2026

Prescription Drug Guide

*i*Care Family Care Partnership Formulary

List of covered drugs (*Drug List* or Formulary)

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

iCare Family Care Partnership (HMO D-SNP)

Formulary 26408 Version 18

This *Drug List* was updated on 11/02/2026. For more recent information or other questions, contact us at 1-800-777-4376 (TTY: 711), 24 hours, 7 days a week or visit **www.*i*carehealthplan.org**.

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If you have questions, please call iCare Family Care Partnership (HMO D-SNP) at 1-800-777-4376 (TTY: 711), 24 hours, 7 days a week. The call is free. For more information, visit **www.*i*carehealthplan.org**. This formulary was updated on 11/02/2026.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs, over-the-counter (OTC) drugs and non-drug products are covered by iCare Family Care Partnership (HMO D-SNP). The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by iCare Family Care Partnership (HMO D-SNP). Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers

This is a list of drugs that members can get in *iCare Family Care Partnership (HMO D-SNP)*.

- You can always check iCare Family Care Partnership (HMO D-SNP)'s up-to-date *List of Covered Drugs* online at **www.*i*carehealthplan.org** or by calling us at the number listed in the footer of this document. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call us at the number listed in the footer of this document. This call is free.
- Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**. This Notice of Availability is available in additional languages after **Section D** of this document and at **humana.com/legal/multi-language-support**.
- This document is available for free in English and Spanish.
- To receive this document in another language or in an alternate format, or to change a standing request, please call us at the number listed in the footer of this document. We will keep your preferences for future mailings and communications, so you won't need to make a separate request each time.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-800-777-4376 (TTY: 711). This is a free service.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by iCare Family Care Partnership (HMO D-SNP). The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Wisconsin Medicaid. Please visit the ForwardHealth website **www.dhs.wisconsin.gov/forwardhealth/resources.htm** for more information. You can also call the ForwardHealth Member Service Center at 1-800-362-3002 and TTY number 711 (Wisconsin Relay), 8:00 a.m. to 5:00 p.m. Monday through Friday. Please bring your ForwardHealth ID Card when getting prescriptions through Wisconsin Medicaid.

- iCare Family Care Partnership (HMO D-SNP) will cover all medically necessary drugs on the *Drug List* if
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - iCare Family Care Partnership (HMO D-SNP) agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a iCare Family Care Partnership (HMO D-SNP) network pharmacy.
- In some cases, you must do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at **www.*i*carehealthplan.org** or call us at the number in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and iCare Family Care Partnership (HMO D-SNP) must follow Medicare and Family Care Partnership rules when making changes. We may add or remove drugs on the *Drug List* during the year.

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from iCare Family Care Partnership (HMO D-SNP) before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

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

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

- You can always check iCare Family Care Partnership (HMO D-SNP)'s up–to-date *Drug List* online at **www.*i*carehealthplan.org**. Updates to the *Drug List* are posted on the website monthly.
- You can also call us at the number in the footer of this document to check the current *Drug List*.

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

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

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain the same with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
  - We can make these changes only if the drug we are adding:
    - Is a new generic version of a brand name drug, or
    - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
  - Some of these drug types may be new to you. For more information, refer to **Section B14**.
  - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug Li*st. If you are taking the drug, we will send you a notice after we make the change. Please contact your prescriber for an alternative medication to treat your medical condition.

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

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

When these changes happen, we will:

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

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

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

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from iCare Family Care Partnership (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. iCare Family Care Partnership (HMO D-SNP) may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes iCare Family Care Partnership (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes iCare Family Care Partnership (HMO D-SNP) requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

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

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

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

The table in the section titled " List of Drugs by Drug Type" in **Section C1** has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if iCare Family Care Partnership (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

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

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

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

B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the *Drug List*, call us at the number listed in the footer of this document and ask about it. If you learn that iCare Family Care Partnership (HMO D-SNP) will not cover the drug, you can do one of these things:

- Ask us for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- Ask iCare Family Care Partnership (HMO D-SNP) to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new iCare Family Care Partnership (HMO D-SNP) member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of iCare Family Care Partnership (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

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

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

- you are taking a drug that is not on our *Drug List*, ***or***
- our plan rules do not let you get the amount ordered by your prescriber, ***or***
- the drug requires prior authorization by iCare Family Care Partnership (HMO D-SNP), ***or***
- you are taking a drug that is part of a step therapy restriction.

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new iCare Family Care Partnership (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you are a member of iCare Family Care Partnership (HMO D-SNP).

If you change treatment settings
During the plan year, you may change treatment settings because of a change in the level of your care. For instance, you may:

- Move from a hospital or skilled nursing facility to a home setting
- Move from a home setting to a hospital or skilled nursing facility
- Move from one skilled nursing facility to another, so you need to use a new pharmacy
- Stop staying at a skilled nursing facility where Medicare Part A covered your prescription drugs, so you need to use Part D now
- Give up your Hospice status, so you need to use Medicare Parts A and B now
- Leave a long-term psychiatric hospital where your drugs were tailored to you

In such cases, we will cover up to **31 days** worth of a drug that Medicare Part D covers when you get the drug at a pharmacy.

If you change treatment settings more than once in the same month you may need to ask us to make an exception, **or** approve your drug in advance.

We will look at your request to see if you have a treatment plan, **and** changing it would harm your health.

If you need more time
We may extend your transition supply. This will let you keep getting your drug while we look at your appeal, **or** request for an exception.

After you get a transition supply of a Part D drug
We may need to do a medical review of the drug if:

- The drug is not on our approved list, **or**
- We need to approve it in advance because:
  - There are limits on the amount you can get
  - You need to try a less costly drug first, **or**
  - We need to know some facts about your health

If we need to know some facts about your health
Your doctor can give us these facts. This will help us work on your request to approve your drug in advance or make an exception if:

- Your drug is not on our approved list
- We need to approve your drug in advance, **or**
- You have tried other drugs to treat your health problem

To ask for an exception
Ask your doctor to send us a letter. The letter must say that you need this drug to treat your health problem because the drugs we **do** cover:

- Would not work as well to treat your health problem, **or**
- Would harm your health

The letter must explain why the limit we placed on your drug:

- Is not fitting given your health problem, **or**
- Would harm your health

In most cases, we must tell you our decision no more than **72 hours** after we get your doctor's letter. We will grant you a fast request if we find, or your doctor tells us, that waiting for a standard request could harm your life, health,

or ability to function. With a fast request, we must tell you our decision no more than **24 hours** after we get your doctor's letter.

If we say no to your request for an exception
You can ask us if we cover another drug for your health problem if:
- The drug is **not** on our approved list, **or**
- Your drug **is** on our list, but:
  - We need to approve your drug in advance
  - You need to try a less costly drug first, **or**
  - There are limits on the amount you can get

Ask your doctor if this drug is a good choice for you.

You can also ask us to review our decision. You must make this appeal no more than **65 days** after our first decision.

We can help
We can help you and your doctor:
- Ask for an exception
- Make an appeal
- Find another drug for your health problem
- Learn more about your Transition Policy

You and your doctor can also get forms to ask us to:
- Approve your drug in advance
- Make an exception

Just call us at the number listed in the footer of this document, or go to our website, **www.*i*carehealthplan.org**.

Pharmacy and Therapeutics (P&T) committee
This committee watches over our Part D drug list and related rules. It made these rules for certain Part D drugs. The rules are meant to make sure the drugs:
- Are used per medical guidelines
- Have been proven safe and effective for the health problem they are treating
- Are prescribed per the maker's guidelines

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

Yes. You can ask iCare Family Care Partnership (HMO D-SNP) to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.
- For example, iCare Family Care Partnership (HMO D-SNP) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

B11. How can I ask for an exception?

To ask for an exception, call us. A representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9 Section 7.4** of the *Evidence of Coverage* to learn more about exceptions.

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

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

To ask for an exception
Ask your doctor to send us a letter. The letter must say that you need this drug to treat your health problem because the drugs we **do** cover:

- Would not work as well to treat your health problem, **or**
- Would harm your health

The letter must explain why the limit we placed on your drug:

- Is not fitting given your health problem, **or**
- Would harm your health

In most cases, we must tell you our decision no more than 72 hours after we get your doctor's letter. We will grant you a fast request if we find, or your doctor tells us, that waiting for a standard request could harm your life, health, or ability to function. With a fast request, we must tell you our decision no more than **24 hours** after we get your doctor's letter.

You and your doctor can also get forms to ask us to:

- Approve your drug in advance
- Make an exception

Just call us at the number listed in the footer of this document, or go to our website, **www.*i*carehealthplan.org**.

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

B13. What are generic drugs?

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

iCare Family Care Partnership (HMO D-SNP) covers both brand name drugs and generic drugs.

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

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

For more information on drug types, refer to **Chapter 5** of the *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for "over-the-counter". iCare Family Care Partnership (HMO D-SNP) covers some OTC drugs when they're written as prescriptions by your provider.

You can read the iCare Family Care Partnership (HMO D-SNP) *Drug List* to find out what OTC drugs are covered.

B16. Does iCare Family Care Partnership (HMO D-SNP) cover non-drug OTC products?

iCare Family Care Partnership (HMO D-SNP) covers some non-drug OTC products when they are written as prescriptions by your provider *(for example, insulin syringes, etc.)*. Contact us at the number in the footer of this document for more information.

You can read the iCare Family Care Partnership (HMO D-SNP) *Drug List* to find out what non-drug OTC products are covered.

iCare Family Care Partnership (HMO D-SNP) covers OTC health and wellness items through the OTC Mail Order Benefit. For more information about this benefit, see the Medical Benefits Chart in Chapter 4, Section 2.1 of your Evidence of Coverage *(sometimes called the Member Handbook)*.

B17. Does iCare Family Care Partnership (HMO D-SNP) cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply. Some drugs may be eligible for up to a 100-day supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply. Some drugs may be eligible for up to a 100-day supply.

B18. What is my copay?

iCare Family Care Partnership (HMO D-SNP) members have copays for prescriptions as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

- **Tier 1 –** Generic and brand drugs that have 25% cost share.

Copay amounts may vary based on the level of Extra Help received. For more information, please refer to your Evidence of Coverage (EOC; sometimes called the Member Handbook).
OTCs have a $0 copay.
If you have questions, call us at the number in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by iCare Family Care Partnership (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by iCare Family Care Partnership (HMO D-SNP).

Note: The "(*) Not a Part D Drug" header above a section of drugs means the drug is not a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Family Care Partnership.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call the number listed in the footer of this document.
- You can also read **Chapter 9** of the *Evidence of Coverage*.

C1. List of Drugs by Drug Type

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

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column, as superscripts next to a drug name, and as a category header:

QL = Quantity Limit: only a specific quantity of a drug is allowed per a given period of days.

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

ST = Step therapy: you must try another drug before you can get this one.

DL = Dispensing Limit: Drugs that may be limited to a 30 day supply.

BvsD = Medicare Part B or Part D review (approval): administration location of the drug is reviewed and must be approved before the plan will cover the cost of this drug.

(*) = Not a Part D Drug. OTC drugs or drugs not covered by Medicare.

MO = Drug is typically available through mail-order.

LA = Limited Access; The health plan has authorized certain pharmacies to dispense this medicine, as it requires extra handling, doctor coordination or patient education. Please call the number in the footer for additional information.

CI = Covered insulin products; Part D insulin products covered by your plan. For more information on cost sharing for your covered insulin products, please refer to your Evidence of Coverage (EOC; sometimes called the Member Handbook).

AV = Advisory Committee on Immunization Practices (ACIP) Covered Part D vaccines; Part D vaccines recommended by ACIP for adults that may be available at no cost to you; additional restrictions may apply. For more information, please refer to your Evidence of Coverage (EOC; sometimes called the Member Handbook).

PDS = Preferred Diabetic Supplies; BD/Embecta and HTL-Droplet products are the preferred diabetic syringe and pen needle brands for the plan.

