalmood usbuucii. Wicitaanka waa bilaasha. **Wixii macluumaad dheeraad ah, booqo [ucare.org](https://www.ucare.org).** ee usbuuca. Ama nagu soo booqo [ucare.org](https://www.ucare.org)

B11. Sideen u codsan karaa ka-dhaafitaan?

Si aad u codsato ka reebitaanka, ka wac Adeegga Macmiilka ee UCare ee MSHO 612-676-6868/ 1-866-280-7202, wicitaankan waa bilaash, ama wac UCare Connect + Adeegga Macmiilka Medicare 612-676-3310/1-855-260-9707 (wicitaankan waa bilaash), TTY 612-676-6810/1-800-688-2534 (wicitaankan waa bilaash), 8 subaxnimo ilaa 8 galabnimo, todobada maalmood ee usbuuca.

Wakiilka Adeegga Macmiilka ayaa kula shaqayn doona adiga iyo adeeg-bixiyahaaga si uu kaaga caawiyo inaad codsato ka reebitaanka. Waxa kale oo aad akhrin kartaa cutubka 9 ee Buug-gacmeedka Loogu Talagalay Xubinta si aad wax badan uga barato waxyaabaha ka reeban.

B12. Intee ayay qaadanaysaa in la helo eka reebitaanka

Ka dib markii aanu ka helno qoraal dhakhtarkaaga daawada oo taageeraya codsigaaga ka-dhaafitaanka, waanu ku siin doonaa go'aan 72 saacadood gudahood.

Oggolaanshaha hore iyo codsiyada ka reeban ee liiska waxa lagu bilaabi karaa adigoo ka wacaya Express Scripts 1-877-558-7521 ama adigoo fakis ku diraya foomka codsiga 1-877-251-5896. Daryeel bixiyeyaasha ayaa waliba soo gudbin kara codsiyo iyagoo u maraya ePA.

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

B13. Waa maxay daawooyinka macmalka ah?

Daawooyinka macmalka ah waxay ka kooban yihiin maaddooyin firfircoon oo la mid ah daawooyinka asalka ah. Badana qiimahoodu waa wax ka yar dawada asalka oo badanaa ma laha magacyo si fiican loo yaqaan. Daawooyinka macmalka ah waxaa ansixiyay Maamulka Cuntada iyo Dawooyinka (FDA).

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

B14. Waa maxay daawooyinka farmashiyaha laga gato qoritaan dhakhtar la'aan?

OTC waxay u taagan tahay "ka-iibsashada Farmashiga." UCare MSHO iyo UCare Connect + Medicare waxa ay dabooshaa qaar ka mid ah dawooyinka OTC iyada oo loo sii marayo Caawimaada Caafimaadka (Medicaid) lacag la'aana kuu ah adiga. Waxaad u baahan tahay warqad dhakhtar kuu qoray si dawooyinka farmashiga laga gato qoritaan dhakhtar la'aan loo daboolo. Daawooyinkan farmashiga laga gato dhakhtar la'aan waxay ku taxan yihiin Liiska Dawooyinka, laga bilaabo bogga 111.

B15. Miyuu UCare MSHO iyo UCare Connect + Medicare daboolaa alaabta aan dawada farmashiga laga gato ahayn?

UCare MSHO iyo UCare Connect + Medicare waxay dabooshaa qaar ka mid ah alaabta daawada farmashiga laga gato ahayn iyada oo loo sii marayo Kaalmada Caafimaadka (Medicaid). Alaabtan aan ahayn daawada farmashiga laga gato waxay ku taxan yihiin Liiska Dawooyinka. Waxaad u baahan tahay warqad dhakhtar kuu soo qoray si loo daboolo alaabta aan dawada farmashiga laga gato ahayn. Tusaalooyinka alaabta aan dawooyinka farmashiga laga gato ahayn waxaa ka mid ah faashad ah iyo faashado.

B16. Ma ka heli karaa daawooyinkayga Ku Dalbashada Boostada?

- Waxaan bixinaa barnaamij dalabka boostada kaas oo kuu ogolaanaya inaad hesho ilaa 90 maalmood oo ah sahayda daawada lagu qoray oo si toos ah gurigaaga loogu soo diray. Alaabta 90-ka maalmood ah waxay leedahay lacag-bixin wadaag ah oo la mid ah tan sahayda hal bil ah.

Macluumaad dheeraad ah oo ku saabsan sida loogu heli karo daroogooyinka boostada, fadlan wac Adeegga Macmiilka lambarka ku qoran boggan hoose.