SA = Service authorization: You must have approval from the plan under your Medicaid benefit criteria before you can get this drug.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics, brand name drugs are capitalized and OTC drugs and non-drug products are listed in lower case. The information in the "Necessary actions, restrictions, or limits on use" column, as superscripts next to a drug name, and as a category header tell you if iCare Family Care Partnership (HMO D-SNP) has any rules for covering your drug.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION[DL]	1	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET[DL]	1	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET[DL]	1	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET[DL]	1	QL(180 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY[DL]	1	PA,QL(4 per 28 days)
celecoxib 100 mg, 200 mg CAPSULE[MO]	1	
celecoxib 400 mg, 50 mg CAPSULE[MO]	1	
diclofenac potassium 50 mg TABLET[MO]	1	
diclofenac sodium 1.5 % DROPS[MO]	1	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR.[MO]	1	
diclofenac sodium 25 mg TABLET, DR/EC[MO]	1	
diclofenac sodium 50 mg TABLET, DR/EC[MO]	1	
diclofenac sodium 75 mg TABLET, DR/EC[MO]	1	
ENDOCET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG TABLET[DL]	1	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE[MO]	1	
etodolac 400 mg, 500 mg TABLET[MO]	1	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR.[MO]	1	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr PATCH. 72 HR.[DL]	1	QL(20 per 30 days)
flurbiprofen 100 mg TABLET[MO]	1	
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET[DL]	1	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION[DL]	1	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET[DL]	1	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION[DL]	1	QL(5520 per 30 days)
hydrocodone-ibuprofen 7.5-200 mg TABLET[DL]	1	QL(150 per 30 days)
hydromorphone 2 mg, 4 mg TABLET[DL]	1	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION[DL]	1	BvsD,QL(360 per 30 days)
hydromorphone 8 mg TABLET[DL]	1	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET[MO]	1	
ibuprofen 100 mg/5 ml SUSPENSION[MO]	1	
ibuprofen 400 mg TABLET[MO]	1	
ibuprofen 600 mg, 800 mg TABLET[MO]	1	
indomethacin 25 mg, 50 mg CAPSULE[MO]	1	
indomethacin 75 mg CAPSULE, ER[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ketorolac 10 mg TABLET[MO]	1	QL(20 per 30 days)
lurbipr 100 mg TABLET[MO]	1	
meloxicam 15 mg TABLET[MO]	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET[MO]	1	QL(60 per 30 days)
methadone 10 mg TABLET[DL]	1	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION[DL]	1	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE[DL]	1	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION[DL]	1	QL(360 per 30 days)
methadone 5 mg TABLET[DL]	1	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION[DL]	1	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE[DL]	1	QL(360 per 30 days)
morphine 10 mg/5 ml (2 mg/ml) SOLUTION[DL]	1	QL(2700 per 30 days)
morphine 100 mg TABLET ER[DL]	1	QL(180 per 30 days)
morphine 15 mg, 30 mg TABLET[DL]	1	QL(180 per 30 days)
morphine 15 mg, 30 mg, 60 mg TABLET ER[DL]	1	QL(120 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) SOLUTION[DL]	1	QL(1350 per 30 days)
morphine 200 mg TABLET ER[DL]	1	QL(90 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION[DL]	1	QL(540 per 30 days)
nabumetone 500 mg, 750 mg TABLET[MO]	1	
naproxen 250 mg, 375 mg TABLET[MO]	1	
naproxen 375 mg TABLET, DR/EC[MO]	1	
naproxen 500 mg TABLET[MO]	1	
naproxen sodium 275 mg, 550 mg TABLET[MO]	1	
oxycodone 10 mg, 5 mg TABLET[DL]	1	QL(360 per 30 days)
oxycodone 15 mg, 20 mg, 30 mg TABLET[DL]	1	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE[DL]	1	QL(270 per 30 days)
oxycodone 5 mg CAPSULE[DL]	1	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION[DL]	1	QL(5400 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET[DL]	1	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET[DL]	1	QL(360 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE[MO]	1	
sulindac 150 mg, 200 mg TABLET[MO]	1	
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR.[DL]	1	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE[DL]	1	ST,QL(30 per 30 days)
tramadol 50 mg TABLET[DL]	1	QL(240 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANESTHETICS		
bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION[MO]	1	
bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION[MO]	1	
lidocaine 5 % ADHESIVE PATCH, MEDICATED[MO]	1	QL(90 per 30 days)
lidocaine 5 % OINTMENT[MO]	1	
lidocaine hcl 2 % JELLY IN APPLICATOR[MO]	1	
lidocaine hcl 2 % SOLUTION[MO]	1	
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION[MO]	1	
lidocaine-prilocaine 2.5-2.5 % CREAM[MO]	1	
polocaine 1 % (10 mg/ml), 2 % SOLUTION[MO]	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION[MO]	1	
ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION[MO]	1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC[MO]	1	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET[MO]	1	QL(120 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET[MO]	1	
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR.[MO]	1	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET[MO]	1	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL[MO]	1	
naloxone 0.4 mg/ml SOLUTION[MO]	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE[MO]	1	
naltrexone 50 mg TABLET[MO]	1	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL[MO]	1	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL[MO]	1	
REXTOVY 4 MG/ACTUATION SPRAY, NON-AEROSOL[MO]	1	
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK[MO]	1	QL(53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET[MO]	1	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON[DL]	1	QL(1 per 28 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG SUBLINGUAL TABLET[MO]	1	
ZURNAI 1.5 MG/0.5 ML AUTO-INJECTOR[MO]	1	
ANTIBACTERIALS		
acetic acid 2 % SOLUTION[MO]	1	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amoxicillin 125 mg, 250 mg CHEWABLE TABLET[MO]	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION[MO]	1	
amoxicillin 250 mg CAPSULE[MO]	1	
amoxicillin 500 mg CAPSULE[MO]	1	
amoxicillin 500 mg TABLET[MO]	1	
amoxicillin 875 mg TABLET[MO]	1	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 400-57 mg/5 ml SUSPENSION FOR RECONSTITUTION[MO]	1	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET[MO]	1	
amoxicillin-pot clavulanate 250-62.5 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION[MO]	1	
amoxicillin-pot clavulanate 875-125 mg TABLET[MO]	1	
ampicillin 500 mg CAPSULE[MO]	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION[MO]	1	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION[MO]	1	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION[DL]	1	PA,QL(235.2 per 28 days)
azithromycin 1 gram PACKET[MO]	1	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION[MO]	1	
azithromycin 250 mg TABLET[MO]	1	
azithromycin 500 mg RECON SOLUTION[MO]	1	
azithromycin 500 mg, 600 mg TABLET[MO]	1	
aztreonam 1 gram, 2 gram RECON SOLUTION[MO]	1	
bacitracin 50,000 unit RECON SOLUTION[MO]	1	
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE[MO]	1	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE[MO]	1	
cefaclor 250 mg, 500 mg CAPSULE[MO]	1	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION[MO]	1	
cefadroxil 500 mg CAPSULE[MO]	1	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION[MO]	1	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION[MO]	1	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK[MO]	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION*MO	1	
*cefdinir 300 mg CAPSULE*MO	1	
*cefepime 1 gram, 2 gram RECON SOLUTION*MO	1	
*cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK*MO	1	
*cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK*MO	1	
*cefixime 400 mg CAPSULE*MO	1	
*cefixime 400 mg TABLET*MO	1	
*cefotetan 1 gram, 2 gram RECON SOLUTION*MO	1	
*cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION*MO	1	
*cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK*MO	1	
*cefpodoxime 100 mg, 200 mg TABLET*MO	1	
*cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION*MO	1	
*cefprozil 250 mg, 500 mg TABLET*MO	1	
*ceftaroline fosamil 400 mg, 600 mg RECON SOLUTION*DL	1	
*ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION*MO	1	
*ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION*MO	1	
*ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK*MO	1	
*cefuroxime axetil 250 mg, 500 mg TABLET*MO	1	
*cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION*MO	1	
*cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION*MO	1	
*cephalexin 250 mg CAPSULE*MO	1	
*cephalexin 500 mg CAPSULE*MO	1	
*ciprofloxacin hcl 100 mg TABLET*MO	1	
*ciprofloxacin hcl 250 mg, 750 mg TABLET*MO	1	
*ciprofloxacin hcl 500 mg TABLET*MO	1	
*ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK*MO	1	
*clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION*MO	1	
*clarithromycin 250 mg, 500 mg TABLET*MO	1	
*clarithromycin 500 mg TABLET, ER 24 HR.*MO	1	
*clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE*MO	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK **MO**	1	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK **MO**	1	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION **MO**	1	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION **MO**	1	
clindamycin phosphate 150 mg/ml SOLUTION **MO**	1	
clindamycin phosphate 2 % CREAM **MO**	1	
colistin (colistimethate na) 150 mg RECON SOLUTION **MO**	1	
daptomycin 350 mg RECON SOLUTION **MO**	1	
daptomycin 500 mg RECON SOLUTION **DL**	1	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK **MO**	1	
dicloxacillin 250 mg, 500 mg CAPSULE **MO**	1	
DIFICID 200 MG TABLET **DL**	1	
doxy-100 100 mg RECON SOLUTION **MO**	1	
doxycycline hyclate 100 mg CAPSULE **MO**	1	
doxycycline hyclate 100 mg TABLET **MO**	1	
doxycycline hyclate 20 mg TABLET **MO**	1	
doxycycline hyclate 50 mg CAPSULE **MO**	1	
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET **MO**	1	
doxycycline monohydrate 100 mg, 50 mg CAPSULE **MO**	1	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION **MO**	1	
ertapenem 1 gram RECON SOLUTION **MO**	1	
ERYTHROCIN 500 MG RECON SOLUTION **MO**	1	
erythromycin 250 mg CAPSULE, DR/EC **MO**	1	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC **MO**	1	
erythromycin 250 mg, 500 mg TABLET **MO**	1	
erythromycin lactobionate 500 mg RECON SOLUTION **DL**	1	
fidaxomicin 200 mg TABLET **DL**	1	
fosfomycin tromethamine 3 gram PACKET **MO**	1	
gentamicin 0.1 % CREAM **MO**	1	
gentamicin 0.1 % OINTMENT **MO**	1	
gentamicin 40 mg/ml SOLUTION **MO**	1	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml PIGGYBACK **MO**	1	
gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION **MO**	1	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION **MO**	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION[MO]	1	
levofloxacin 250 mg, 750 mg TABLET[MO]	1	
levofloxacin 500 mg TABLET[MO]	1	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK[MO]	1	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION[DL]	1	QL(1800 per 30 days)
linezolid 600 mg TABLET[MO]	1	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK[MO]	1	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION[MO]	1	
meropenem 1 gram, 500 mg RECON SOLUTION[MO]	1	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK[MO]	1	
methenamine hippurate 1 gram TABLET[MO]	1	
metronidazole 0.75 % CREAM[MO]	1	
metronidazole 0.75 % LOTION[MO]	1	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL[MO]	1	
metronidazole 1 % GEL WITH PUMP[MO]	1	
metronidazole 250 mg, 500 mg TABLET[MO]	1	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK[MO]	1	
minocycline 100 mg, 50 mg, 75 mg CAPSULE[MO]	1	
mondoxyne nl 100 mg CAPSULE[MO]	1	
moxifloxacin 400 mg TABLET[MO]	1	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK[MO]	1	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION[MO]	1	
nafcillin in dextrose iso-osm 2 gram/100 ml PIGGYBACK[DL]	1	
neomycin 500 mg TABLET[MO]	1	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE[MO]	1	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE[MO]	1	
ofloxacin 300 mg, 400 mg TABLET[MO]	1	
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION[MO]	1	
oxacillin in dextrose(iso-osm) 2 gram/50 ml PIGGYBACK[MO]	1	
penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK[MO]	1	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION[MO]	1	
penicillin g sodium 5 million unit RECON SOLUTION[MO]	1	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION[MO]	1	
penicillin v potassium 250 mg, 500 mg TABLET[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION[MO]	1	
polymyxin b sulfate 500,000 unit RECON SOLUTION[MO]	1	
PRIMSOL 50 MG/5 ML SOLUTION[MO]	1	
streptomycin 1 gram RECON SOLUTION[DL]	1	
sulfacetamide sodium 10 % OINTMENT[MO]	1	
sulfacetamide sodium (acne) 10 % SUSPENSION[MO]	1	QL(118 per 30 days)
sulfadiazine 500 mg TABLET[MO]	1	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION[MO]	1	
sulfamethoxazole-trimethoprim 400-80 mg TABLET[MO]	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION[MO]	1	
sulfamethoxazole-trimethoprim 800-160 mg TABLET[MO]	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION[DL]	1	
tigecycline 50 mg RECON SOLUTION[MO]	1	
tinidazole 250 mg, 500 mg TABLET[MO]	1	
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION[DL]	1	BvsD
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION[MO]	1	
trimethoprim 100 mg TABLET[MO]	1	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 1.75 gram, 10 gram, 2 gram, 5 gram, 500 mg, 750 mg RECON SOLUTION[MO]	1	
vancomycin 125 mg CAPSULE[MO]	1	QL(120 per 30 days)
vancomycin 250 mg CAPSULE[MO]	1	QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK[MO]	1	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK[MO]	1	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK[MO]	1	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK[MO]	1	
ANTICONVULSANTS		
brivaracetam 10 mg, 100 mg, 25 mg, 50 mg, 75 mg TABLET[DL]	1	PA,QL(60 per 30 days)
brivaracetam 10 mg/ml SOLUTION[MO]	1	PA,QL(600 per 30 days)
brivaracetam 50 mg/5 ml SOLUTION[MO]	1	PA
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET[DL]	1	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION[DL]	1	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION[DL]	1	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbamazepine 100 mg, 200 mg CHEWABLE TABLET[MO]	1	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR.[MO]	1	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR.[MO]	1	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION[MO]	1	
carbamazepine 200 mg TABLET[MO]	1	
clobazam 10 mg, 20 mg TABLET[DL]	1	PA
clobazam 2.5 mg/ml SUSPENSION[DL]	1	PA
DIACOMIT 250 MG, 500 MG CAPSULE[DL]	1	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET[DL]	1	PA,QL(180 per 30 days)
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT[DL]	1	
DILANTIN 30 MG CAPSULE[MO]	1	
divalproex 125 mg CAPSULE, DR SPRINKLE[MO]	1	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC[MO]	1	
divalproex 250 mg, 500 mg TABLET, ER 24 HR.[MO]	1	
EPIDIOLEX 100 MG/ML SOLUTION[DL]	1	PA
epitol 200 mg TABLET[MO]	1	
EPRONTIA 25 MG/ML SOLUTION[MO]	1	PA,QL(480 per 30 days)
eslicarbazepine 200 mg, 400 mg TABLET[DL]	1	PA,QL(30 per 30 days)
eslicarbazepine 600 mg, 800 mg TABLET[DL]	1	PA,QL(60 per 30 days)
ethosuximide 250 mg CAPSULE[MO]	1	
ethosuximide 250 mg/5 ml SOLUTION[MO]	1	
felbamate 400 mg, 600 mg TABLET[MO]	1	PA
felbamate 600 mg/5 ml SUSPENSION[MO]	1	PA
FINTEPLA 2.2 MG/ML SOLUTION[DL,LA]	1	PA,QL(360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION[MO]	1	
FYCOMPA 0.5 MG/ML SUSPENSION[DL]	1	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET[DL]	1	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET[MO]	1	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE[MO]	1	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION[MO]	1	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET[MO]	1	QL(180 per 30 days)
lacosamide 10 mg/ml SOLUTION[MO]	1	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET[MO]	1	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION[DL]	1	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR.[MO]	1	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK[MO]	1	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE[MO]	1	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET[MO]	1	
levetiracetam 100 mg/ml SOLUTION[MO]	1	
levetiracetam 250 mg TABLET FOR SUSPENSION[MO]	1	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET[MO]	1	
levetiracetam 500 mg TABLET FOR SUSPENSION[MO]	1	ST,QL(180 per 30 days)
levetiracetam 500 mg TABLET, ER 24 HR.[MO]	1	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION[MO]	1	QL(900 per 30 days)
levetiracetam 500 mg/5 ml SOLUTION[MO]	1	
levetiracetam 750 mg TABLET, ER 24 HR.[MO]	1	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK[MO]	1	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM[DL]	1	QL(10 per 30 days)
methsuximide 300 mg CAPSULE[MO]	1	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL[DL]	1	QL(10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET[MO]	1	
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION[MO]	1	
perampanel 0.5 mg/ml SUSPENSION[DL]	1	PA,QL(680 per 28 days)
perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET[DL]	1	PA,QL(30 per 30 days)
perampanel 2 mg TABLET[MO]	1	PA,QL(30 per 30 days)
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET[MO]	1	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET[MO]	1	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR[MO]	1	QL(1500 per 30 days)
phenobarbital 30 mg TABLET[MO]	1	QL(300 per 30 days)
phenytoin 125 mg/5 ml SUSPENSION[MO]	1	
phenytoin 50 mg CHEWABLE TABLET[MO]	1	
phenytoin sodium 50 mg/ml SOLUTION[MO]	1	
phenytoin sodium 50 mg/ml SYRINGE[MO]	1	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE[MO]	1	
primidone 125 mg, 250 mg, 50 mg TABLET[MO]	1	
roweepra 500 mg TABLET[MO]	1	
rufinamide 200 mg TABLET[MO]	1	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION	1	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET[MO]	1	PA,QL(240 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SPRITAM 1,000 MG TABLET FOR SUSPENSION**MO**	1	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION**MO**	1	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION**MO**	1	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION**MO**	1	ST,QL(120 per 30 days)
SUBVENITE 10 MG/ML SUSPENSION**DL**	1	
*subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET***MO**	1	
*subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK***MO**	1	
*subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK***MO**	1	
*subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK***MO**	1	
SYMPAZAN 10 MG, 20 MG FILM**DL**	1	PA,QL(60 per 30 days)
SYMPAZAN 5 MG FILM**DL**	1	PA,QL(60 per 30 days)
*tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET***MO**	1	
*topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET***MO**	1	
*topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE***MO**	1	
*topiramate 25 mg/ml SOLUTION***MO**	1	PA,QL(480 per 30 days)
*valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION***MO**	1	
*valproic acid 250 mg CAPSULE***MO**	1	
*valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION***MO**	1	
VALTOCO 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) SPRAY, NON-AEROSOL**DL**	1	QL(10 per 30 days)
*vigabatrin 500 mg POWDER IN PACKET***DL**	1	PA,QL(180 per 30 days)
*vigabatrin 500 mg TABLET***DL**	1	PA,QL(180 per 30 days)
*vigadrone 500 mg POWDER IN PACKET***DL**	1	PA,QL(180 per 30 days)
*vigadrone 500 mg TABLET***DL**	1	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION**DL**	1	PA,QL(600 per 25 days)
*vigpoder 500 mg POWDER IN PACKET***DL**	1	PA,QL(180 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET**DL**	1	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET**DL**	1	PA,QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET**DL**	1	PA,QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK**MO**	1	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK**DL**	1	PA,QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION**MO**	1	PA,QL(900 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zonisamide 100 mg, 25 mg, 50 mg CAPSULE[MO]	1	
ZTALMY 50 MG/ML SUSPENSION[DL]	1	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
donepezil 10 mg, 5 mg TABLET[MO]	1	
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING[MO]	1	
donepezil 23 mg TABLET[MO]	1	QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET[MO]	1	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR.[MO]	1	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION[MO]	1	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET[MO]	1	PA
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR.[MO]	1	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION[MO]	1	PA
memantine 5-10 mg TABLET, DOSE PACK[MO]	1	PA,QL(98 per 30 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR.[MO]	1	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE[MO]	1	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE[MO]	1	QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET[MO]	1	
amitriptyline 25 mg TABLET[MO]	1	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET[MO]	1	
AUVELITY 30 MG-105 MG /45 MG-105 MG tablet,IR ER biphasic,dosepack[MO]	1	ST
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC[MO]	1	ST,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR.[MO]	1	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET[MO]	1	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR.[MO]	1	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR.[MO]	1	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR.[MO]	1	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR.[MO]	1	QL(60 per 30 days)
citalopram 10 mg, 20 mg, 40 mg TABLET[MO]	1	
citalopram 10 mg/5 ml SOLUTION[MO]	1	
clomipramine 25 mg, 50 mg, 75 mg CAPSULE[MO]	1	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET[MO]	1	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.[MO]	1	QL(30 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR.[DL]	1	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
escitalopram oxalate 15 mg CAPSULE[MO]	1	
escitalopram oxalate 5 mg/5 ml SOLUTION[MO]	1	QL(600 per 30 days)
EXXUA 18.2 MG (32 TABS) TABLET, ER 24 HR., DOSE PACK[DL]	1	PA
EXXUA 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG TABLET, ER 24 HR.[DL]	1	PA,QL(30 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR.[MO]	1	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR.[MO]	1	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE[MO]	1	QL(60 per 30 days)
fluoxetine 10 mg TABLET[MO]	1	QL(240 per 30 days)
fluoxetine 20 mg CAPSULE[MO]	1	QL(120 per 30 days)
fluoxetine 20 mg TABLET[MO]	1	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION[MO]	1	
fluoxetine 40 mg CAPSULE[MO]	1	QL(90 per 30 days)
fluoxetine 60 mg TABLET[MO]	1	QL(30 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET[MO]	1	QL(90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET[MO]	1	
MARPLAN 10 MG TABLET[MO]	1	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING[MO]	1	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET[MO]	1	
mirtazapine 45 mg TABLET[MO]	1	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET[MO]	1	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE[MO]	1	
nortriptyline 10 mg/5 ml SOLUTION[MO]	1	
paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg TABLET[MO]	1	
paroxetine hcl 10 mg/5 ml SUSPENSION[MO]	1	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR.[MO]	1	QL(60 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR.[MO]	1	QL(90 per 30 days)
phenelzine 15 mg TABLET[MO]	1	
protriptyline 10 mg, 5 mg TABLET[MO]	1	
RALDESY 10 MG/ML SOLUTION[DL]	1	
sertraline 100 mg TABLET[MO]	1	QL(60 per 30 days)
sertraline 20 mg/ml CONCENTRATE[MO]	1	
sertraline 25 mg, 50 mg TABLET[MO]	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET[MO]	1	
trazodone 100 mg, 150 mg, 50 mg TABLET[MO]	1	
trazodone 25 mg, 300 mg, 75 mg TABLET[MO]	1	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE[MO]	1	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET[MO]	1	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
venlafaxine 150 mg CAPSULE, ER 24 HR.[MO]	1	QL(60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR.[MO]	1	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR.[MO]	1	QL(90 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET[MO]	1	PA,QL(30 per 30 days)
ZURZUVAE 20 MG, 25 MG CAPSULE[DL]	1	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE[DL]	1	PA,QL(14 per 365 days)
ANTIEMETICS		
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK[MO]	1	BvsD
aprepitant 125 mg CAPSULE	1	BvsD,QL(2 per 28 days)
aprepitant 40 mg CAPSULE[MO]	1	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE[MO]	1	BvsD,QL(4 per 28 days)
compro 25 mg SUPPOSITORY[MO]	1	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE[MO]	1	BvsD,QL(120 per 30 days)
granisetron hcl 1 mg TABLET[MO]	1	BvsD,QL(28 per 28 days)
meclizine 12.5 mg TABLET[MO]	1	
meclizine 25 mg TABLET[MO]	1	
metoclopramide hcl 10 mg, 5 mg TABLET[MO]	1	
ondansetron 4 mg, 8 mg TABLET, DISINTEGRATING[MO]	1	BvsD
ondansetron hcl 2 mg/ml SOLUTION[MO]	1	
ondansetron hcl 4 mg TABLET[MO]	1	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION[MO]	1	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET[MO]	1	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION[MO]	1	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE[MO]	1	
prochlorperazine 25 mg SUPPOSITORY[MO]	1	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION[MO]	1	
prochlorperazine maleate 10 mg, 5 mg TABLET[MO]	1	BvsD
promethazine 12.5 mg, 25 mg, 50 mg TABLET[MO]	1	
scopolamine base 1 mg over 3 days PATCH, 3 DAY[MO]	1	QL(10 per 30 days)
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION[MO]	1	BvsD
amphotericin b 50 mg RECON SOLUTION[MO]	1	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION[DL]	1	BvsD
caspofungin 50 mg, 70 mg RECON SOLUTION[MO]	1	
ciclodan 8 % SOLUTION[MO]	1	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM[MO]	1	QL(90 per 30 days)
ciclopirox 0.77 % GEL[MO]	1	QL(100 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ciclopirox 0.77 % SUSPENSION[MO]	1	QL(60 per 30 days)
ciclopirox 8 % SOLUTION[MO]	1	QL(13.2 per 30 days)
clotrimazole 1 % CREAM[MO]	1	
clotrimazole 1 % SOLUTION[MO]	1	
clotrimazole 10 mg TROCHE[MO]	1	
clotrimazole-betamethasone 1-0.05 % CREAM[MO]	1	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION[MO]	1	QL(90 per 28 days)
CRESEMBA 186 MG, 74.5 MG CAPSULE[DL]	1	PA
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION[MO]	1	
fluconazole 100 mg, 200 mg, 50 mg TABLET[MO]	1	
fluconazole 150 mg TABLET[MO]	1	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK[MO]	1	
flucytosine 250 mg, 500 mg CAPSULE[DL]	1	
griseofulvin microsize 125 mg/5 ml SUSPENSION[MO]	1	
griseofulvin microsize 500 mg TABLET[MO]	1	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET[MO]	1	
itraconazole 100 mg CAPSULE[MO]	1	QL(120 per 30 days)
ketoconazole 2 % CREAM[MO]	1	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO[MO]	1	QL(120 per 30 days)
ketoconazole 200 mg TABLET[MO]	1	PA
klayesta 100,000 unit/gram POWDER[MO]	1	
micafungin 100 mg, 50 mg RECON SOLUTION[MO]	1	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK[DL]	1	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK[DL]	1	
miconazole-3 200 mg SUPPOSITORY[MO]	1	
nyamyc 100,000 unit/gram POWDER[MO]	1	
nystatin 100,000 unit/gram CREAM[MO]	1	
nystatin 100,000 unit/gram OINTMENT[MO]	1	
nystatin 100,000 unit/gram POWDER[MO]	1	
nystatin 100,000 unit/ml SUSPENSION[MO]	1	
nystatin 500,000 unit TABLET[MO]	1	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM[MO]	1	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT[MO]	1	
nystop 100,000 unit/gram POWDER[MO]	1	
posaconazole 100 mg TABLET, DR/EC[DL]	1	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
posaconazole 300 mg/16.7 ml SOLUTION[DL]	1	PA
terbinafine hcl 250 mg TABLET[MO]	1	
terconazole 0.4 %, 0.8 % CREAM[MO]	1	
terconazole 80 mg SUPPOSITORY[MO]	1	
voriconazole 10 mg/ml SOLUTION[MO]	1	
voriconazole 200 mg RECON SOLUTION[MO]	1	
voriconazole 200 mg, 50 mg TABLET[MO]	1	QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION[DL]	1	QL(400 per 30 days)
voriconazole-hpbcd 200 mg RECON SOLUTION[MO]	1	
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET[MO]	1	
colchicine 0.6 mg TABLET[MO]	1	QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET[MO]	1	ST,QL(30 per 30 days)
probenecid 500 mg TABLET[MO]	1	
probenecid-colchicine 500-0.5 mg TABLET[MO]	1	
ANTIMIGRAINE AGENTS		
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL[DL]	1	PA,QL(8 per 30 days)
eletriptan 20 mg, 40 mg TABLET[MO]	1	QL(9 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR[MO]	1	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE[MO]	1	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE[MO]	1	PA,QL(3 per 30 days)
ergotamine-caffeine 1-100 mg TABLET[MO]	1	QL(40 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET[MO]	1	QL(9 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET[MO]	1	PA,QL(30 per 30 days)
rizatriptan 10 mg, 5 mg TABLET[MO]	1	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING[MO]	1	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL[MO]	1	QL(12 per 30 days)
sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET[MO]	1	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE[MO]	1	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR[MO]	1	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION[MO]	1	QL(6 per 30 days)
UBRELVY 100 MG, 50 MG TABLET[MO]	1	PA,QL(16 per 30 days)
ANTIMYASTHENIC AGENTS		
pyridostigmine bromide 30 mg, 60 mg TABLET[MO]	1	
VYVGART 20 MG/ML SOLUTION[DL]	1	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE[DL]	1	PA,QL(20 per 28 days)
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION[DL]	1	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS		
dapsone 100 mg, 25 mg TABLET[MO]	1	
ethambutol 100 mg, 400 mg TABLET[MO]	1	
isoniazid 100 mg, 300 mg TABLET[MO]	1	
isoniazid 100 mg/ml SOLUTION[MO]	1	
isoniazid 50 mg/5 ml SOLUTION[MO]	1	
PRIFTIN 150 MG TABLET[MO]	1	
pyrazinamide 500 mg TABLET[MO]	1	
rifabutin 150 mg CAPSULE[MO]	1	
rifampin 150 mg, 300 mg CAPSULE[MO]	1	
rifampin 600 mg RECON SOLUTION[MO]	1	
rifapentine 150 mg TABLET[MO]	1	
SIRTURO 100 MG, 20 MG TABLET[DL]	1	PA
TRECATOR 250 MG TABLET[MO]	1	
ANTINEOPLASTICS		
abiraterone 250 mg TABLET[DL]	1	PA,QL(120 per 30 days)
abirtega 250 mg TABLET[MO]	1	PA,QL(120 per 30 days)
afatinib 20 mg, 30 mg, 40 mg TABLET[DL,LA]	1	PA,QL(30 per 30 days)
AKEEGA 100-500 MG, 50-500 MG TABLET[DL]	1	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE[DL]	1	PA,QL(240 per 30 days)
ALUNBRIG 180 MG, 90 MG TABLET[DL]	1	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET[DL]	1	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK[DL]	1	PA,QL(30 per 30 days)
anastrozole 1 mg TABLET[MO]	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION[DL]	1	PA
AUGTYRO 160 MG CAPSULE[DL]	1	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE[DL]	1	PA,QL(240 per 30 days)
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK[DL]	1	PA,QL(66 per 28 days)
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET[DL]	1	PA,QL(30 per 30 days)
azacitidine 100 mg RECON SOLUTION[DL]	1	PA
BALVERSA 3 MG TABLET[DL]	1	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET[DL]	1	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET[DL]	1	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION[DL]	1	PA
BEQALZI 1 MG, 20 MG, 5 MG TABLET[DL]	1	PA,QL(60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BEQALZI 80 MG TABLET[DL]	1	PA,QL(120 per 30 days)
BEQALZI STARTER PACK 1-5-20-80 MG TABLET, DOSE PACK[DL]	1	PA,QL(44 per 28 days)
bexarotene 1 % GEL[DL]	1	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE[DL]	1	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET[MO]	1	QL(30 per 30 days)
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION[MO]	1	PA
bortezomib 1 mg, 2.5 mg, 3.5 mg RECON SOLUTION[MO]	1	PA
BOSULIF 100 MG CAPSULE[DL]	1	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET[DL]	1	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET[DL]	1	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE[DL]	1	PA,QL(360 per 30 days)
bosutinib 100 mg TABLET[DL]	1	PA,QL(120 per 30 days)
bosutinib 400 mg, 500 mg TABLET[DL]	1	PA,QL(30 per 30 days)
BRAFTOVI 75 MG CAPSULE[DL]	1	PA,QL(180 per 30 days)
BRUKINSA 160 MG TABLET[DL]	1	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE[DL]	1	PA,QL(120 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG TABLET[DL]	1	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET[DL]	1	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET[DL]	1	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET[DL]	1	PA,QL(30 per 30 days)
CAVHANZA 60 MG, 80 MG TABLET, DISINTEGRATING[DL]	1	PA,QL(112 per 28 days)
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE[DL]	1	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE[DL]	1	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE[DL]	1	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE[DL]	1	PA,QL(56 per 28 days)
COTELLIC 20 MG TABLET[DL]	1	PA,QL(63 per 28 days)
cyclophosphamide 25 mg, 50 mg CAPSULE[MO]	1	BvsD
cyclophosphamide 25 mg, 50 mg TABLET[MO]	1	BvsD
CYRAMZA 10 MG/ML SOLUTION[DL]	1	PA
DANYELZA 4 MG/ML SOLUTION[DL]	1	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET[DL]	1	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION[DL]	1	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION[DL]	1	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET[DL]	1	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET[DL]	1	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET[DL]	1	PA,QL(90 per 30 days)
DAURISMO 100 MG TABLET[DL]	1	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET[DL]	1	PA,QL(60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
decitabine 50 mg RECON SOLUTION[DL]	1	PA
EMPLICITI 300 MG, 400 MG RECON SOLUTION[DL]	1	PA
ENSACOVE 100 MG CAPSULE[DL]	1	PA,QL(60 per 30 days)
ENSACOVE 25 MG CAPSULE[DL]	1	PA,QL(270 per 30 days)
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION[DL]	1	PA
ERIVEDGE 150 MG CAPSULE[DL]	1	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET[DL]	1	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET[DL]	1	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET[DL]	1	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET[DL]	1	PA,QL(90 per 30 days)
ETCAMAH 75 MG TABLET[DL]	1	PA,QL(56 per 28 days)
EULEXIN 125 MG CAPSULE[DL]	1	PA
EVDI 1 MG/20 ML (0.05 MG/ML) SOLUTION[DL]	1	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET[DL]	1	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION[DL]	1	PA
exemestane 25 mg TABLET[MO]	1	QL(60 per 30 days)
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION[MO]	1	BvsD
FOTIVDA 0.89 MG, 1.34 MG CAPSULE[DL]	1	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE[DL]	1	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE[DL]	1	PA,QL(21 per 28 days)
GAVRETO 100 MG CAPSULE[DL,LA]	1	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION[DL]	1	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET[DL]	1	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET[DL,LA]	1	PA,QL(30 per 30 days)
GLEOSTINE 10 MG CAPSULE[MO]	1	PA
GLEOSTINE 100 MG CAPSULE[DL]	1	PA
GLEOSTINE 40 MG CAPSULE	1	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION[DL]	1	PA
GOMEKLI 1 MG, 2 MG CAPSULE[DL]	1	PA
HERNEXEOS 60 MG TABLET[DL]	1	PA,QL(180 per 30 days)
hydroxyurea 500 mg CAPSULE[MO]	1	
HYRNUO 10 MG TABLET[DL]	1	PA,QL(120 per 30 days)
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE[DL]	1	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET[DL]	1	PA,QL(21 per 28 days)
IBTROZI 200 MG CAPSULE[DL]	1	PA,QL(90 per 30 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET[DL]	1	PA,QL(30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ICLUSIG 15 MG TABLET**DL**	1	PA,QL(60 per 30 days)
IDHIFA 100 MG, 50 MG TABLET**DL**	1	PA,QL(30 per 30 days)
*imatinib 100 mg TABLET***MO**	1	PA,QL(90 per 30 days)
*imatinib 400 mg TABLET***DL**	1	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE**DL**	1	PA,QL(120 per 30 days)
IMBRUVICA 140 MG, 280 MG TABLET**DL**	1	PA
IMBRUVICA 420 MG TABLET**DL**	1	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE**DL**	1	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION**DL**	1	PA
IMFINZI 50 MG/ML SOLUTION**DL**	1	PA
IMJUDO 20 MG/ML SOLUTION**DL**	1	PA
IMKELDI 80 MG/ML SOLUTION**DL**	1	PA,QL(300 per 30 days)
INLEXZO 225 MG IMPLANT**DL**	1	PA
INLURIYO 200 MG TABLET**DL**	1	PA,QL(84 per 28 days)
INLYTA 1 MG TABLET**DL**	1	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET**DL**	1	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET**DL**	1	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE**DL**	1	PA,QL(120 per 30 days)
ITOVEBI 3 MG TABLET**DL**	1	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET**DL**	1	PA,QL(28 per 28 days)
IWILFIN 192 MG TABLET**DL**	1	PA,QL(240 per 30 days)
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET**DL**	1	PA,QL(60 per 30 days)
JAKAFI XR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG TABLET, ER 24 HR.**DL**	1	PA,QL(30 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET**DL**	1	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	1	PA,QL(20 per 42 days)
JIDEYTRO 100 MG TABLET**DL**	1	PA,QL(30 per 30 days)
JIDEYTRO 25 MG TABLET**DL**	1	PA,QL(90 per 30 days)
KANJINTI 150 MG, 420 MG RECON SOLUTION**DL**	1	PA
KEYTRUDA 25 MG/ML SOLUTION**DL**	1	PA
KEYTRUDA QLEX 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML SOLUTION**DL**	1	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET**DL**	1	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET**DL**	1	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET**DL**	1	PA,QL(63 per 28 days)
KOMZIFTI 200 MG CAPSULE**DL**	1	PA,QL(90 per 30 days)
KOSELUGO 10 MG CAPSULE**DL**	1	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE**DL**	1	PA,QL(120 per 30 days)
KOSELUGO 5 MG CAPSULE, SPRINKLE**DL**	1	PA,QL(600 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KOSELUGO 7.5 MG CAPSULE, SPRINKLE**DL**	1	PA,QL(360 per 30 days)
KRAZATI 200 MG TABLET**DL**	1	PA,QL(180 per 30 days)
*lapatinib 250 mg TABLET***DL**	1	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET**DL**	1	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET**DL**	1	PA,QL(60 per 30 days)
*lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE***DL**	1	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE**DL**	1	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE**DL**	1	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE**DL**	1	PA,QL(60 per 30 days)
*letrozole 2.5 mg TABLET***MO**	1	QL(30 per 30 days)
*leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET***MO**	1	
*leucovorin calcium 10 mg/ml SOLUTION***MO**	1	
*leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION***MO**	1	
LEUKERAN 2 MG TABLET**DL**	1	
*levoleucovorin calcium 10 mg/ml SOLUTION***MO**	1	PA
*levoleucovorin calcium 50 mg RECON SOLUTION***MO**	1	PA
LIBTAYO 50 MG/ML SOLUTION**DL**	1	PA,QL(7 per 21 days)
LIFYORLI 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2) CAPSULE**DL**	1	PA
*lomustine 10 mg CAPSULE***MO**	1	PA
*lomustine 100 mg, 40 mg CAPSULE***DL**	1	PA
LONSURF 15-6.14 MG TABLET**DL**	1	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET**DL**	1	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION**DL**	1	PA
LORBRENA 100 MG TABLET**DL**	1	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET**DL**	1	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET**DL**	1	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET**DL**	1	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET**DL**	1	PA,QL(90 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET**DL**	1	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET**DL**	1	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET**DL**	1	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION**DL**	1	PA
MATULANE 50 MG CAPSULE**DL**	1	
MEKINIST 0.05 MG/ML RECON SOLUTION**DL**	1	PA,QL(1170 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MEKINIST 0.5 MG TABLET**DL**	1	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET**DL**	1	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET**DL**	1	PA,QL(180 per 30 days)
*mercaptopurine 20 mg/ml SUSPENSION***DL**	1	
*mercaptopurine 50 mg TABLET***MO**	1	
*mesna 400 mg TABLET***DL**	1	
*mitomycin 20 mg, 5 mg RECON SOLUTION***MO**	1	
*mitomycin 40 mg RECON SOLUTION***DL**	1	
MODEYSO 125 MG CAPSULE**DL**	1	PA,QL(20 per 28 days)
MVASI 25 MG/ML SOLUTION**DL**	1	PA
NERLYNX 40 MG TABLET**DL**	1	PA,QL(180 per 30 days)
*nilotinib d-tartrate 150 mg, 200 mg, 50 mg CAPSULE***DL**	1	PA,QL(120 per 30 days)
*nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE***DL**	1	PA,QL(120 per 30 days)
*nilutamide 150 mg TABLET***DL**	1	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE**DL**	1	PA,QL(3 per 28 days)
NUBEQA 300 MG TABLET**DL**	1	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE**DL**	1	PA,QL(30 per 30 days)
OGSIVEO 100 MG, 150 MG TABLET**DL**	1	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET**DL**	1	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION**DL**	1	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET**DL**	1	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET**DL**	1	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET**DL**	1	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET**DL**	1	PA,QL(30 per 30 days)
ONUREG 200 MG, 300 MG TABLET**DL**	1	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION**DL**	1	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION**DL**	1	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION**DL**	1	PA,QL(16 per 28 days)
OPDIVO QVANTIG 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML SOLUTION**DL**	1	PA,QL(10 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION**DL**	1	PA,QL(40 per 28 days)
ORGOVYX 120 MG TABLET**DL**	1	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET**DL**	1	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET**DL**	1	PA,QL(90 per 30 days)
PANRETIN 0.1 % GEL**DL**	1	PA
*pazopanib 200 mg TABLET***DL**	1	PA,QL(120 per 30 days)
*pazopanib 400 mg TABLET***DL**	1	PA,QL(60 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET**DL**	1	PA,QL(28 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION**DL**	1	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET**DL**	1	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET**DL**	1	PA,QL(56 per 28 days)
*pomalidomide 1 mg, 2 mg, 3 mg, 4 mg CAPSULE***DL**	1	PA,QL(21 per 28 days)
POTELIGEO 4 MG/ML SOLUTION**DL**	1	PA
PURIXAN 20 MG/ML SUSPENSION**DL**	1	
QINLOCK 50 MG TABLET**DL**	1	PA,QL(90 per 30 days)
RASONQUE 100 MG TABLET**DL**	1	PA,QL(120 per 30 days)
RASONQUE 150 MG TABLET**DL**	1	PA,QL(60 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET**DL**	1	PA,QL(60 per 30 days)
RETEVMO 40 MG TABLET**DL**	1	PA,QL(90 per 30 days)
REVUFORJ 110 MG, 160 MG, 25 MG TABLET**DL**	1	PA
REZLIDHIA 150 MG CAPSULE**DL**	1	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION**DL**	1	PA
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE**DL**	1	PA
ROZLYTREK 100 MG CAPSULE**DL**	1	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE**DL**	1	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET**DL**	1	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET**DL**	1	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION**DL**	1	PA
RYBREVANT 50 MG/ML SOLUTION**DL**	1	PA,QL(784 per 365 days)
RYBREVANT FASPRO 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML SOLUTION**DL**	1	PA
RYDAPT 25 MG CAPSULE**DL**	1	PA,QL(224 per 28 days)
SARCLISA 20 MG/ML SOLUTION**DL**	1	PA
SARCLISA ESCENA 1,400 MG/10 ML SOLUTION**DL**	1	PA