Si aad u hesho macluumaad cusub ama su'aalo kale, Adeegga Macaamiisha UCare's MSHO ka wac 612-676-6868/ 1-866-280-7202 (Wicitaankan waa bilaash), UCare Connect + Adeegga Macaamiisha Medicare ka wac 612-676-3310/ 1-855-260-9707 (Wicitaankan waa bilaash). TTY 612-676-6810/ 1-800-688-2534 (Wicitaankan waa bilaash). 8 am ilaa 8 pm, toddobo maalmood usbuucii. Wicitaanka waa bilaasha. **Wixii macluumaad dheeraad ah, booqo [ucare.org](https://www.ucare.org)** ee usbuuca. Ama nagu soo booqo [ucare.org](https://www.ucare.org)

B17. Waa maxay lacag bixintayda wadaaga ah?

Waxaad akhrin kartaa Liiska Dawooyinka UCare MSHO iyo UCare Connect + Medicare si aad u ogaato wax ku saabsan lacag-bixinta wadaaga ah ee daawa kasta.

Lacag-bixintu wadaaga ah waa lacag laga yaabo in laga rabo inaad bixiso sida qaybtaada kharashka daawada lagu qoray. Lacag-bixintu wadaaga ah inta badan waa qaddar go'an, halkii ay ka ahaan lahayd boqolkiiba. Tusaale ahaan, waxaad ku bixin kartaa \$0 ilaa \$10.35 daawada lagu qoray.

UCare MSHO iyo UCare Connect + Xubnaha Medicare ee ku nool guryaha dadka lagu xanaaneeyo ama xarumaha kale ee daryeelka muddada dheer ma yeelan doonaan lacag bixin wadaaga ah. Xubnaha qaar ee ka hela daryeelka muddada-dheer ee bulshada sidoo kale ma yeelan doonaan lacag bixin wadaaga ah.

Liiska dawooyinka waxa ku jira lacag-bixin wadaaga ah ay ku taxan yihiin liiska.

- Heerka 1 Daawooyinka guud ayaa leh lacagta ugu yar ee la bixiyo. Lacag-bixinta wadaaga ah waa \$0 ilaa \$4.15, taas oo ku xidhan dakhligaaga iyo heerka u qalmitaanka Caawimada Caafimaadka (Medicaid).
- Dawooyinka heerka 1aad waxay leeyihiin lacag-bixin wadaag ah ee badan. Lacag-bixintu waa \$0 ilaa \$10.35, taasoo ku xidhan dakhligaaga iyo heerka u-qalmitaanka Caawimada Caafimaadka (Medicaid).
- Daawooyinka farnashiga laga gato waxay leeyihiin \$0 lacag bixin ah.

Haddii aad hayso su'aalo, wac Adeegga Macmiilka lambarka xagga hoose ee boggan. Waan ku caawin karnaa inaad fahamto waxa ay noqon doonaan lacag-bixintaada wadaaga ah.

C. Guudmarka Liiska Dawooyinka la Daboolay

*Liiska Dawooyinka la Daboolay*wuxuu ku siinayaa macluumaadka ku saabsan dawooyinka ay daboolaan UCare MSHO iyo UCare Connect + Medicare. Haddii ay dhibaato kaa haysato helitaanka dawadaada liiska, u leexo Qaybta D, Tasmada Dawooyinka Daboolan. Tasmada alifbeetada ayaa taxaysa dhammaan dawooyinka uu daboolay UCare MSHO iyo UCare Connect + Medicare.

Tiirka koowaad ee shaxda waxa ku qoran magaca dawada. Dawooyinka macmalka ah waxay ku taxan yihiin far-yaryar (tusaale, azathioprine), daawaynta magaca summadaha waa la weyneeyey (tusaale, EPIPEN), iyo dawooyinka farmashiyaha laga gato (OTC) si gooni ah ayaa loo taxay kadib Tasmada Dawooyinka la daboolay dhamaadka dukumeenti. Macluumaadka Liiska "Ficilada lagama maarmaanka ah, xaddidaadaha, ama xaddidaadaha isticmaalka" ayaa kuu sheegaya haddii UCare's MSHO ama UCare Connect + Medicare uu leeyahay wax sharci ah oo lagu daboolayo daawadaada.

Waa kuwan micnayaasha koodka lagu isticmaalo tiirka "Ficilada lagama maarmaanka ah, xaddidaadaha, ama xaddididda isticmaalka"

PA =	Oggolaanshaha hore: Daawooyinka u baahan ogolaanshaha UCare ka hor inta aanan daboolin.
ST =	Daawaynta Tallaabooyinka: Daawooyinka u baahan inaad isku daydo daawo kale ka hor inta aanan daboolin.
BvsD =	Daawooyinka u baahan ogolaansho hore si loo go'aamiyo caymiska hoos yimaada Qaybta B ama Qaybta D.
QLL =	Xadka tirada: Waxaa jira xad ah xaddiga dawada aad heli karto.
LA =	Qaybinta xaddidan: Daawooyinka laga heli karo farmasiyada qaarkood oo keliya.
Part B Covered =	Waxa lagu daboolay gunnada qaybta B (caafimaadka)..