SCEMBLIX 100 MG TABLET**DL**	1	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET**DL**	1	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET**DL**	1	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION**DL**	1	
*sorafenib 200 mg TABLET***DL**	1	PA,QL(120 per 30 days)
STIVARGA 40 MG TABLET**DL**	1	PA,QL(84 per 28 days)
*sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE***DL**	1	PA,QL(28 per 28 days)
TABLOID 40 MG TABLET**MO**	1	
TABRECTA 150 MG, 200 MG TABLET**DL**	1	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION**DL**	1	PA,QL(840 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TAFINLAR 50 MG CAPSULE**DL**	1	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE**DL**	1	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET**DL**	1	PA,QL(30 per 30 days)
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE**DL**	1	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE**DL**	1	PA,QL(90 per 30 days)
*tamoxifen 10 mg, 20 mg TABLET***MO**	1	
TAZVERIK 200 MG TABLET**DL**	1	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION**DL**	1	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION**DL**	1	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION**DL**	1	PA,QL(15 per 21 days)
TEPMETKO 225 MG TABLET**DL**	1	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION**DL**	1	PA,QL(20 per 21 days)
THALOMID 100 MG CAPSULE**DL**	1	PA,QL(120 per 30 days)
THALOMID 50 MG CAPSULE**DL**	1	PA,QL(240 per 30 days)
TIBSOVO 250 MG TABLET**DL**	1	PA,QL(60 per 30 days)
*toremifene 60 mg TABLET***DL**	1	QL(30 per 30 days)
*torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET***DL**	1	PA,QL(30 per 30 days)
TRAZIMERA 150 MG, 420 MG RECON SOLUTION**DL**	1	PA
*tretinoin (antineoplastic) 10 mg CAPSULE***DL**	1	
TRUQAP 160 MG, 200 MG TABLET**DL**	1	PA,QL(64 per 28 days)
TUKYSA 150 MG TABLET**DL**	1	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET**DL**	1	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULE**DL,LA**	1	PA,QL(120 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION**DL**	1	PA
UNLOXCYT 300 MG/5 ML (60 MG/ML) SOLUTION**DL**	1	PA
VALCHLOR 0.016 % GEL**DL**	1	PA,QL(60 per 28 days)
*valrubicin 40 mg/ml SOLUTION***DL**	1	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET**DL**	1	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION**DL**	1	PA
VENCLEXTA 10 MG TABLET**MO**	1	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET**DL**	1	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET	1	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK**DL**	1	PA,QL(42 per 28 days)
VEPPANU 100 MG TABLET**DL**	1	PA,QL(90 per 30 days)
VEPPANU 200 MG TABLET**DL**	1	PA,QL(30 per 30 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET**DL**	1	PA,QL(60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VITRAKVI 100 MG CAPSULE**DL**	1	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION**DL**	1	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE**DL**	1	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET**DL**	1	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE**DL**	1	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET**DL**	1	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET**DL**	1	PA,QL(30 per 30 days)
VYLOY 100 MG, 300 MG RECON SOLUTION**DL**	1	PA
XALKORI 150 MG PELLET**DL**	1	PA,QL(180 per 30 days)
XALKORI 20 MG PELLET**DL**	1	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE**DL**	1	PA,QL(120 per 30 days)
XALKORI 50 MG PELLET**DL**	1	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET**DL**	1	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET**DL**	1	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET**DL**	1	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (80 MG X 1) TABLET**DL**	1	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET**DL**	1	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET**DL**	1	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE**DL**	1	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET**DL**	1	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET**DL**	1	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION**DL**	1	PA
YONDELIS 1 MG RECON SOLUTION**DL**	1	PA
*yulithira 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET***MO**	1	PA,QL(30 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET**DL**	1	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET**DL**	1	PA,QL(240 per 30 days)
ZENBEXUS 0.75 MG, 1 MG CAPSULE**DL**	1	PA,QL(21 per 28 days)
ZIRABEV 25 MG/ML SOLUTION**DL**	1	PA
ZOLINZA 100 MG CAPSULE**DL**	1	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET**DL**	1	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET**DL**	1	PA,QL(150 per 30 days)
ZYNYZ 500 MG/20 ML SOLUTION**DL**	1	PA,QL(20 per 28 days)
ANTIPARASITICS		
*albendazole 200 mg TABLET***MO**	1	
*atovaquone 750 mg/5 ml SUSPENSION***MO**	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET[MO]	1	
chloroquine phosphate 250 mg, 500 mg TABLET[MO]	1	
COARTEM 20-120 MG TABLET[MO]	1	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET[MO]	1	
hydroxychloroquine 200 mg TABLET[MO]	1	
IMPAVIDO 50 MG CAPSULE[DL]	1	QL(84 per 28 days)
ivermectin 3 mg, 6 mg TABLET[MO]	1	
LAMPIT 120 MG, 30 MG TABLET[MO]	1	
mefloquine 250 mg TABLET[MO]	1	
nitazoxanide 500 mg TABLET[DL]	1	
pentamidine 300 mg RECON SOLUTION[MO]	1	
pentamidine 300 mg RECON SOLUTION[MO]	1	BvsD
praziquantel 600 mg TABLET[MO]	1	
primaquine 26.3 mg (15 mg base) TABLET[MO]	1	
pyrimethamine 25 mg TABLET[DL]	1	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE[MO]	1	PA,QL(42 per 7 days)
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE[MO]	1	
amantadine hcl 50 mg/5 ml SOLUTION[MO]	1	
apomorphine 10 mg/ml CARTRIDGE[DL]	1	PA,QL(84 per 28 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET[MO]	1	
benztropine 1 mg/ml SOLUTION[MO]	1	
bromocriptine 2.5 mg TABLET[MO]	1	
carbidopa 25 mg TABLET[MO]	1	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING[MO]	1	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET[MO]	1	
carbidopa-levodopa 25-100 mg TABLET[MO]	1	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER[MO]	1	
carbidopa-levodopa-entacapone 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 TABLET[MO]	1	
entacapone 200 mg TABLET[MO]	1	QL(300 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET[MO]	1	
rasagiline 0.5 mg, 1 mg TABLET[MO]	1	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET[MO]	1	
selegiline hcl 5 mg CAPSULE[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
selegiline hcl 5 mg TABLET[MO]	1	
trihexyphenidyl 0.4 mg/ml ELIXIR[MO]	1	
trihexyphenidyl 2 mg, 5 mg TABLET[MO]	1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	1	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	1	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON[DL]	1	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE[DL]	1	QL(1 per 28 days)
aripiprazole 1 mg/ml SOLUTION[MO]	1	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING[MO]	1	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET[MO]	1	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	1	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE[DL]	1	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE[DL]	1	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE[DL]	1	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE[DL]	1	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET[MO]	1	PA,QL(60 per 30 days)
BYSANTI 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET[DL]	1	PA,QL(60 per 30 days)
BYSANTI TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK[DL]	1	PA
BYSANTI TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK[DL]	1	PA
BYSANTI TITRATION PACK C 1 MG(4)-2MG(2)- 6 MG (2) TABLET, DOSE PACK[DL]	1	PA
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE[DL]	1	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET[MO]	1	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET[MO]	1	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE[MO]	1	
chlorpromazine 25 mg/ml SOLUTION[MO]	1	
clozapine 100 mg TABLET[MO]	1	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING[MO]	1	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING[MO]	1	PA
clozapine 150 mg TABLET, DISINTEGRATING[MO]	1	PA,QL(180 per 30 days)
clozapine 200 mg TABLET[MO]	1	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING[MO]	1	PA,QL(135 per 30 days)
clozapine 25 mg TABLET[MO]	1	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING[MO]	1	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET**DL**	1	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK**MO**	1	PA,QL(56 per 28 days)
FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK**MO**	1	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK**MO**	1	PA,QL(56 per 28 days)
*fluphenazine decanoate 25 mg/ml SOLUTION***MO**	1	
*fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET***MO**	1	
*fluphenazine hcl 2.5 mg/5 ml ELIXIR***MO**	1	
*fluphenazine hcl 2.5 mg/ml SOLUTION***MO**	1	
*fluphenazine hcl 5 mg/ml CONCENTRATE***MO**	1	
*haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET***MO**	1	
*haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION***MO**	1	
*haloperidol lactate 2 mg/ml CONCENTRATE***MO**	1	
*haloperidol lactate 5 mg/ml SOLUTION***MO**	1	
*haloperidol lactate 5 mg/ml SYRINGE***MO**	1	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	1	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	1	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE**DL**	1	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE**DL**	1	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE**MO**	1	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	1	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	1	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	1	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	1	QL(2.63 per 90 days)
*loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE***MO**	1	
*lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET***MO**	1	QL(30 per 30 days)
*lurasidone 80 mg TABLET***MO**	1	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET**DL**	1	PA,QL(30 per 30 days)
*molindone 10 mg TABLET***MO**	1	QL(240 per 30 days)
*molindone 25 mg TABLET***MO**	1	QL(270 per 30 days)
*molindone 5 mg TABLET***MO**	1	QL(360 per 30 days)
NUPLAZID 10 MG TABLET**DL**	1	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE**DL**	1	PA,QL(30 per 30 days)
*olanzapine 10 mg RECON SOLUTION***MO**	1	
*olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET***MO**	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING[MO]	1	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING[MO]	1	QL(60 per 30 days)
OPIPZA 10 MG FILM[DL]	1	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM[DL]	1	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM[DL]	1	PA,QL(180 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR.[MO]	1	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR.[MO]	1	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET[MO]	1	
pimozide 1 mg, 2 mg TABLET[MO]	1	
quetiapine 100 mg TABLET[MO]	1	QL(90 per 30 days)
quetiapine 150 mg TABLET[MO]	1	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR.[MO]	1	QL(90 per 30 days)
quetiapine 200 mg TABLET[MO]	1	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR.[MO]	1	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET[MO]	1	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET[MO]	1	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR.[MO]	1	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR.[MO]	1	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET[DL]	1	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON[MO]	1	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON[DL]	1	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET[MO]	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING[MO]	1	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET[MO]	1	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING[MO]	1	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION[MO]	1	
risperidone microspheres 12.5 mg/2 ml, 25 mg/2 ml SUSPENSION, ER, RECON[MO]	1	QL(2 per 28 days)
risperidone microspheres 37.5 mg/2 ml, 50 mg/2 ml SUSPENSION, ER, RECON[DL]	1	QL(2 per 28 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR.[DL]	1	PA,QL(30 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET[MO]	1	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE[MO]	1	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET[MO]	1	
VERSACLOZ 50 MG/ML SUSPENSION[DL]	1	PA,QL(540 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VRAYLAR 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE[DL]	1	PA,QL(30 per 30 days)
WELTRUZA 318 MG, 425 MG, 531 MG SUSPENSION, ER, RECON[DL]	1	QL(1 per 28 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE[MO]	1	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION[MO]	1	
ZYPREXA 10 MG RECON SOLUTION[MO]	1	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION[MO]	1	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION[DL]	1	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION[DL]	1	QL(1 per 28 days)
ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET[MO]	1	
baclofen 20 mg TABLET[MO]	1	
baclofen 5 mg TABLET[MO]	1	QL(90 per 30 days)
tizanidine 2 mg TABLET[MO]	1	
tizanidine 4 mg TABLET[MO]	1	
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION[MO]	1	QL(960 per 30 days)
abacavir 300 mg TABLET[MO]	1	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET[MO]	1	QL(30 per 30 days)
acyclovir 200 mg CAPSULE[MO]	1	
acyclovir 400 mg, 800 mg TABLET[MO]	1	
acyclovir sodium 50 mg/ml SOLUTION[MO]	1	BvsD
adefovir 10 mg TABLET[MO]	1	
APTIVUS 250 MG CAPSULE[DL]	1	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE[MO]	1	QL(60 per 30 days)
atazanavir 300 mg CAPSULE[MO]	1	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION[DL]	1	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET[DL]	1	QL(30 per 30 days)
BIXLENVO 75-50 MG TABLET[DL]	1	QL(30 per 30 days)
BIXLENVO-SUNLENCA STARTER PACK 75 MG-50 MG /300 MG TABLET[DL]	1	QL(34 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER[DL]	1	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION[DL]	1	
CIMDUO 300-300 MG TABLET[DL]	1	QL(30 per 30 days)
darunavir 600 mg TABLET[MO]	1	QL(60 per 30 days)
darunavir 800 mg TABLET[DL]	1	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET[DL]	1	QL(30 per 30 days)
DESCOVY 120-15 MG, 200-25 MG TABLET[DL]	1	QL(30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DOVATO 50-300 MG TABLET**DL**	1	QL(30 per 30 days)
EDURANT 25 MG TABLET**DL**	1	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION**DL**	1	QL(180 per 30 days)
*efavirenz 600 mg TABLET***MO**	1	QL(30 per 30 days)
*efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET***MO**	1	QL(30 per 30 days)
*efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET***DL**	1	QL(30 per 30 days)
*emtricita-rilpivirine-tenof df 200-25-300 mg TABLET***DL**	1	QL(30 per 30 days)
*emtricitabine 200 mg CAPSULE***MO**	1	QL(30 per 30 days)
*emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET***MO**	1	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION**MO**	1	QL(680 per 28 days)
*entecavir 0.5 mg, 1 mg TABLET***MO**	1	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET**DL**	1	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET**DL**	1	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET**DL**	1	PA,QL(28 per 28 days)
*etravirine 100 mg TABLET***DL**	1	QL(120 per 30 days)
*etravirine 200 mg TABLET***DL**	1	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET**DL**	1	QL(30 per 30 days)
*famciclovir 125 mg, 250 mg, 500 mg TABLET***MO**	1	QL(90 per 30 days)
*fosamprenavir 700 mg TABLET***DL**	1	QL(120 per 30 days)
FUZEON 90 MG RECON SOLUTION**DL**	1	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET**DL**	1	QL(30 per 30 days)
IDVYNSO 100-0.25 MG TABLET**DL**	1	QL(30 per 30 days)
INTELENCE 25 MG TABLET**MO**	1	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET**DL**	1	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET**MO**	1	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET**MO**	1	QL(180 per 30 days)
ISENTRESS 400 MG TABLET**DL**	1	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET**DL**	1	QL(60 per 30 days)
JULUCA 50-25 MG TABLET**DL**	1	QL(30 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION**DL**	1	
*lamivudine 10 mg/ml SOLUTION***MO**	1	QL(900 per 30 days)
*lamivudine 100 mg TABLET***MO**	1	QL(90 per 30 days)
*lamivudine 150 mg TABLET***MO**	1	QL(60 per 30 days)
*lamivudine 300 mg TABLET***MO**	1	QL(30 per 30 days)
*lamivudine-zidovudine 150-300 mg TABLET***MO**	1	QL(60 per 30 days)
LIVTENCITY 200 MG TABLET**DL**	1	PA,QL(120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*lopinavir-ritonavir 100-25 mg TABLET*MO	1	QL(300 per 30 days)
*lopinavir-ritonavir 200-50 mg TABLET*MO	1	QL(150 per 30 days)
*maraviroc 150 mg TABLET*DL	1	QL(240 per 30 days)
*maraviroc 300 mg TABLET*DL	1	QL(120 per 30 days)
*nevirapine 200 mg TABLET*MO	1	QL(60 per 30 days)
*nevirapine 400 mg TABLET, ER 24 HR.*MO	1	QL(30 per 30 days)
*nevirapine 50 mg/5 ml SUSPENSION*MO	1	QL(1200 per 30 days)
NORVIR 100 MG POWDER IN PACKETMO	1	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLETDL	1	QL(30 per 30 days)
*oseltamivir 30 mg CAPSULE*MO	1	QL(224 per 365 days)
*oseltamivir 45 mg CAPSULE*MO	1	QL(112 per 365 days)
*oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION*MO	1	QL(1440 per 365 days)
*oseltamivir 75 mg CAPSULE*MO	1	QL(112 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACKMO	1	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACKMO	1	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACKMO	1	QL(60 per 10 days)
PIFELTRO 100 MG TABLETDL	1	QL(60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKETDL	1	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLETDL	1	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLETDL	1	PA
PREZCOBIX 675-150 MG, 800-150 MG-MG TABLETDL	1	QL(30 per 30 days)
PREZCOBIX PED 600-90 MG TABLET FOR SUSPENSIONDL	1	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSIONDL	1	QL(360 per 30 days)
PREZISTA 150 MG TABLETDL	1	QL(240 per 30 days)
PREZISTA 75 MG TABLETMO	1	QL(480 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICEMO	1	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTIONMO	1	
REYATAZ 50 MG POWDER IN PACKETMO	1	
*ribavirin 200 mg CAPSULE*MO	1	
*ribavirin 200 mg TABLET*MO	1	
*rilpivirine hcl 25 mg TABLET*DL	1	QL(30 per 30 days)
*rimantadine 100 mg TABLET*MO	1	
*ritonavir 100 mg TABLET*MO	1	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR.DL	1	QL(60 per 30 days)
SELZENTRY 20 MG/ML SOLUTIONDL	1	QL(1800 per 30 days)
STRIBILD 150-150-200-300 MG TABLETDL	1	QL(30 per 30 days)
SUNLENCA 300 MG TABLETDL	1	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	1	QL(9 per 365 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMTUZA 800-150-200-10 MG TABLET**DL**	1	QL(30 per 30 days)
*tenofovir disoproxil fumarate 300 mg TABLET***MO**	1	QL(30 per 30 days)
TIVICAY 50 MG TABLET**DL**	1	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION**DL**	1	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET**DL**	1	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION**MO**	1	QL(180 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION**DL**	1	
TYBOST 150 MG TABLET**MO**	1	QL(30 per 30 days)
*valacyclovir 1 gram, 500 mg TABLET***MO**	1	
*valganciclovir 450 mg TABLET***MO**	1	QL(120 per 30 days)
*valganciclovir 50 mg/ml RECON SOLUTION***DL**	1	QL(1056 per 30 days)
VEMLIDY 25 MG TABLET**DL**	1	QL(30 per 30 days)
VIRACEPT 250 MG TABLET**DL**	1	QL(300 per 30 days)
VIRACEPT 625 MG TABLET**DL**	1	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET**DL**	1	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER**DL**	1	QL(240 per 30 days)
VOCABRIA 30 MG TABLET**DL**	1	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET**DL**	1	PA,QL(28 per 28 days)
*zidovudine 10 mg/ml SYRUP***MO**	1	QL(1680 per 28 days)
*zidovudine 100 mg CAPSULE***MO**	1	QL(180 per 30 days)
*zidovudine 300 mg TABLET***MO**	1	QL(60 per 30 days)
ZIRGAN 0.15 % GEL**MO**	1	QL(5 per 30 days)
ANXIOLYTICS		
*alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET***DL**	1	QL(120 per 30 days)
*alprazolam 2 mg TABLET***DL**	1	QL(150 per 30 days)
*buspirone 10 mg, 5 mg TABLET***MO**	1	
*buspirone 15 mg, 30 mg, 7.5 mg TABLET***MO**	1	
*clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING***DL**	1	
*clonazepam 0.25 mg, 2 mg TABLET***DL**	1	
*clonazepam 0.5 mg, 1 mg TABLET***DL**	1	
*clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET***DL**	1	
*diazepam 10 mg TABLET***DL**	1	QL(120 per 30 days)
*diazepam 2 mg TABLET***DL**	1	QL(90 per 30 days)
*diazepam 5 mg TABLET***DL**	1	QL(90 per 30 days)
*diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION***DL**	1	QL(1200 per 30 days)
*diazepam 5 mg/ml CONCENTRATE***DL**	1	QL(240 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diazepam intensol 5 mg/ml CONCENTRATE[DL]	1	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE[MO]	1	
doxepin 10 mg/ml CONCENTRATE[MO]	1	
hydroxyzine hcl 10 mg, 50 mg TABLET[MO]	1	
hydroxyzine hcl 25 mg TABLET[MO]	1	
lorazepam 0.5 mg, 1 mg TABLET[DL]	1	QL(90 per 30 days)
lorazepam 2 mg TABLET[DL]	1	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE[DL]	1	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE[DL]	1	QL(150 per 30 days)
BIPOLAR AGENTS		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE[MO]	1	
lithium carbonate 300 mg TABLET[MO]	1	
lithium carbonate 300 mg, 450 mg TABLET ER[MO]	1	
lithium citrate 8 meq/5 ml SOLUTION[MO]	1	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET[MO]	1	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL[MO]	1	
dapagliflozin 10 mg, 5 mg TABLET[MO]	1	QL(30 per 30 days)
dapagliflozin-metformin 10-1,000 mg, 10-500 mg, 5-500 mg TABLET, IR/ER 24 HR., BIPHASIC[MO]	1	QL(30 per 30 days)
dapagliflozin-metformin 5-1,000 mg TABLET, IR/ER 24 HR., BIPHASIC[MO]	1	QL(60 per 30 days)
diazoxide 50 mg/ml SUSPENSION[DL]	1	
FARXIGA 10 MG, 5 MG TABLET[MO]	1	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN[CI,MO]	1	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE[CI,MO]	1	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION[CI,MO]	1	
glimepiride 1 mg TABLET[MO]	1	
glimepiride 2 mg, 4 mg TABLET[MO]	1	
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.[MO]	1	
glipizide 10 mg, 5 mg TABLET[MO]	1	
glipizide 15 mg, 2.5 mg TABLET[MO]	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET[MO]	1	
GLYXAMBI 10-5 MG, 25-5 MG TABLET[MO]	1	QL(30 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN[CI,DL]	1	
INSULIN ASPART U-100 100 UNIT/ML (3 ML) INSULIN PEN[CI,MO]	1	
INSULIN ASPART U-100 100 UNIT/ML CARTRIDGE[CI,MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSULIN ASPART U-100 100 UNIT/ML SOLUTION**CI,MO**	1	
INSULIN LISPRO 100 UNIT/ML SOLUTION**CI,MO**	1	
JANUMET 50-1,000 MG, 50-500 MG TABLET**MO**	1	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE**MO**	1	QL(30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE**MO**	1	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET**MO**	1	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET**MO**	1	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET**MO**	1	QL(60 per 30 days)
JENTADUETO 2.5-850 MG TABLET**MO**	1	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC**MO**	1	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC**MO**	1	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN**CI,MO**	1	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION**CI,MO**	1	
*linagliptin-metformin 2.5-1,000 mg, 2.5-500 mg, 2.5-850 mg TABLET***MO**	1	QL(60 per 30 days)
*metformin 1,000 mg, 500 mg TABLET***MO**	1	
*metformin 500 mg TABLET, ER 24 HR.***MO**	1	QL(120 per 30 days)
*metformin 750 mg TABLET, ER 24 HR.***MO**	1	QL(60 per 30 days)
*metformin 850 mg TABLET***MO**	1	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR**MO**	1	PA,QL(2 per 28 days)
*nateglinide 120 mg, 60 mg TABLET***MO**	1	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN**CI,MO**	1	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION**CI,MO**	1	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN**CI,MO**	1	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION**CI,MO**	1	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN**CI,MO**	1	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION**CI,MO**	1	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN**CI,MO**	1	
NOVOLOG MIX 70-30 U-100 INSULN 100 UNIT/ML (70-30) SOLUTION**CI,MO**	1	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN**CI,MO**	1	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE**CI,MO**	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION**CI,MO**	1	
OZEMPIC 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) PEN INJECTOR**MO**	1	PA,QL(3 per 28 days)
OZEMPIC 1.5 MG, 4 MG, 9 MG TABLET**MO**	1	PA,QL(30 per 30 days)
*pioglitazone 15 mg, 45 mg TABLET***MO**	1	QL(30 per 30 days)
*pioglitazone 30 mg TABLET***MO**	1	QL(30 per 30 days)
*pioglitazone-metformin 15-500 mg, 15-850 mg TABLET***MO**	1	QL(90 per 30 days)
*repaglinide 0.5 mg, 1 mg, 2 mg TABLET***MO**	1	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET**MO**	1	PA,QL(30 per 30 days)
*sitagliptin phos-metformin 100-1,000 mg TABLET, ER 24 HR., MULTIPHASE***MO**	1	QL(30 per 30 days)
*sitagliptin phos-metformin 50-1,000 mg, 50-500 mg TABLET***MO**	1	QL(60 per 30 days)
*sitagliptin phos-metformin 50-1,000 mg, 50-500 mg TABLET, ER 24 HR., MULTIPHASE***MO**	1	QL(60 per 30 days)
*sitagliptin phosphate 100 mg, 25 mg, 50 mg TABLET***MO**	1	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN**CI,MO**	1	QL(15 per 24 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET**MO**	1	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC**MO**	1	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC**MO**	1	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN**CI,MO**	1	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN**CI,MO**	1	
TRADJENTA 5 MG TABLET**MO**	1	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN**CI,MO**	1	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN**CI,MO**	1	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION**CI,MO**	1	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC**MO**	1	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC**MO**	1	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR**MO**	1	PA,QL(2 per 28 days)
XIGDUO XR 10-1,000 MG, 10-500 MG, 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC**MO**	1	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC**MO**	1	QL(60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR**MO**	1	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE**MO**	1	
BLOOD PRODUCTS AND MODIFIERS		
*anagrelide 0.5 mg, 1 mg CAPSULE***MO**	1	
*cilostazol 100 mg, 50 mg TABLET***MO**	1	
*clopidogrel 300 mg TABLET***MO**	1	
*clopidogrel 75 mg TABLET***MO**	1	QL(30 per 30 days)
*dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE***MO**	1	QL(60 per 30 days)
ELIQUIS 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) TABLET FOR SUSPENSION**MO**	1	ST,QL(592 per 30 days)
ELIQUIS 2.5 MG TABLET**MO**	1	QL(60 per 30 days)
ELIQUIS 5 MG TABLET**MO**	1	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK**MO**	1	QL(74 per 30 days)
ELIQUIS SPRINKLE 0.15 MG CAPSULE, SPRINKLE**MO**	1	ST,QL(74 per 30 days)
*enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE***MO**	1	
*enoxaparin 300 mg/3 ml SOLUTION***MO**	1	
*heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION***MO**	1	
*heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE***MO**	1	
*heparin (porcine) 5,000 unit/ml SYRINGE***MO**	1	
*heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION***MO**	1	
*heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE***MO**	1	
*jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET***MO**	1	
NIVESTYM 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE**DL**	1	PA
NIVESTYM 300 MCG/ML, 480 MCG/1.6 ML SOLUTION**DL**	1	PA
*prasugrel hcl 10 mg, 5 mg TABLET***MO**	1	QL(30 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET**DL**	1	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET**DL**	1	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET**DL**	1	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET**DL**	1	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET**DL**	1	PA,QL(60 per 30 days)
RETACRIT 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 SOLUTION**MO**	1	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION**DL**	1	PA,QL(14 per 30 days)
*rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION***MO**	1	ST,QL(600 per 30 days)
*rivaroxaban 2.5 mg TABLET***MO**	1	QL(60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ticagrelor 60 mg, 90 mg TABLET[MO]	1	QL(60 per 30 days)
tranexamic acid 650 mg TABLET[MO]	1	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE[DL]	1	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR[DL]	1	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR[DL]	1	PA,QL(1.2 per 28 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET[MO]	1	
warfarin 5 mg TABLET[MO]	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION[MO]	1	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET[MO]	1	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET[MO]	1	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK[MO]	1	QL(51 per 30 days)
ZARXIO 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE[DL]	1	PA
CARDIOVASCULAR AGENTS		
acebutolol 200 mg, 400 mg CAPSULE[MO]	1	
acetazolamide 125 mg, 250 mg TABLET[MO]	1	
acetazolamide 500 mg CAPSULE, ER[MO]	1	
aliskiren 150 mg, 300 mg TABLET[MO]	1	QL(30 per 30 days)
amiloride 5 mg TABLET[MO]	1	
amiloride-hydrochlorothiazide 5-50 mg TABLET[MO]	1	
amiodarone 100 mg, 400 mg TABLET[MO]	1	
amiodarone 200 mg TABLET[MO]	1	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET[MO]	1	
amlodipine-atorvastatin 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 TABLET[MO]	1	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE[MO]	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE[MO]	1	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET[MO]	1	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET[MO]	1	QL(30 per 30 days)
atenolol 100 mg TABLET[MO]	1	
atenolol 25 mg, 50 mg TABLET[MO]	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET[MO]	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET[MO]	1	
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET*MO	1	
*bisoprolol fumarate 10 mg, 2.5 mg, 5 mg TABLET*MO	1	
*bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET*MO	1	
*bumetanide 0.25 mg/ml SOLUTION*MO	1	
*bumetanide 0.5 mg, 2 mg TABLET*MO	1	
*bumetanide 1 mg TABLET*MO	1	
*candesartan 16 mg, 4 mg, 8 mg TABLET*MO	1	QL(60 per 30 days)
*candesartan 32 mg TABLET*MO	1	QL(30 per 30 days)
*candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET*MO	1	QL(30 per 30 days)
*captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET*MO	1	
*captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET*MO	1	
*cartia xt 120 mg, 180 mg, 240 mg, 300 mg CAPSULE, ER 24 HR.*MO	1	
*carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET*MO	1	
*chlorthalidone 25 mg TABLET*MO	1	
*chlorthalidone 50 mg TABLET*MO	1	
*cholestyramine (with sugar) 4 gram POWDER*MO	1	
*cholestyramine (with sugar) 4 gram POWDER IN PACKET*MO	1	
*cholestyramine light 4 gram POWDER*MO	1	
*cholestyramine light 4 gram POWDER IN PACKET*MO	1	
*clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY*MO	1	QL(4 per 28 days)
*clonidine hcl 0.05 mg, 0.2 mg, 0.3 mg TABLET*MO	1	
*clonidine hcl 0.1 mg TABLET*MO	1	
*colestipol 1 gram TABLET*MO	1	
*colestipol 5 gram GRANULES*MO	1	QL(1000 per 30 days)
*colestipol 5 gram PACKET*MO	1	
*digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET*MO	1	QL(30 per 30 days)
*dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.*MO	1	
*diltiazem hcl 120 mg CAPSULE, ER 24 HR.*MO	1	
*diltiazem hcl 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR.*MO	1	
*diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET*MO	1	
*diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR.*MO	1	
*diltiazem hcl 360 mg CAPSULE, ER 24 HR.*MO	1	QL(30 per 30 days)
*dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE*MO	1	
*doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET*MO	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET*MO	1	
*enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET*MO	1	
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLETMO	1	QL(240 per 30 days)
*ezetimibe 10 mg TABLET*MO	1	QL(30 per 30 days)
*ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET*MO	1	QL(30 per 30 days)
*felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.*MO	1	
*fenofibrate 160 mg TABLET*MO	1	QL(30 per 30 days)
*fenofibrate 54 mg TABLET*MO	1	QL(60 per 30 days)
*fenofibrate micronized 130 mg, 43 mg CAPSULE*MO	1	ST,QL(30 per 30 days)
*fenofibrate micronized 134 mg, 200 mg CAPSULE*MO	1	QL(30 per 30 days)
*fenofibrate micronized 67 mg CAPSULE*MO	1	QL(60 per 30 days)
*fenofibrate nanocrystallized 145 mg TABLET*MO	1	QL(30 per 30 days)
*fenofibrate nanocrystallized 48 mg TABLET*MO	1	QL(60 per 30 days)
*fenofibric acid 105 mg, 35 mg TABLET*MO	1	QL(30 per 30 days)
*flecainide 100 mg, 150 mg, 50 mg TABLET*MO	1	
*fluvastatin 20 mg, 40 mg CAPSULE*MO	1	ST,QL(60 per 30 days)
*fluvastatin 80 mg TABLET, ER 24 HR.*MO	1	ST,QL(30 per 30 days)
*fosinopril 10 mg, 20 mg, 40 mg TABLET*MO	1	
*fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET*MO	1	
*furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION*MO	1	
*furosemide 20 mg, 40 mg TABLET*MO	1	
*furosemide 80 mg TABLET*MO	1	
*gemfibrozil 600 mg TABLET*MO	1	QL(60 per 30 days)
*guanfacine 1 mg, 2 mg TABLET*MO	1	
*hydralazine 10 mg, 100 mg TABLET*MO	1	
*hydralazine 25 mg, 50 mg TABLET*MO	1	
*hydrochlorothiazide 12.5 mg CAPSULE*MO	1	
*hydrochlorothiazide 12.5 mg, 25 mg TABLET*MO	1	
*hydrochlorothiazide 50 mg TABLET*MO	1	
*indapamide 1.25 mg, 2.5 mg TABLET*MO	1	
*irbesartan 150 mg, 300 mg, 75 mg TABLET*MO	1	QL(30 per 30 days)
*irbesartan-hydrochlorothiazide 150-12.5 mg TABLET*MO	1	QL(60 per 30 days)
*irbesartan-hydrochlorothiazide 300-12.5 mg TABLET*MO	1	QL(30 per 30 days)
*isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET*MO	1	
*isosorbide mononitrate 10 mg, 20 mg TABLET*MO	1	
*isosorbide mononitrate 120 mg TABLET, ER 24 HR.*MO	1	
*isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR.*MO	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
isosorbide-hydralazine 20-37.5 mg TABLET[MO]	1	QL(180 per 30 days)
ivabradine 5 mg, 7.5 mg TABLET[MO]	1	QL(60 per 30 days)
KERENDIA 10 MG, 20 MG TABLET[MO]	1	PA,QL(30 per 30 days)
KERENDIA 40 MG TABLET[MO]	1	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET[MO]	1	
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET[MO]	1	
lisinopril 30 mg TABLET[MO]	1	
lisinopril-hydrochlorothiazide 10-12.5 mg TABLET[MO]	1	
lisinopril-hydrochlorothiazide 20-12.5 mg, 20-25 mg TABLET[MO]	1	
losartan 100 mg, 25 mg, 50 mg TABLET[MO]	1	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET[MO]	1	QL(60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg TABLET[MO]	1	
methyldopa 250 mg, 500 mg TABLET[MO]	1	
metolazone 10 mg, 2.5 mg, 5 mg TABLET[MO]	1	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.[MO]	1	
metoprolol succinate 200 mg TABLET, ER 24 HR.[MO]	1	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET[MO]	1	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET[MO]	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET[MO]	1	
metoprolol tartrate 5 mg/5 ml SOLUTION[MO]	1	
metyrosine 250 mg CAPSULE[DL]	1	
midodrine 10 mg, 2.5 mg, 5 mg TABLET[MO]	1	
minoxidil 10 mg, 2.5 mg TABLET[MO]	1	
moexipril 15 mg, 7.5 mg TABLET[MO]	1	
MULTAQ 400 MG TABLET[MO]	1	QL(60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg TABLET[MO]	1	
nebivolol 10 mg TABLET[MO]	1	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET[MO]	1	QL(30 per 30 days)
nebivolol 20 mg TABLET[MO]	1	QL(60 per 30 days)
NEXLETOL 180 MG TABLET[MO]	1	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET[MO]	1	PA,QL(30 per 30 days)
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR.[MO]	1	
niacin 500 mg TABLET[MO]	1	
niacor 500 mg TABLET[MO]	1	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER[MO]	1	
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR.[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nimodipine 30 mg CAPSULE[MO]	1	
nimodipine 60 mg/20 ml SOLUTION[DL]	1	QL(2838 per 28 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR.[MO]	1	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET[MO]	1	
nitroglycerin 0.4 mg SUBLINGUAL TABLET[MO]	1	
olmesartan 20 mg, 40 mg TABLET[MO]	1	QL(30 per 30 days)
olmesartan 5 mg TABLET[MO]	1	QL(60 per 30 days)
olmesartan-amlodipin-hcthiazid 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET[MO]	1	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET[MO]	1	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE[MO]	1	QL(120 per 30 days)
PACERONE 100 MG, 400 MG TABLET[MO]	1	
pacerone 200 mg TABLET[MO]	1	
pentoxifylline 400 mg TABLET ER[MO]	1	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET[MO]	1	
pravastatin 10 mg, 80 mg TABLET[MO]	1	
pravastatin 20 mg, 40 mg TABLET[MO]	1	
prazosin 1 mg, 2 mg, 5 mg CAPSULE[MO]	1	
prevalite 4 gram POWDER[MO]	1	
prevalite 4 gram POWDER IN PACKET[MO]	1	
propafenone 150 mg, 225 mg, 300 mg TABLET[MO]	1	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR.[MO]	1	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET[MO]	1	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR.[MO]	1	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET[MO]	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET[MO]	1	
quinidine sulfate 200 mg, 300 mg TABLET[MO]	1	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE[MO]	1	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR.[MO]	1	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR[MO]	1	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR[MO]	1	PA,QL(6 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE[MO]	1	PA,QL(6 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET[MO]	1	
sacubitril-valsartan 24-26 mg, 49-51 mg, 97-103 mg TABLET[MO]	1	QL(60 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg TABLET[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*simvastatin 5 mg, 80 mg TABLET*MO	1	
*sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET*MO	1	
*sotalol af 120 mg, 160 mg, 80 mg TABLET*MO	1	
*spironolacton-hydrochlorothiaz 25-25 mg TABLET*MO	1	
*spironolactone 100 mg TABLET*MO	1	
*spironolactone 25 mg, 50 mg TABLET*MO	1	
*telmisartan 20 mg, 40 mg TABLET*MO	1	QL(30 per 30 days)
*telmisartan 80 mg TABLET*MO	1	QL(60 per 30 days)
*telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET*MO	1	QL(30 per 30 days)
*telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET*MO	1	QL(30 per 30 days)
*telmisartan-hydrochlorothiazid 80-12.5 mg TABLET*MO	1	QL(60 per 30 days)
*terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE*MO	1	
*tiadylt er 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR.*MO	1	
*timolol maleate 10 mg, 20 mg, 5 mg TABLET*MO	1	
*torsemide 10 mg, 100 mg, 5 mg TABLET*MO	1	
*torsemide 20 mg TABLET*MO	1	
*trandolapril 1 mg, 2 mg, 4 mg TABLET*MO	1	
*trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC*MO	1	
*triamterene 100 mg, 50 mg CAPSULE*MO	1	
*triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE*MO	1	
*triamterene-hydrochlorothiazid 37.5-25 mg TABLET*MO	1	
*triamterene-hydrochlorothiazid 75-50 mg TABLET*MO	1	
*valsartan 160 mg, 320 mg TABLET*MO	1	QL(60 per 30 days)
*valsartan 40 mg, 80 mg TABLET*MO	1	QL(60 per 30 days)
*valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET*MO	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULEMO	1	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULEMO	1	QL(120 per 30 days)
*verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR.*MO	1	
*verapamil 120 mg, 180 mg, 240 mg TABLET ER*MO	1	
*verapamil 120 mg, 40 mg, 80 mg TABLET*MO	1	
VERQUVO 10 MG, 2.5 MG, 5 MG TABLETMO	1	PA,QL(30 per 30 days)
ZYPITAMAG 2 MG, 4 MG TABLETMO	1	ST,QL(30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM AGENTS		
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE[MO]	1	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE[MO]	1	QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET[DL]	1	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET[DL]	1	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR.[DL]	1	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR.[DL]	1	PA,QL(30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR.[DL]	1	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK[DL]	1	PA,QL(28 per 28 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET[MO]	1	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET[MO]	1	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET[MO]	1	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET[MO]	1	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET[MO]	1	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET[MO]	1	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET[MO]	1	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR.[MO]	1	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR.[MO]	1	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET[MO]	1	QL(60 per 30 days)
dextromethorphan-quinidine 20-10 mg CAPSULE[DL]	1	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC[MO]	1	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC[MO]	1	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE[MO]	1	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC[MO]	1	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC[MO]	1	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC[MO]	1	QL(60 per 30 days)
fingolimod 0.5 mg CAPSULE[MO]	1	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE[DL]	1	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE[DL]	1	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE[DL]	1	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE[DL]	1	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR.[MO]	1	QL(30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR**DL**	1	PA,QL(1.2 per 28 days)
*methylphenidate hcl 10 mg TABLET ER***MO**	1	QL(180 per 30 days)
*methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET***MO**	1	QL(90 per 30 days)
*methylphenidate hcl 20 mg TABLET ER***MO**	1	QL(90 per 30 days)
NUEDEXTA 20-10 MG CAPSULE**DL**	1	PA,QL(60 per 30 days)
*pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE***MO**	1	QL(90 per 30 days)
*pregabalin 20 mg/ml SOLUTION***MO**	1	QL(900 per 30 days)
*pregabalin 200 mg, 25 mg CAPSULE***MO**	1	QL(90 per 30 days)
*pregabalin 225 mg, 300 mg CAPSULE***MO**	1	QL(60 per 30 days)
*riluzole 50 mg TABLET***MO**	1	
*teriflunomide 14 mg, 7 mg TABLET***MO**	1	PA,QL(30 per 30 days)
*tetrabenazine 12.5 mg TABLET***MO**	1	PA,QL(240 per 30 days)
*tetrabenazine 25 mg TABLET***MO**	1	PA,QL(120 per 30 days)
DENTAL & ORAL AGENTS		
*chlorhexidine gluconate 0.12 % MOUTHWASH***MO**	1	
*periogard 0.12 % MOUTHWASH***MO**	1	
*pilocarpine hcl 5 mg, 7.5 mg TABLET***MO**	1	
*triamcinolone acetonide 0.1 % PASTE***MO**	1	
DERMATOLOGICAL AGENTS		
*accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE***MO**	1	
*acitretin 10 mg, 17.5 mg, 25 mg CAPSULE***MO**	1	PA
*adapalene 0.3 % GEL***MO**	1	QL(45 per 30 days)
*adapalene 0.3 % GEL WITH PUMP***MO**	1	QL(45 per 30 days)
*ammonium lactate 12 % CREAM***MO**	1	
*ammonium lactate 12 % LOTION***MO**	1	
*amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE***MO**	1	
*azelaic acid 15 % GEL***MO**	1	ST,QL(50 per 30 days)
*betamethasone dipropionate 0.05 % CREAM***MO**	1	QL(90 per 30 days)
*betamethasone dipropionate 0.05 % LOTION***MO**	1	QL(120 per 30 days)
*betamethasone dipropionate 0.05 % OINTMENT***MO**	1	QL(90 per 30 days)
*betamethasone valerate 0.1 % CREAM***MO**	1	QL(180 per 30 days)
*betamethasone valerate 0.1 % LOTION***MO**	1	QL(120 per 30 days)
*betamethasone valerate 0.1 % OINTMENT***MO**	1	QL(180 per 30 days)
*betamethasone, augmented 0.05 % CREAM***MO**	1	QL(100 per 30 days)
*betamethasone, augmented 0.05 % GEL***MO**	1	QL(100 per 30 days)