Si aad u hesho macluumaad cusub ama su'aalo kale, Adeegga Macaamiisha UCare's MSHO ka wac 612-676-6868/ 1-866-280-7202 (Wicitaankan waa bilaash), UCare Connect + Adeegga Macaamiisha Medicare ka wac 612-676-3310/ 1-855-260-9707 (Wicitaankan waa bilaash). TTY 612-676-6810/ 1-800-688-2534 (Wicitaankan waa bilaash). 8 am ilaa 8 pm, toddobo maalmood usbuucii. Wicitaanka waa bilaasha. **Wixii macluumaad dheeraad ah, booqo [ucare.org](https://www.ucare.org)** ee usbuuca. Ama nagu soo booqo [ucare.org](https://www.ucare.org)

C1. Liiska Dawooyinka iyadoo loo eegayo Nooca Dawooyinka

Daawooyinka ku jira qaybtan waxa loo qaybiyaa qaybo iyadoo la fiirinayo noocooda. Tusaale ahaan, haddii aad daawo u qaadanayso dhanjafka, waa inaad eegtaa qaybta "Waxyaabaha ka hortaga dhanjafka". Halkaas ayaad ka heli doontaa dawooyinka daaweeya xanuunka dhanjafka.

Si aad u hesho macluumaad cusub ama su'aalo kale, Adeegga Macaamiisha UCare's MSHO ka wac 612-676-6868/ 1-866-280-7202 (Wicitaankan waa bilaash), UCare Connect + Adeegga Macaamiisha Medicare ka wac 612-676-3310/ 1-855-260-9707 (Wicitaankan waa bilaash). TTY 612-676-6810/ 1-800-688-2534 (Wicitaankan waa bilaash). 8 am ilaa 8 pm, toddobo maalmood usbuucii. Wicitaanka waa bilaasha. **Wixii macluumaad dheeraad ah, booqo [ucare.org](https://www.ucare.org).** ee usbuuca. Ama nagu soo booqo [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	

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>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	

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
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>casprofungin 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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<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)
TAGRISSO 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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Name of Drug	What the drug will cost you (tier level)	Necessary Actions, Restrictions or Limits on Use
<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	
CONTRACE 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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Liiska OTC-da 2023 ee MSHO-da Ucare iyo Ucare Connect + Medicare

Liiska soo socda ee daawooyinka farmashiyaha laga soo iibsano karo (OTC) waxaa daboolaa UCare waxaana loogu talagalay xubnaha Barnaamijka Dadweynaha ee Gobolka. Liiska waxaa ku jira oo kaliya nooca guud ee badeecadaha/daawaca. Qaar ka mid ah alaabooyinka summada ah waxay ku taxan yihiin jaantusyada iyadoo ujeedadu tahay keliya in loo isticmaalo tixraac ahaan. Liisgaan waa la bedeli karaa.

Haddii aad qabtid su'aalo, fadlan Adeegga Macmiisha ee UCare's MSHO ka wac **612-676-6868/1-866-280-7202**, ama Adeegga Macmiisha ee UCare Connect + Medicare ka wac **612-676-3310/1-855-260-9707**, TTY **612-676-6810** ama **1-800-688-2534**, 8 am - 8 pm, todobada maalmood usbuucii.

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
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clemastine fumarate
diphenhydramine (BENADRYL)
loratadine (CLARITIN)
chlorpheniramine
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pseudoephedrine (SUDAFED)
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loratadine / pseudoephedrine (CLARITIN - D)
phenylephrine / acetaminophen
phenylephrine / guaifenesin
pseudoephedrine / ibuprofen
Nexafed Sinus Press-Pain (pseudoephedrine / acetaminophen)
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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
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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)
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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
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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 (CITRUCEL)
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) waa caymis caafimaad oo qandaraas kula jira barnaamijka Medicare iyo Minnesota Medical Assistance (Medicaid) si faa'iidooyinka labada barnaamij loo siiyo dadka cusub ee isdiiwaangelinaya. Iska diiwaangelinta UCare's MSHO waxay ku xirantahay cusbooneysiinta qandaraaska.

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U6245 (08/2020)

H5937_6245_082020

Liiskan daawooyinka waxaa la cusbooneysiiyey 11/21/2023.

Wixii macluumaad dheeraad ah ama su'aalo kale ah, nagala soo xiriir Adeegga Macmiisha ee UCare ee MSHO 612-676-6868/1-866-280-7202 (wacitaanku waa bilaash). Adeegga Macmiisha ee UCare Connect + Medicare kala xiriir 612-676-3310/1-855-260-9707 (wacitaanku waa bilaash). TTY 612-676-6810/1-800-688-2534 (wacitaanku waa bilaash). 8 am – 8 pm, todoba maalmood usbuucii. Ama nagu soo booqo **ucare.org**



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U1549 (12/2023)