*betamethasone, augmented 0.05 % LOTION***MO**	1	QL(120 per 30 days)
*betamethasone, augmented 0.05 % OINTMENT***MO**	1	QL(100 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcipotriene 0.005 % CREAM[MO]	1	PA,QL(120 per 30 days)
calcipotriene 0.005 % SOLUTION[MO]	1	QL(60 per 30 days)
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE[MO]	1	
clindamycin phosphate 1 % GEL[MO]	1	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION[MO]	1	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB[MO]	1	
clindamycin-benzoyl peroxide 1-5 % GEL[MO]	1	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL[MO]	1	QL(45 per 30 days)
clobetasol 0.05 % CREAM[MO]	1	QL(120 per 30 days)
clobetasol 0.05 % FOAM[MO]	1	QL(100 per 28 days)
clobetasol 0.05 % GEL[MO]	1	QL(120 per 28 days)
clobetasol 0.05 % OINTMENT[MO]	1	QL(120 per 28 days)
clobetasol 0.05 % SHAMPOO[MO]	1	QL(240 per 30 days)
clobetasol 0.05 % SOLUTION[MO]	1	QL(100 per 30 days)
clobetasol-emollient 0.05 % CREAM[MO]	1	QL(120 per 30 days)
desonide 0.05 % CREAM[MO]	1	QL(240 per 30 days)
desonide 0.05 % OINTMENT[MO]	1	QL(240 per 30 days)
diclofenac sodium 3 % GEL[MO]	1	PA
erythromycin with ethanol 2 % SOLUTION[MO]	1	QL(120 per 30 days)
fluocinolone 0.01 % OIL[MO]	1	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION[MO]	1	QL(180 per 30 days)
fluocinolone 0.025 % CREAM[MO]	1	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT[MO]	1	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL[MO]	1	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM[MO]	1	QL(120 per 30 days)
fluocinonide 0.05 % GEL[MO]	1	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT[MO]	1	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION[MO]	1	QL(120 per 30 days)
fluorouracil 2 % SOLUTION[MO]	1	QL(30 per 30 days)
fluorouracil 5 % CREAM[MO]	1	
fluorouracil 5 % SOLUTION[MO]	1	QL(60 per 30 days)
fluticasone propionate 0.005 % OINTMENT[MO]	1	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM[MO]	1	QL(240 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR[MO]	1	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM[MO]	1	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT[MO]	1	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET[MO]	1	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR[MO]	1	QL(60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone 2.5 % LOTION[MO]	1	QL(236 per 30 days)
hydrocortisone butyrate 0.1 % OINTMENT[MO]	1	QL(180 per 30 days)
imiquimod 5 % CREAM IN PACKET[MO]	1	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE[MO]	1	
LOCOID LIPOCREAM 0.1 % CREAM[MO]	1	QL(240 per 30 days)
malathion 0.5 % LOTION[MO]	1	
mometasone 0.1 % CREAM[MO]	1	QL(180 per 30 days)
mometasone 0.1 % OINTMENT[MO]	1	QL(180 per 30 days)
mometasone 0.1 % SOLUTION[MO]	1	QL(180 per 30 days)
mupirocin 2 % OINTMENT[MO]	1	
permethrin 5 % CREAM[MO]	1	
pimecrolimus 1 % CREAM[MO]	1	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION[MO]	1	QL(7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR[MO]	1	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR[MO]	1	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR[MO]	1	QL(60 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT[MO]	1	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION[MO]	1	QL(120 per 30 days)
silver sulfadiazine 1 % CREAM[MO]	1	
SSD 1 % CREAM[MO]	1	
tacrolimus 0.03 %, 0.1 % OINTMENT[MO]	1	QL(200 per 30 days)
tazarotene 0.1 % CREAM[MO]	1	QL(120 per 30 days)
tretinoin 0.01 % GEL[MO]	1	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 % GEL[MO]	1	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM[MO]	1	PA,QL(45 per 30 days)
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE[MO]	1	
ZORYVE 0.15 % CREAM[MO]	1	PA,QL(120 per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION[MO]	1	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION[MO]	1	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION[MO]	1	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION[MO]	1	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP[MO]	1	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE[MO]	1	
calcium chloride 100 mg/ml (10 %) SOLUTION[MO]	1	
calcium chloride 100 mg/ml (10 %) SYRINGE[MO]	1	
calcium gluconate 100 mg/ml (10%) SOLUTION[MO]	1	
carglumic acid 200 mg TABLET, DISPERSIBLE[DL]	1	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHEMET 100 MG CAPSULE[DL]	1	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION[MO]	1	BvsD
CLINOLIPID 20 % EMULSION[MO]	1	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK[MO]	1	
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION[MO]	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION[MO]	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION[MO]	1	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION[MO]	1	
deferasirox 180 mg, 360 mg TABLET[MO]	1	PA
deferasirox 90 mg TABLET[MO]	1	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION[MO]	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION[MO]	1	
dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION[MO]	1	
dextrose 25 % in water (d25w) SYRINGE[MO]	1	
dextrose 30 % in water (d30w) PARENTERAL SOLUTION[MO]	1	
dextrose 40 % in water (d40w) 40 % PARENTERAL SOLUTION[MO]	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dextrose 5 % in water (d5w) 5 % PIGGYBACK[MO]	1	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION[MO]	1	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION[MO]	1	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION[MO]	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION[MO]	1	
dextrose 50 % in water (d50w) SYRINGE[MO]	1	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION[MO]	1	
electrolyte-148 PARENTERAL SOLUTION[MO]	1	
electrolyte-48 in d5w PARENTERAL SOLUTION[MO]	1	
electrolyte-a PARENTERAL SOLUTION[MO]	1	
INTRALIPID 20 %, 30 % EMULSION[MO]	1	BvsD
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION[MO]	1	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION[MO]	1	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION[MO]	1	
ISOLYTE-S PARENTERAL SOLUTION[MO]	1	
JYNARQUE 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) TABLET, SEQUENTIAL[DL]	1	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET[DL]	1	PA,QL(120 per 30 days)
KABIVEN 3.31-10.8-3.9 % EMULSION[MO]	1	BvsD
kionex 15 gram/60 ml SUSPENSION[MO]	1	
KLOR-CON 10 10 MEQ TABLET ER[MO]	1	
klor-con 10 10 meq TABLET ER[MO]	1	
klor-con 8 8 meq TABLET ER[MO]	1	
KLOR-CON 8 8 MEQ TABLET ER[MO]	1	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS[MO]	1	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS[MO]	1	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS[MO]	1	
lactated ringers PARENTERAL SOLUTION[MO]	1	
levocarnitine 330 mg TABLET[MO]	1	
levocarnitine (with sugar) 100 mg/ml SOLUTION[MO]	1	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET[MO]	1	QL(30 per 30 days)
m-natal plus 27 mg iron- 1 mg TABLET[MO]	1	
magnesium sulfate 500 mg/ml (50 %) SOLUTION[MO]	1	
magnesium sulfate 500 mg/ml (50 %) SYRINGE[MO]	1	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK[MO]	1	
magnesium sulfate in water 2 gram/50 ml (4 %), 3 gram/100 ml (3 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION*MO	1	
*neo-vital rx 27 mg iron- 1 mg TABLET*MO	1	
NEONATAL COMPLETE 29-1 MG TABLETMO	1	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLETMO	1	
NEONATAL-DHA 29-1-200-500 MG COMBO PACKMO	1	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTIONMO	1	
NORMOSOL-R PARENTERAL SOLUTIONMO	1	
NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTIONMO	1	
NORMOSOL-R PH 7.4 PARENTERAL SOLUTIONMO	1	
NUTRILIPID 20 % EMULSIONMO	1	BvsD
*one natal rx 27 mg iron- 1 mg TABLET*MO	1	
*penicillamine 250 mg TABLET*DL	1	
PERIKABIVEN 2.36-7.5-3.5 % EMULSIONMO	1	BvsD
PLASMA-LYTE 148 PH 7.4 PARENTERAL SOLUTIONMO	1	
PLASMA-LYTE A PARENTERAL SOLUTIONMO	1	
PLENAMINE 15 % PARENTERAL SOLUTIONMO	1	BvsD
*potassium acetate 2 meq/ml SOLUTION*MO	1	
*potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION*MO	1	
*potassium chloride 10 meq CAPSULE, ER*MO	1	
*potassium chloride 10 meq, 20 meq TABLET ER*MO	1	
*potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS*MO	1	
*potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS*MO	1	
*potassium chloride 15 meq, 8 meq TABLET ER*MO	1	
*potassium chloride 2 meq/ml SOLUTION*MO	1	
*potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID*MO	1	
*potassium chloride 8 meq CAPSULE, ER*MO	1	
*potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION*MO	1	
*potassium chloride in 5 % dex 10 meq/l, 20 meq/l PARENTERAL SOLUTION*MO	1	
*potassium chloride in lr-d5 20 meq/l PARENTERAL SOLUTION*MO	1	
*potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml PIGGYBACK*MO	1	
*potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION*MO	1	
*potassium chloride-d5-0.2%nacl 20 meq/l PARENTERAL SOLUTION*MO	1	
*potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION*MO	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER[MO]	1	
pr natal 400 29-1-400 mg COMBO PACK[MO]	1	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP[MO]	1	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK[MO]	1	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP[MO]	1	
PREMASOL 10 % 10 % PARENTERAL SOLUTION[MO]	1	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET[MO]	1	
PRENATABS FA 29-1 MG TABLET[MO]	1	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET[MO]	1	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET[MO]	1	
PRENATE ELITE 26 MG IRON- 1 MG TABLET[MO]	1	
PROSOL 20 % PARENTERAL SOLUTION[MO]	1	BvsD
ringer's PARENTERAL SOLUTION[MO]	1	
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET[MO]	1	
SMOFLIPID 20 % EMULSION[MO]	1	BvsD
sodium bicarbonate 50 meq/50 ml (8.4 %) SYRINGE[MO]	1	
sodium chloride 2.5 meq/ml SOLUTION[MO]	1	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION[MO]	1	
sodium chloride 0.9 % PARENTERAL SOLUTION[MO]	1	
sodium chloride 0.9 % PIGGYBACK[MO]	1	
sodium chloride 0.9 % SOLUTION[MO]	1	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION[MO]	1	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION[MO]	1	
sodium phosphate 3 mmol/ml SOLUTION[MO]	1	
sodium polystyrene sulfonate 15 gram POWDER[MO]	1	
sodium polystyrene sulfonate 15 gram/60 ml SUSPENSION[MO]	1	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION[MO]	1	
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION[MO]	1	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION[MO]	1	BvsD
trientine 250 mg CAPSULE[DL]	1	QL(240 per 30 days)
trientine 500 mg CAPSULE[DL]	1	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET[MO]	1	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION[MO]	1	BvsD
wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK[MO]	1	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE[MO]	1	
westab plus 27 mg iron- 1 mg TABLET[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GASTROINTESTINAL AGENTS		
alosetron 0.5 mg, 1 mg TABLET **MO**	1	PA,QL(60 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET **MO**	1	
cimetidine hcl 300 mg/5 ml SOLUTION **MO**	1	
constulose 10 gram/15 ml SOLUTION **MO**	1	
dicyclomine 10 mg CAPSULE **MO**	1	
dicyclomine 10 mg/5 ml SOLUTION **MO**	1	
dicyclomine 20 mg TABLET **MO**	1	
diphenoxylate-atropine 2.5-0.025 mg TABLET **MO**	1	
enulose 10 gram/15 ml SOLUTION **MO**	1	
esomeprazole magnesium 20 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
famotidine 10 mg/ml SOLUTION **MO**	1	
famotidine 20 mg, 40 mg TABLET **MO**	1	
FAMOTIDINE 4 MG/ML SOLUTION **MO**	1	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION **MO**	1	
famotidine (pf) 20 mg/2 ml SOLUTION **MO**	1	
FAMOTIDINE (PF) 4 MG/ML SOLUTION **MO**	1	
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION **MO**	1	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION **MO**	1	
gavilyte-n 420 gram RECON SOLUTION **MO**	1	
generlac 10 gram/15 ml SOLUTION **MO**	1	
glutamine (sickle cell) 5 gram POWDER IN PACKET **DL**	1	PA,QL(180 per 30 days)
glycopyrrolate 0.2 mg/ml SOLUTION **MO**	1	
glycopyrrolate 1 mg, 2 mg TABLET **MO**	1	
lactulose 10 gram/15 ml SOLUTION **MO**	1	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC **MO**	1	QL(60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE **MO**	1	QL(30 per 30 days)
loperamide 2 mg CAPSULE **MO**	1	
lubiprostone 24 mcg, 8 mcg CAPSULE **MO**	1	QL(60 per 30 days)
misoprostol 100 mcg, 200 mcg TABLET **MO**	1	
MOVANTIK 12.5 MG, 25 MG TABLET **MO**	1	QL(30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE **MO**	1	
omeprazole 10 mg CAPSULE, DR/EC **MO**	1	
omeprazole 20 mg, 40 mg CAPSULE, DR/EC **MO**	1	
pantoprazole 20 mg, 40 mg TABLET, DR/EC **MO**	1	QL(60 per 30 days)
pantoprazole 40 mg RECON SOLUTION **MO**	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK[MO]	1	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK[MO]	1	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION[MO]	1	
peg-electrolyte soln 420 gram RECON SOLUTION[MO]	1	
rabeprazole 20 mg TABLET, DR/EC[MO]	1	QL(60 per 30 days)
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION[MO]	1	
sucralfate 1 gram TABLET[MO]	1	
sucralfate 100 mg/ml SUSPENSION[MO]	1	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION[MO]	1	
SUTAB 1.479-0.188- 0.225 GRAM TABLET[MO]	1	
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC[MO]	1	
ursodiol 250 mg TABLET[MO]	1	
ursodiol 300 mg CAPSULE[MO]	1	
ursodiol 500 mg TABLET[MO]	1	
VOWST 1 X 10EXP6 TO 3 X 10EXP7 CELL CAPSULE[DL]	1	PA
XERMELO 250 MG TABLET[DL]	1	PA,QL(84 per 28 days)
XIFAXAN 200 MG TABLET[MO]	1	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET[DL]	1	PA,QL(84 per 28 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine 1 gram/scoop POWDER[DL]	1	
CREON 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 CAPSULE, DR/EC[MO]	1	
CYSTAGON 150 MG, 50 MG CAPSULE[MO]	1	
ELELYSO 200 UNIT RECON SOLUTION[DL]	1	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE[DL]	1	
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION[DL]	1	PA
sapropterin 100 mg POWDER IN PACKET[DL]	1	PA
sodium phenylbutyrate 0.94 gram/gram POWDER[DL]	1	
sodium phenylbutyrate 500 mg TABLET[DL]	1	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION[DL]	1	PA
WELIREG 40 MG TABLET[DL]	1	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION[DL]	1	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION**DL**	1	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC**MO**	1	
GENITOURINARY AGENTS		
*alfuzosin 10 mg TABLET, ER 24 HR.***MO**	1	
*bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET***MO**	1	
*dutasteride 0.5 mg CAPSULE***MO**	1	QL(30 per 30 days)
*dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR.***MO**	1	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE**MO**	1	QL(90 per 30 days)
*fesoterodine 4 mg, 8 mg TABLET, ER 24 HR.***MO**	1	QL(30 per 30 days)
*finasteride 5 mg TABLET***MO**	1	QL(30 per 30 days)
GEMTESA 75 MG TABLET**MO**	1	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR.**MO**	1	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON**MO**	1	QL(300 per 30 days)
*oxybutynin chloride 10 mg TABLET, ER 24 HR.***MO**	1	QL(60 per 30 days)
*oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR.***MO**	1	QL(60 per 30 days)
*oxybutynin chloride 5 mg TABLET***MO**	1	
*oxybutynin chloride 5 mg/5 ml SYRUP***MO**	1	
*silodosin 4 mg, 8 mg CAPSULE***MO**	1	QL(30 per 30 days)
*solifenacin 10 mg, 5 mg TABLET***MO**	1	QL(30 per 30 days)
*tadalafil 5 mg TABLET***MO**	1	PA
*tamsulosin 0.4 mg CAPSULE***MO**	1	
*tolterodine 1 mg, 2 mg TABLET***MO**	1	QL(60 per 30 days)
*tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR.***MO**	1	QL(30 per 30 days)
*trospium 20 mg TABLET***MO**	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
*betamethasone acet,sod phos 6 mg/ml SUSPENSION***MO**	1	
*dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET***MO**	1	
*dexamethasone 0.5 mg/5 ml ELIXIR***MO**	1	
*dexamethasone 0.5 mg/5 ml SOLUTION***MO**	1	
*dexamethasone intensol 1 mg/ml DROPS***MO**	1	
*dexamethasone sodium phos (pf) 10 mg/ml SOLUTION***MO**	1	
*dexamethasone sodium phos (pf) 10 mg/ml SYRINGE***MO**	1	
*dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION***MO**	1	
*dexamethasone sodium phosphate 4 mg/ml SYRINGE***MO**	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fludrocortisone 0.1 mg TABLET[MO]	1	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET[MO]	1	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK[MO]	1	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION[MO]	1	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION[MO]	1	
prednisolone 15 mg/5 ml SOLUTION[MO]	1	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml) SOLUTION[MO]	1	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) SOLUTION[MO]	1	
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION[MO]	1	
prednisone 1 mg, 2.5 mg, 50 mg TABLET[MO]	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET[MO]	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK[MO]	1	
prednisone 5 mg/5 ml SOLUTION[MO]	1	BvsD
prednisone intensol 5 mg/ml CONCENTRATE[MO]	1	BvsD
SOLU-MEDROL 2 GRAM RECON SOLUTION[MO]	1	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION[MO]	1	
triamcinolone acetonide 0.025 %, 0.1 % LOTION[MO]	1	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT[MO]	1	
triamcinolone acetonide 0.025 %, 0.5 % CREAM[MO]	1	
triamcinolone acetonide 0.1 % CREAM[MO]	1	
triderm 0.1 %, 0.5 % CREAM[MO]	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION[MO]	1	PA
desmopressin 0.1 mg TABLET[MO]	1	
desmopressin 0.2 mg TABLET[MO]	1	
INCRELEX 10 MG/ML SOLUTION[DL]	1	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE[DL]	1	PA
OMNITROPE 5.8 MG RECON SOLUTION[DL]	1	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
abigale 1-0.5 mg TABLET[MO]	1	
abigale lo 0.5-0.1 mg TABLET[MO]	1	
afirmelle 0.1-20 mg-mcg TABLET[MO]	1	
altavera (28) 0.15-0.03 mg TABLET[MO]	1	
alyacen 1/35 (28) 1-35 mg-mcg TABLET[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET*MO	1	
*amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)
*amethyst (28) 90-20 mcg (28) TABLET*MO	1	
*apri 0.15-0.03 mg TABLET*MO	1	
*aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET*MO	1	
*ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)
*aubra 0.1-20 mg-mcg TABLET*MO	1	
*aubra eq 0.1-20 mg-mcg TABLET*MO	1	
*aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET*MO	1	
*aurovela 1/20 (21) 1-20 mg-mcg TABLET*MO	1	
*aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET*MO	1	
*aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET*MO	1	
*aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET*MO	1	
*aviane 0.1-20 mg-mcg TABLET*MO	1	
*ayuna 0.15-0.03 mg TABLET*MO	1	
*azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET*MO	1	
*balziva (28) 0.4-35 mg-mcg TABLET*MO	1	
*blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET*MO	1	
*blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET*MO	1	
*blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET*MO	1	
*briellyn 0.4-35 mg-mcg TABLET*MO	1	
*camila 0.35 mg TABLET*MO	1	
*camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)
*camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)
*chateal eq (28) 0.15-0.03 mg TABLET*MO	1	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLYMO	1	QL(8 per 28 days)
*conjugated estrogens 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg TABLET*MO	1	
*cryselle (28) 0.3-30 mg-mcg TABLET*MO	1	
*cyred 0.15-0.03 mg TABLET*MO	1	
*cyred eq 0.15-0.03 mg TABLET*MO	1	
*danazol 100 mg, 200 mg, 50 mg CAPSULE*MO	1	
*dasetta 1/35 (28) 1-35 mg-mcg TABLET*MO	1	
*dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET*MO	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)
*deblitane 0.35 mg TABLET*MO	1	
DEPO-ESTRADIOL 5 MG/ML OILMO	1	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGEMO	1	QL(0.65 per 90 days)
*desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET*MO	1	
*desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET*MO	1	
*dolishale 90-20 mcg (28) TABLET*MO	1	
*dotti 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 PATCH, SEMIWEEKLY*MO	1	QL(8 per 28 days)
*drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET*MO	1	
DUAVEE 0.45-20 MG TABLETMO	1	PA,QL(30 per 30 days)
*elinest 0.3-30 mg-mcg TABLET*MO	1	
*eluryng 0.12-0.015 mg/24 hr RING*MO	1	QL(1 per 28 days)
*emzahh 0.35 mg TABLET*MO	1	
ENDOMETRIN 100 MG INSERTMO	1	
*enilloring 0.12-0.015 mg/24 hr RING*MO	1	QL(1 per 28 days)
*enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET*MO	1	
*enskyce 0.15-0.03 mg TABLET*MO	1	
*errin 0.35 mg TABLET*MO	1	
*estarylla 0.25-0.035 mg TABLET*MO	1	
*estradiol 0.01 % (0.1 mg/gram) CREAM*MO	1	
*estradiol 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 PATCH, WEEKLY*MO	1	QL(4 per 28 days)
*estradiol 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 PATCH, SEMIWEEKLY*MO	1	QL(8 per 28 days)
*estradiol 0.5 mg, 1 mg, 2 mg TABLET*MO	1	
*estradiol 10 mcg TABLET*MO	1	
*estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL*MO	1	
*estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET*MO	1	
ESTRING 2 MG (7.5 MCG /24 HOUR) RINGMO	1	QL(1 per 90 days)
*ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET*MO	1	
*etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING*MO	1	QL(1 per 28 days)
*falmina (28) 0.1-20 mg-mcg TABLET*MO	1	
*feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET*MO	1	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATINGMO	1	
*gallifrey 5 mg TABLET*MO	1	
GWYN LO 220-20 MCG/24 HR PATCH, WEEKLYMO	1	QL(3 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*hailey 1.5-30 mg-mcg TABLET*MO	1	
*hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET*MO	1	
*hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET*MO	1	
*hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET*MO	1	
*haloette 0.12-0.015 mg/24 hr RING*MO	1	QL(1 per 28 days)
*heather 0.35 mg TABLET*MO	1	
*iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)
*incassia 0.35 mg TABLET*MO	1	
*introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)
*isibloom 0.15-0.03 mg TABLET*MO	1	
*jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)
*jasmiel (28) 3-0.02 mg TABLET*MO	1	
*jencycla 0.35 mg TABLET*MO	1	
*juleber 0.15-0.03 mg TABLET*MO	1	
*junel 1.5/30 (21) 1.5-30 mg-mcg TABLET*MO	1	
*junel 1/20 (21) 1-20 mg-mcg TABLET*MO	1	
*junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET*MO	1	
*junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET*MO	1	
*junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET*MO	1	
*kalliga 0.15-0.03 mg TABLET*MO	1	
*kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET*MO	1	
*kelnor 1/35 (28) 1-35 mg-mcg TABLET*MO	1	
*kelnor 1/50 (28) 1-50 mg-mcg TABLET*MO	1	
*kurvelo (28) 0.15-0.03 mg TABLET*MO	1	
*l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)
*larin 1.5/30 (21) 1.5-30 mg-mcg TABLET*MO	1	
*larin 1/20 (21) 1-20 mg-mcg TABLET*MO	1	
*larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET*MO	1	
*larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET*MO	1	
*larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET*MO	1	
*leena 28 0.5/1/0.5-35 mg-mcg TABLET*MO	1	
*lessina 0.1-20 mg-mcg TABLET*MO	1	
*levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET*MO	1	
*levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET*MO	1	
*levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg TABLET*MO	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)
*levonorgestrel-ethinyl estrad 90-20 mcg (28) TABLET*MO	1	
*levora-28 0.15-0.03 mg TABLET*MO	1	
*lo-zumandimine (28) 3-0.02 mg TABLET*MO	1	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLETMO	1	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLETMO	1	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLETMO	1	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLETMO	1	
*lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)
*loryna (28) 3-0.02 mg TABLET*MO	1	
*low-ogestrel (28) 0.3-30 mg-mcg TABLET*MO	1	
*luizza 1-20 mg-mcg TABLET*MO	1	
*luizza 1.5-30 mg-mcg TABLET*MO	1	
*lutera (28) 0.1-20 mg-mcg TABLET*MO	1	
*lyleq 0.35 mg TABLET*MO	1	
*lyllana 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 PATCH, SEMIWEEKLY*MO	1	QL(8 per 28 days)
*lyza 0.35 mg TABLET*MO	1	
*marlissa (28) 0.15-0.03 mg TABLET*MO	1	
*medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET*MO	1	
*medroxyprogesterone 150 mg/ml SUSPENSION*MO	1	QL(1 per 90 days)
*medroxyprogesterone 150 mg/ml SYRINGE*MO	1	QL(1 per 90 days)
*megestrol 20 mg, 40 mg TABLET*MO	1	
*megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION*MO	1	
*megestrol 625 mg/5 ml (125 mg/ml) SUSPENSION*MO	1	
*meleya 0.35 mg TABLET*MO	1	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLETMO	1	
*microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET*MO	1	
*microgestin 1/20 (21) 1-20 mg-mcg TABLET*MO	1	
*microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET*MO	1	
*microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET*MO	1	
*mili 0.25-0.035 mg TABLET*MO	1	
*mimvey 1-0.5 mg TABLET*MO	1	
*mono-linyah 0.25-0.035 mg TABLET*MO	1	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLETMO	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*necon 0.5/35 (28) 0.5-35 mg-mcg TABLET*MO	1	
NEXPLANON 68 MG IMPLANTMO	1	
*nikki (28) 3-0.02 mg TABLET*MO	1	
NORA-BE 0.35 MG TABLETMO	1	
*norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY*MO	1	QL(3 per 28 days)
*noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET*MO	1	
*norethindrone (contraceptive) 0.35 mg TABLET*MO	1	
*norethindrone ac-eth estradiol 1-20 mg-mcg TABLET*MO	1	
*norethindrone ac-eth estradiol 1.5-30 mg-mcg TABLET*MO	1	
*norethindrone acetate 5 mg TABLET*MO	1	
*norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET*MO	1	
*norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg TABLET*MO	1	
*nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET*MO	1	
*nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET*MO	1	
*nortrel 1/35 (28) 1-35 mg-mcg TABLET*MO	1	
*nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET*MO	1	
*nylia 1/35 (28) 1-35 mg-mcg TABLET*MO	1	
*nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET*MO	1	
*ocella 3-0.03 mg TABLET*MO	1	
*orquidea 0.35 mg TABLET*MO	1	
*philith 0.4-35 mg-mcg TABLET*MO	1	
*pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET*MO	1	
*portia 28 0.15-0.03 mg TABLET*MO	1	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLETMO	1	
PREMARIN 0.625 MG/GRAM CREAMMO	1	
*progesterone 50 mg/ml OIL*MO	1	
*progesterone micronized 100 mg INSERT*MO	1	
*progesterone micronized 100 mg, 200 mg CAPSULE*MO	1	
*raloxifene 60 mg TABLET*MO	1	QL(30 per 30 days)
*reclipsen (28) 0.15-0.03 mg TABLET*MO	1	
*setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)
*sharobel 0.35 mg TABLET*MO	1	
*simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET*MO	1	
*simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH*MO	1	QL(91 per 90 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*sprintec (28) 0.25-0.035 mg TABLET*MO	1	
*sronyx 0.1-20 mg-mcg TABLET*MO	1	
*syeda 3-0.03 mg TABLET*MO	1	
*tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET*MO	1	
*tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET*MO	1	
*tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET*MO	1	
*testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET*MO	1	PA,QL(37.5 per 30 days)
*testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET*MO	1	PA,QL(150 per 30 days)
*testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP*MO	1	PA,QL(150 per 30 days)
*testosterone cypionate 100 mg/ml, 200 mg/ml OIL*MO	1	PA
*testosterone enanthate 200 mg/ml OIL*MO	1	PA,QL(25 per 90 days)
*tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET*MO	1	
*tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET*MO	1	
*tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET*MO	1	
*tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET*MO	1	
*tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET*MO	1	
*tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET*MO	1	
*tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET*MO	1	
*tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET*MO	1	
*tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET*MO	1	
*tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET*MO	1	
*tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET*MO	1	
*tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET*MO	1	
*trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET*MO	1	
*tulana 0.35 mg TABLET*MO	1	
*turqoz (28) 0.3-30 mg-mcg TABLET*MO	1	
TWIRLA 120-30 MCG/24 HR PATCH, WEEKLYMO	1	QL(3 per 28 days)
*valtya 1-35 mg-mcg, 1-50 mg-mcg TABLET*MO	1	
*velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET*MO	1	
*vestura (28) 3-0.02 mg TABLET*MO	1	
*vienva 0.1-20 mg-mcg TABLET*MO	1	
*viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET*MO	1	
*volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET*MO	1	
*vyfemla (28) 0.4-35 mg-mcg TABLET*MO	1	
*vylibra 0.25-0.035 mg TABLET*MO	1	
*wera (28) 0.5-35 mg-mcg TABLET*MO	1	
*wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET*MO	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET[MO]	1	
xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET[MO]	1	
xulane 150-35 mcg/24 hr PATCH, WEEKLY[MO]	1	QL(3 per 28 days)
zafemy 150-35 mcg/24 hr PATCH, WEEKLY[MO]	1	QL(3 per 28 days)
zarah 3-0.03 mg TABLET[MO]	1	
zovia 1-35 (28) 1-35 mg-mcg TABLET[MO]	1	
zumandimine (28) 3-0.03 mg TABLET[MO]	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET[MO]	1	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET[MO]	1	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET[MO]	1	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET[MO]	1	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET[MO]	1	
liomny 25 mcg, 5 mcg, 50 mcg TABLET[MO]	1	
liothyronine 10 mcg/ml SOLUTION[MO]	1	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET[MO]	1	
np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET[MO]	1	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET[MO]	1	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET[MO]	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg TABLET[MO]	1	
ELIGARD 7.5 MG (1 MONTH) SYRINGE[MO]	1	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE[MO]	1	PA
ELIGARD (4 MONTH) 30 MG SYRINGE[MO]	1	PA
ELIGARD (6 MONTH) 45 MG SYRINGE[MO]	1	PA
FIRMAGON 120 MG RECON SOLUTION[DL]	1	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION[DL]	1	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION[MO]	1	PA
lanreotide 120 mg/0.5 ml SYRINGE[DL]	1	PA,QL(0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE[DL]	1	PA,QL(0.2 per 28 days)
lanreotide 90 mg/0.3 ml SYRINGE[DL]	1	PA,QL(0.3 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
leuprolide 1 mg/0.2 ml KIT[MO]	1	
leuprolide acetate (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION[MO]	1	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT	1	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT[DL]	1	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG SYRINGE KIT	1	PA,QL(1 per 90 days)
LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION[MO]	1	PA,QL(1 per 90 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml SOLUTION[MO]	1	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE[MO]	1	PA
octreotide acetate 50 mcg/ml SOLUTION[MO]	1	PA
octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON[DL]	1	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON[DL]	1	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION[DL]	1	PA,QL(60 per 30 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION[DL]	1	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION[DL]	1	PA,QL(30 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION[MO]	1	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET[MO]	1	
propylthiouracil 50 mg TABLET[MO]	1	
IMMUNOLOGICAL AGENTS		
ABRYSVO (PF) 120 MCG/0.5 ML RECON SOLUTION[AV,DL]	1	
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION[DL]	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION[DL]	1	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION[AV,DL]	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE[AV,DL]	1	
ADALIMUMAB-ADAZ 10 MG/0.1 ML SYRINGE[DL]	1	PA,QL(0.2 per 28 days)
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE[DL]	1	PA,QL(1.2 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR[DL]	1	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE[DL]	1	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR[DL]	1	PA,QL(4.8 per 28 days)
ADALIMUMAB-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT[DL]	1	PA,QL(2 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT[DL]	1	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT[DL]	1	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT[DL]	1	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT[DL]	1	PA,QL(6 per 28 days)
ARCALYST 220 MG RECON SOLUTION[DL]	1	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION[AV,DL]	1	
azathioprine 50 mg TABLET[MO]	1	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION[AV,DL]	1	
BENLYSTA 120 MG RECON SOLUTION[DL]	1	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR[DL]	1	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE[DL]	1	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION[DL]	1	PA,QL(6 per 28 days)
BESREMI 500 MCG/ML SYRINGE[DL]	1	PA,QL(2 per 28 days)
BESREMI PEN 500 MCG/0.5 ML PEN INJECTOR[DL]	1	PA,QL(1 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE[AV,DL]	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE[AV,DL]	1	
COSENTYX 150 MG/ML SYRINGE[DL]	1	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE[DL]	1	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE[DL]	1	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR[DL]	1	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR[DL]	1	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR[DL]	1	PA,QL(8 per 28 days)
cyclosporine 100 mg, 25 mg CAPSULE[MO]	1	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE[MO]	1	BvsD
cyclosporine modified 100 mg/ml SOLUTION[MO]	1	BvsD
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION[DL]	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION[DL]	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR[DL]	1	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR[DL]	1	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE[DL]	1	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE[DL]	1	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE[DL]	1	PA,QL(8 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENBREL 25 MG/0.5 ML SOLUTION[DL]	1	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE[DL]	1	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR[DL]	1	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION[AV,DL]	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE[AV,DL]	1	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE[AV,DL]	1	BvsD
ENVARSUS XR 0.75 MG, 1 MG, 4 MG TABLET, ER 24 HR.[MO]	1	PA
everolimus (immunosuppressive) 0.25 mg TABLET[MO]	1	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET[DL]	1	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET[DL]	1	BvsD,QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION[DL]	1	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION[DL]	1	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION[AV,DL]	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE[AV,DL]	1	
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION[DL]	1	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE[AV,DL]	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE[DL]	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE[AV,DL]	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION[DL]	1	
HUMIRA 40 MG/0.8 ML SYRINGE KIT[DL]	1	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT[DL]	1	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT[DL]	1	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT[DL]	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT[DL]	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT[DL]	1	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT[DL]	1	PA,QL(6 per 28 days)
icatibant 30 mg/3 ml SYRINGE[DL]	1	PA,QL(18 per 30 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION[AV,DL]	1	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE[DL]	1	
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION[AV,DL]	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE[AV,DL]	1	
JYLAMVO 2 MG/ML SOLUTION[MO]	1	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION[AV,DL]	1	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE[DL]	1	
leflunomide 10 mg, 20 mg TABLET[MO]	1	QL(30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION[AV,DL]	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION[AV,DL]	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT[AV,DL]	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION[AV,DL]	1	
methotrexate sodium 2.5 mg TABLET[MO]	1	BvsD
methotrexate sodium 25 mg/ml SOLUTION[MO]	1	
methotrexate sodium (pf) 1 gram RECON SOLUTION[MO]	1	
methotrexate sodium (pf) 25 mg/ml SOLUTION[MO]	1	
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE[AV,DL]	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION[MO]	1	BvsD
mycophenolate mofetil 250 mg CAPSULE[MO]	1	BvsD
mycophenolate mofetil 500 mg TABLET[MO]	1	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION[MO]	1	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC[MO]	1	BvsD
OMLYCLO 150 MG/ML, 300 MG/2 ML SYRINGE[DL]	1	PA,QL(8 per 28 days)
OMLYCLO 75 MG/0.5 ML SYRINGE[DL]	1	PA,QL(4 per 28 days)
OTULFI 45 MG/0.5 ML SOLUTION[MO]	1	PA,QL(1.5 per 84 days)
OTULFI 45 MG/0.5 ML SYRINGE[MO]	1	PA,QL(1.5 per 84 days)
OTULFI 90 MG/ML SYRINGE[DL]	1	PA,QL(3 per 84 days)
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE[DL]	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION[DL]	1	
PEGASYS 180 MCG/0.5 ML SYRINGE[DL]	1	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION[DL]	1	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT[AV,DL]	1	
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML KIT[AV,DL]	1	
PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT[DL]	1	
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION[AV,DL]	1	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET[MO]	1	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION[DL]	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION[DL]	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE[DL]	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION[AV,DL]	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION[AV,DL]	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE[AV,DL]	1	BvsD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR.[DL]	1	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR.[DL]	1	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION[DL]	1	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION[DL]	1	
ROTATEQ VACCINE 2 ML SOLUTION[DL]	1	
sajazir 30 mg/3 ml SYRINGE[DL]	1	PA,QL(18 per 30 days)
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION[AV,DL]	1	
SHINGRIX (PF) 50 MCG/0.5 ML SYRINGE[AV,DL]	1	
sirolimus 0.5 mg, 1 mg, 2 mg TABLET[MO]	1	BvsD
sirolimus 1 mg/ml SOLUTION[MO]	1	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	1	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	1	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR[DL]	1	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR[DL]	1	PA,QL(16.8 per 365 days)
SKYRIZI 55 MG/0.37 ML SYRINGE	1	PA,QL(0.74 per 84 days)
STELARA 45 MG/0.5 ML SOLUTION[DL]	1	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE[DL]	1	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE[DL]	1	PA,QL(3 per 84 days)
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE[MO]	1	BvsD
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION[AV,DL]	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION[AV,DL]	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE[AV,DL]	1	
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE[AV,DL]	1	
TREMFYA 100 MG/ML SYRINGE	1	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE[DL]	1	PA,QL(4 per 28 days)
TREMFYA ONE-PRESS 100 MG/ML AUTO-INJECTOR	1	PA,QL(3 per 84 days)
TREMFYA PEN 100 MG/ML PEN INJECTOR	1	PA,QL(3 per 84 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR[DL]	1	PA,QL(4 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN) 200 MG/2 ML PEN INJECTOR[DL]	1	PA,QL(4 per 28 days)
TRUMENBA 120 MCG/0.5 ML SYRINGE[AV,DL]	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE[AV,DL]	1	
TYENNE 162 MG/0.9 ML SYRINGE[DL]	1	PA,QL(3.6 per 28 days)
TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR[DL]	1	PA,QL(3.6 per 28 days)
TYPHIM VI 25 MCG/0.5 ML SOLUTION[AV,DL]	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE[AV,DL]	1	
USTEKINUMAB 45 MG/0.5 ML SOLUTION[DL]	1	PA,QL(1.5 per 84 days)
USTEKINUMAB 45 MG/0.5 ML SYRINGE[DL]	1	PA,QL(1.5 per 84 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
USTEKINUMAB 90 MG/ML SYRINGE[DL]	1	PA,QL(3 per 84 days)
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION[DL]	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE[DL]	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION[AV,DL]	1	
VAQTA (PF) 50 UNIT/ML SYRINGE[AV,DL]	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION[AV,DL]	1	
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION[AV,MO]	1	
VIMKUNYA (PF) 40 MCG/0.8 ML SYRINGE[AV,DL]	1	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC[AV,MO]	1	
XATMEP 2.5 MG/ML SOLUTION[MO]	1	PA
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR[DL,LA]	1	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE[DL,LA]	1	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR[DL,LA]	1	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE[DL,LA]	1	PA,QL(4 per 28 days)
YESINTEK 45 MG/0.5 ML SOLUTION[MO]	1	PA,QL(1.5 per 84 days)
YESINTEK 45 MG/0.5 ML SYRINGE[MO]	1	PA,QL(1.5 per 84 days)
YESINTEK 90 MG/ML SYRINGE[DL]	1	PA,QL(3 per 84 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION[AV,DL]	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
balsalazide 750 mg CAPSULE[MO]	1	
budesonide 3 mg CAPSULE, DR/EC[MO]	1	
budesonide 9 mg TABLET, DR/ER[DL]	1	PA,QL(30 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA[MO]	1	
mesalamine 0.375 gram CAPSULE, ER 24 HR.[MO]	1	QL(120 per 30 days)
mesalamine 1,000 mg SUPPOSITORY[MO]	1	QL(30 per 30 days)
mesalamine 4 gram/60 ml ENEMA[MO]	1	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET[MO]	1	
sulfasalazine 500 mg TABLET, DR/EC[MO]	1	
METABOLIC BONE DISEASE AGENTS		
alendronate 10 mg TABLET[MO]	1	QL(30 per 30 days)
alendronate 35 mg TABLET[MO]	1	QL(4 per 28 days)
alendronate 70 mg TABLET[MO]	1	QL(4 per 28 days)
alendronate 70 mg/75 ml SOLUTION[MO]	1	QL(300 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL[MO]	1	QL(3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg CAPSULE[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcitriol 1 mcg/ml SOLUTION[MO]	1	
cinacalcet 30 mg, 60 mg TABLET[MO]	1	QL(60 per 30 days)
cinacalcet 90 mg TABLET[MO]	1	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE[MO]	1	
ENOBY 60 MG/ML SYRINGE[MO]	1	QL(1 per 180 days)
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR[DL]	1	PA,QL(2.24 per 28 days)
ibandronate 150 mg TABLET[MO]	1	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION[MO]	1	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE[MO]	1	PA,QL(3 per 90 days)
paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE[MO]	1	
PROLIA 60 MG/ML SYRINGE[MO]	1	QL(1 per 180 days)
risedronate 150 mg TABLET[MO]	1	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET[MO]	1	QL(30 per 30 days)
risedronate 35 mg TABLET[MO]	1	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC[MO]	1	QL(4 per 28 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR[DL]	1	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION[DL]	1	PA,QL(1.7 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK[MO]	1	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION[MO]	1	
zoledronic acid 4 mg/5 ml SOLUTION[MO]	1	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK[MO]	1	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK[MO]	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	1	PA
ALCOHOL PADS PADS, MEDICATED[MO]	1	
ALCOHOL PREP PADS PADS, MEDICATED[MO]	1	
ALCOHOL SWABS PADS, MEDICATED[MO]	1	
ALCOHOL WIPES PADS, MEDICATED[MO]	1	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN[MO]	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN[MO]	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN[MO]	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE[PDS,MO]	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE[MO]	1	
BD ALCOHOL SWABS PADS, MEDICATED[MO]	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE[PDS,MO]	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE[PDS,MO]	1	
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" SYRINGE[PDS,MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE**PDS,MO**	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE**PDS,MO**	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE**PDS,MO**	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE**PDS,MO**	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE**PDS,MO**	1	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE**PDS,MO**	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE**PDS,MO**	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE**PDS,MO**	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE**PDS,MO**	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE**PDS,MO**	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE**PDS,MO**	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE**PDS,MO**	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE**PDS,MO**	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE**PDS,MO**	1	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE**PDS,MO**	1	
BORDERED GAUZE 2 X 2 " BANDAGE**MO**	1	
*butalbital-acetaminophen-caff 50-325-40 mg TABLET***MO**	1	QL(180 per 30 days)
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED**MO**	1	
CEQUR SIMPLICITY 1 UNIT (240 UNIT), 2 UNIT (200 UNIT), 2 UNIT (240 UNIT) DEVICE**MO**	1	
CEQUR SIMPLICITY INSERTER MISCELLANEOUS**MO**	1	
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE**DL**	1	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK**DL**	1	PA,QL(56 per 28 days)
CURITY ALCOHOL SWABS PADS, MEDICATED**MO**	1	
CURITY GAUZE 2 X 2 " BANDAGE**MO**	1	
DERMACEA 2 X 2 " BANDAGE**MO**	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROPLET INSULIN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE**PDS,MO**	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE**PDS,MO**	1	
DROPLET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" SYRINGE**PDS,MO**	1	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE**PDS,MO**	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE**PDS,MO**	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED**MO**	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32" NEEDLE**PDS,MO**	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE**MO**	1	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED**MO**	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED**MO**	1	
EASYLIFE ALCOHOL PADS PADS, MEDICATED**MO**	1	
GAUZE BANDAGE 2 X 2 " BANDAGE**MO**	1	
GAUZE PAD 2 X 2 " BANDAGE**MO**	1	
INCONTROL ALCOHOL PADS PADS, MEDICATED**MO**	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE**PDS,MO**	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE**PDS,MO**	1	
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE**PDS,MO**	1	
IV PREP WIPES PADS, MEDICATED**MO**	1	
*mifepristone 300 mg TABLET***DL**	1	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD**MO**	1	
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE**PDS,MO**	1	
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE**PDS,MO**	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nitroglycerin 0.4 % (w/w) OINTMENT[MO]	1	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN[MO]	1	
OMNIPOD 5 (LIBRE 2/3 PLUS) CARTRIDGE[MO]	1	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE[MO]	1	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE[MO]	1	
OMNIPOD 5 INTRO (LIBRE2/3PLUS) CARTRIDGE[MO]	1	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE[MO]	1	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE[MO]	1	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE[MO]	1	
OMNIPOD GO PODS CARTRIDGE[MO]	1	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE[MO]	1	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE[MO]	1	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE[MO]	1	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE[MO]	1	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE[MO]	1	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE[MO]	1	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE[PDS,MO]	1	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED[MO]	1	
PRO-COMFORT ALCOHOL PADS PADS, MEDICATED[MO]	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED[MO]	1	
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET[DL]	1	PA,QL(30 per 30 days)
sodium chloride 0.9 % SOLUTION[MO]	1	
sorbitol-mannitol 2.7-0.54 gram/100 ml SOLUTION[MO]	1	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED[MO]	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED[MO]	1	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED[MO]	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED[MO]	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED[MO]	1	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" SYRINGE[PDS,MO]	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" SYRINGE[PDS,MO]	1	
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE[PDS,MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA-FINE SAFETY INSULIN SYRN 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64" SYRINGE**PDS,MO**	1	
WEBCOL PADS, MEDICATED**MO**	1	
XDEMVY 0.25 % DROPS**MO**	1	PA,QL(10 per 42 days)
OPHTHALMIC AGENTS		
*atropine 1 % DROPS***MO**	1	
ATROPINE SULFATE (PF) 1 % DROPPERETTE**MO**	1	
*azelastine 0.05 % DROPS***MO**	1	
*bacitracin 500 unit/gram OINTMENT***MO**	1	
*bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT***MO**	1	
BETADINE OPHTHALMIC PREP 5 % SOLUTION**MO**	1	
*betaxolol 0.5 % DROPS***MO**	1	
*bimatoprost 0.01 % DROPS***MO**	1	QL(2.5 per 25 days)
*brimonidine 0.2 % DROPS***MO**	1	
*carteolol 1 % DROPS***MO**	1	
*ciprofloxacin hcl 0.3 % DROPS***MO**	1	
COMBIGAN 0.2-0.5 % DROPS**MO**	1	
*cromolyn 4 % DROPS***MO**	1	
*cyclosporine 0.05 % DROPPERETTE***MO**	1	QL(60 per 30 days)
CYSTARAN 0.44 % DROPS**DL**	1	PA,QL(60 per 28 days)
*dexamethasone sodium phosphate 0.1 % DROPS***MO**	1	
*diclofenac sodium 0.1 % DROPS***MO**	1	
*dorzolamide 2 % DROPS***MO**	1	
*dorzolamide-timolol 22.3-6.8 mg/ml DROPS***MO**	1	
*dorzolamide-timolol (pf) 2-0.5 % DROPPERETTE***MO**	1	QL(60 per 30 days)
*erythromycin 5 mg/gram (0.5 %) OINTMENT***MO**	1	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION**MO**	1	QL(16.6 per 30 days)
*fluorometholone 0.1 % DROPS, SUSPENSION***MO**	1	
*flurbiprofen sodium 0.03 % DROPS***MO**	1	
*gatifloxacin 0.5 % DROPS***MO**	1	QL(2.5 per 25 days)
*gentamicin 0.3 % DROPS***MO**	1	
ILEVRO 0.3 % DROPS, SUSPENSION**MO**	1	QL(3 per 30 days)
*ketorolac 0.4 %, 0.5 % DROPS***MO**	1	QL(10 per 30 days)
*latanoprost 0.005 % DROPS***MO**	1	QL(5 per 25 days)
*levobunolol 0.5 % DROPS***MO**	1	
LOTEMAX SM 0.38 % DROPS, GEL**MO**	1	
*loteprednol etabonate 0.2 %, 0.5 % DROPS, SUSPENSION***MO**	1	
*loteprednol etabonate 0.5 % DROPS, GEL***MO**	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUMIGAN 0.01 % DROPS**MO**	1	QL(2.5 per 25 days)
*methazolamide 25 mg, 50 mg TABLET***MO**	1	
MIEBO (PF) 100 % DROPS**MO**	1	QL(3 per 30 days)
*moxifloxacin 0.5 % DROPS***MO**	1	
NATACYN 5 % DROPS, SUSPENSION**MO**	1	
*neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT***MO**	1	
*neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT***MO**	1	
*neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT***MO**	1	
*neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION***MO**	1	
*neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS***MO**	1	
*neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION***MO**	1	
*ofloxacin 0.3 % DROPS***MO**	1	
*pilocarpine hcl 1 %, 2 %, 4 % DROPS***MO**	1	
*polycin 500-10,000 unit/gram OINTMENT***MO**	1	
*polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS***MO**	1	
*prednisolone acetate 1 % DROPS, SUSPENSION***MO**	1	
*prednisolone sodium phosphate 1 % DROPS***MO**	1	
RHOPRESSA 0.02 % DROPS**MO**	1	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS**MO**	1	ST
SIMBRINZA 1-0.2 % DROPS, SUSPENSION**MO**	1	
*sulfacetamide sodium 10 % DROPS***MO**	1	
*sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS***MO**	1	
*timolol 0.5 % DROPS***MO**	1	
*timolol maleate 0.25 % DROPS***MO**	1	
*timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION***MO**	1	
*timolol maleate 0.5 % DROPS***MO**	1	
*timolol maleate 0.5 % DROPS, ONCE DAILY***MO**	1	
*timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE***MO**	1	
*tobramycin 0.3 % DROPS***MO**	1	
*tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION***MO**	1	
*travoprost 0.004 % DROPS***MO**	1	QL(2.5 per 25 days)
*trifluridine 1 % DROPS***MO**	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRYPTYR 0.003 % DROPPERETTE[MO]	1	QL(60 per 30 days)
VYZULTA 0.024 % DROPS[MO]	1	QL(2.5 per 25 days)
OTIC AGENTS		
fluocinolone acetonide oil 0.01 % DROPS[MO]	1	
hydrocortisone-acetic acid 1-2 % DROPS[MO]	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION[MO]	1	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION[MO]	1	
ofloxacin 0.3 % DROPS[MO]	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION[MO]	1	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET[DL]	1	PA,QL(90 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER[MO]	1	QL(12 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER[MO]	1	QL(32.1 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml SOLUTION FOR NEBULIZATION[MO]	1	BvsD
albuterol sulfate 2 mg, 4 mg TABLET[MO]	1	
albuterol sulfate 2 mg/5 ml SYRUP[MO]	1	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION[MO]	1	BvsD
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER[MO]	1	QL(36 per 30 days)
alyq 20 mg TABLET[MO]	1	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET[DL]	1	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION[MO]	1	
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION[MO]	1	BvsD,QL(120 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE[MO]	1	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER[MO]	1	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR[MO]	1	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL[MO]	1	QL(30 per 25 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE[MO]	1	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACTUATION HFA AEROSOL INHALER[MO]	1	QL(10.7 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER[MO]	1	QL(10.7 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION[MO]	1	BvsD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION**DL**	1	PA,QL(84 per 28 days)
*cetirizine 1 mg/ml SOLUTION***MO**	1	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST**MO**	1	QL(4 per 20 days)
*cromolyn 100 mg/5 ml CONCENTRATE***MO**	1	
*cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION***MO**	1	BvsD
*desloratadine 5 mg TABLET***MO**	1	QL(30 per 30 days)
*diphenhydramine hcl 50 mg/ml SOLUTION***MO**	1	
*epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR***MO**	1	QL(4 per 30 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR**DL**	1	PA,QL(1 per 28 days)
*flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL***MO**	1	QL(50 per 30 days)
*fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE***MO**	1	QL(60 per 30 days)
*fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION***MO**	1	QL(16 per 30 days)
*hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE***MO**	1	
*ipratropium bromide 0.02 % SOLUTION***MO**	1	BvsD
*ipratropium bromide 17 mcg/actuation HFA AEROSOL INHALER***MO**	1	PA,QL(25.8 per 30 days)
*ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL***MO**	1	QL(30 per 30 days)
*ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL***MO**	1	QL(45 per 30 days)
*ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION***MO**	1	BvsD
*levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER***MO**	1	ST,QL(30 per 30 days)
*levocetirizine 5 mg TABLET***MO**	1	QL(30 per 30 days)
*macitentan 10 mg TABLET***DL**	1	PA,QL(30 per 30 days)
*mometasone 50 mcg/actuation SPRAY, NON-AEROSOL***MO**	1	QL(34 per 30 days)
*montelukast 10 mg TABLET***MO**	1	QL(30 per 30 days)
*montelukast 4 mg GRANULES IN PACKET***MO**	1	QL(30 per 30 days)
*montelukast 4 mg, 5 mg CHEWABLE TABLET***MO**	1	QL(30 per 30 days)
*nintedanib 100 mg, 150 mg CAPSULE***DL**	1	PA,QL(60 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR**DL**	1	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE**DL**	1	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE**DL**	1	PA,QL(0.4 per 28 days)
*pirfenidone 267 mg CAPSULE***DL**	1	PA,QL(270 per 30 days)
*pirfenidone 267 mg TABLET***DL**	1	PA,QL(270 per 30 days)
*pirfenidone 534 mg, 801 mg TABLET***DL**	1	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION**DL**	1	BvsD
*riociguat 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg TABLET***DL**	1	PA,QL(90 per 30 days)
*roflumilast 250 mcg TABLET***MO**	1	QL(28 per 365 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
roflumilast 500 mcg TABLET[MO]	1	QL(30 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET[MO]	1	PA,QL(360 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST[MO]	1	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE[MO]	1	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST[MO]	1	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST[MO]	1	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER[MO]	1	QL(30.6 per 30 days)
tadalafil (pulm. hypertension) 20 mg TABLET[MO]	1	PA,QL(60 per 30 days)
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR.[MO]	1	
theophylline 400 mg, 600 mg TABLET, ER 24 HR.[MO]	1	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE[MO]	1	QL(60 per 30 days)
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL[DL]	1	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL[DL]	1	PA,QL(56 per 28 days)
UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET[DL]	1	PA,QL(60 per 30 days)
UPTRAVI 100 MCG, 150 MCG TABLET[DL]	1	PA,QL(60 per 30 days)
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK[DL]	1	PA,QL(200 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER[MO]	1	QL(36 per 30 days)
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT[DL]	1	PA
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE[MO]	1	QL(60 per 30 days)
zafirlukast 10 mg, 20 mg TABLET[MO]	1	QL(60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
chlorzoxazone 500 mg TABLET[MO]	1	
cyclobenzaprine 10 mg, 5 mg TABLET[MO]	1	
methocarbamol 500 mg, 750 mg TABLET[MO]	1	
SLEEP DISORDER AGENTS		
BELSOMRA 10 MG TABLET[MO]	1	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET[MO]	1	QL(30 per 30 days)
BELSOMRA 5 MG TABLET[MO]	1	QL(120 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET[MO]	1	QL(30 per 30 days)
modafinil 100 mg, 200 mg TABLET[MO]	1	QL(60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ramelteon 8 mg TABLET[MO]	1	QL(30 per 30 days)
sodium oxybate 500 mg/ml SOLUTION[DL]	1	PA,QL(540 per 30 days)
tasimelteon 20 mg CAPSULE[DL]	1	PA,QL(30 per 30 days)
temazepam 15 mg CAPSULE[DL]	1	QL(30 per 30 days)
temazepam 30 mg CAPSULE[DL]	1	QL(30 per 30 days)
zaleplon 10 mg, 5 mg CAPSULE[MO]	1	QL(30 per 30 days)
zolpidem 10 mg, 5 mg TABLET[MO]	1	QL(30 per 30 days)
zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE[MO]	1	QL(30 per 30 days)
(*) Not A Part D Drug		
abaneu-sl 600-600 mcg SUBLINGUAL TABLET	*	
acid reducer (famotidine) 20 mg TABLET	*	
acidophilus-pectin, citrus 7.5 mg (30 mill cell)-100 mg CAPSULE	*	
advanced healing (petrolatum) 41 % OINTMENT	*	
amlactin 12 % LOTION	*	
ammonium lactate 12 % CREAM	*	
ammonium lactate 12 % LOTION	*	
anti-dandruff 1 % SHAMPOO	*	
anti-diarrheal (loperamide) 2 mg TABLET	*	
anti-itch (menthol-camphor) 0.5-0.5 % LOTION	*	
antiseptic skin clnsr(chlorhe) 4 % LIQUID	*	
aqua care 10 % CREAM	*	
aqua care 10 % LOTION	*	
aquagard 41 % OINTMENT	*	
arginine (l-arginine) 500 mg TABLET	*	
arthritis hot pain relief 15-10 % CREAM	*	
ascorbic acid (vitamin c) 1,000 mg, 250 mg, 500 mg TABLET	*	
aspercreme (lidocaine) 4 % ADHESIVE PATCH, MEDICATED	*	
AYR SALINE GEL	*	
AYR SALINE 0.65 % AEROSOL SPRAY	*	
b complex 1.7-20-2-1.2 mg/ml LIQUID	*	
b complex 1 (with folic acid) 0.4 mg TABLET	*	
b complex-vitamin c-folic acid 400 mcg TABLET	*	
b-100 complex 100 mg TABLET ER	*	
b-12 dots 500 mcg TABLET	*	
b-12 plus 5,000-100 mcg SUBLINGUAL TABLET	*	
b-complex TABLET	*	
b-right 680 mcg dfe CAPSULE	*	
baby skin protectant (pet) 41 % OINTMENT	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
balance b-50 (with folic acid) 0.4 mg TABLET	*	
balanced b-100 0.4 mg TABLET	*	
balanced b-100 400 mcg TABLET ER	*	
balanced b-100 complex 100 mg TABLET ER	*	
balanced b-50 TABLET	*	
BETADINE 5 % SPRAY, NON-AEROSOL	*	
BETASEPT SURGICAL SCRUB 4 % LIQUID	*	
BIOFREEZE (MENTHOL) 4 %, 5 % GEL	*	
BION TEARS (PF) 0.1-0.3 % DROPPERETTE	*	
biopetit 790 mg/15 ml LIQUID	*	
bisacodyl 10 mg SUPPOSITORY	*	
bisacodyl 5 mg TABLET, DR/EC	*	
calamine-zinc oxide 8-8 % LOTION	*	
calcium carbonate 500 mg calcium (1,250 mg) CHEWABLE TABLET	*	
calcium carbonate 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg) TABLET	*	
calcium carbonate-vitamin d3 250 mg-3 mcg (120 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit) TABLET	*	
calcium citrate 200 mg (950 mg), 250 mg calcium TABLET	*	
CALMOSEPTINE 0.44-20.6 % OINTMENT	*	
centrum silver 0.4 mg-300 mcg- 250 mcg TABLET	*	
CENTRUM SILVER MEN 300-60-600-300 MCG TABLET	*	
CENTRUM SILVER WOMEN 8 MG IRON-400 MCG-50 MCG TABLET	*	
century adults 50 plus 0.4 mg-300 mcg- 250 mcg TABLET	*	
CEPACOL SORE THROAT (BENZ-MEN) 15-2.6 MG LOZENGE	*	
ceramides 1,3,6-ii CREAM	*	
CERAVE AM 30 SPF LOTION	*	
cerave daily moisturizing LOTION	*	
CEROVITE SENIOR 0.4 MG-300 MCG- 250 MCG TABLET	*	
certavite senior 0.4 mg-300 mcg- 250 mcg TABLET	*	
certavite-antioxidant 18-400 mg-mcg TABLET	*	
CETAPHIL CREAM	*	
chlorhexidine gluconate 4 % LIQUID	*	
cholecalciferol (vitamin d3) 1,250 mcg (50,000 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit) CAPSULE	*	
cholecalciferol (vitamin d3) 1,250 mcg (50,000 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit) TABLET	*	
cholecalciferol (vitamin d3) 125 mcg (5,000 unit) TABLET, DISINTEGRATING	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
citrucel 500 mg TABLET	*	
clearlax 17 gram/dose POWDER	*	
cold and hot (menthol) 5 % ADHESIVE PATCH, MEDICATED	*	
complex b-100 400 mcg TABLET ER	*	
cooling pain relief 4 % GEL	*	
copper gluconate 2 mg TABLET	*	
cough drops 5.8 mg LOZENGE	*	
curad petroleum jelly OINTMENT IN PACKET	*	
cyanocobalamin (vitamin b-12) 1,000 mcg TABLET ER	*	
cyanocobalamin (vitamin b-12) 1,000 mcg, 100 mcg, 250 mcg, 500 mcg TABLET	*	
cyanocobalamin (vitamin b-12) 1,000 mcg, 2,500 mcg, 3,000 mcg, 5,000 mcg SUBLINGUAL TABLET	*	
cyanocobalamin (vitamin b-12) 5,000 mcg TABLET, DISINTEGRATING	*	
cyanocobalamin (vitamin b-12) 5,000 mcg/ml DROPS	*	
cyanocobalamin (vitamin b-12) 500 mcg LOZENGE	*	
cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL	*	
cyanocobalamin-cobamamide 5,000-100 mcg SUBLINGUAL TABLET	*	
d3-5000 125 mcg (5,000 unit) CAPSULE	*	
daily multi-vitamin TABLET	*	
DAILY-VITE (WITH FOLIC ACID) 400 MCG TABLET	*	
dairy relief 3,000 unit TABLET	*	
dairy-aid 3,000 unit TABLET	*	
dakin's solution 0.125 %, 0.25 % SOLUTION	*	
daylogic advanced healing 41 % OINTMENT	*	
DEBROX 6.5 % DROPS	*	
decara 1,250 mcg (50,000 unit) CAPSULE	*	
deep sea nasal 0.65 % AEROSOL SPRAY	*	
dermaplex GEL	*	
dermavantage LOTION	*	
DIALYVITE 100-1 MG TABLET	*	
dialyvite 800 0.8 mg TABLET	*	
dialyvite vitamin d 125 mcg (5,000 unit) CAPSULE	*	
DIALYVITE VITAMIN D3 MAX 1,250 MCG (50,000 UNIT) TABLET	*	
docusate sodium 100 mg, 250 mg CAPSULE	*	
docusate sodium 50 mg/5 ml LIQUID	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dok 100 mg TABLET	*	
dry skin therapy(w-petrolatum) CREAM	*	
dry skin therapy(with lanolin) LOTION	*	
DYNA-HEX 4 % LIQUID	*	
ear drops (carbamide peroxide) 6.5 % DROPS	*	
EAR WAX REMOVAL DROPS 6.5 % DROPS	*	
endur-b complex 400 mcg TABLET ER	*	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
eucerin original LOTION	*	
EX-LAX MAXIMUM STRENGTH 25 MG TABLET	*	
eye multivitamin 2,148 mcg-113 mg-45 mg-17.4mg TABLET	*	
EYE WASH (BORIC ACID) IRRIGATION SOLUTION	*	
fa-8 0.8 mg CAPSULE	*	
famotidine 10 mg TABLET	*	
fiber laxative (ca polycarbo) 625 mg TABLET	*	
fiber-lax 625 mg TABLET	*	
FIBERCON 625 MG TABLET	*	
fish oil 1,200 (144-216) mg CAPSULE	*	
FLEET ENEMA 19-7 GRAM/118 ML ENEMA	*	
fleet glycerin (adult) SUPPOSITORY	*	
FLORANEX 1 MILLION CELL TABLET	*	
FLORASTOR 250 MG CAPSULE	*	
folbee 2.5-25-1 mg TABLET	*	
folbic 2.5-25-2 mg TABLET	*	
folbic rf 2-1.13-25 mg TABLET	*	
folic acid 0.8 mg CAPSULE	*	
folic acid 1 mg TABLET	1	
folic acid 400 mcg, 800 mcg TABLET	*	
folicore b complex 1,000 mcg-10 mg -400 mcg TABLET	*	
full spectrum b-vitamin c 0.8 mg TABLET	*	
gas relief 80 (simethicone) 80 mg CHEWABLE TABLET	*	
gas relief extra strength 125 mg CAPSULE	*	
gas relief extra strength 125 mg CHEWABLE TABLET	*	
GAS-X EXTRA STRENGTH 125 MG CHEWABLE TABLET	*	
gavilax 17 gram/dose POWDER	*	
GENTEAL TEARS MODERATE (PF) 0.1-0.3 % DROPPERETTE	*	
gentle laxative (bisacodyl) 10 mg SUPPOSITORY	*	
gentle laxative (bisacodyl) 5 mg TABLET, DR/EC	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
geri-kot 8.6 mg TABLET	*	
glucose 3.75 gram, 4 gram CHEWABLE TABLET	*	
glutose-15 40 % GEL	*	
glycerin (adult) SUPPOSITORY	*	
HALLS COUGH DROPS 5.8 MG LOZENGE	*	
healthy eyes supervision 4,296 mcg-226 mg-90 mg CAPSULE	*	
heartburn relief (famotidine) 10 mg, 20 mg TABLET	*	
hemorrhoidal cream 0.25-1 % CREAM	*	
HIBICLENS 4 % LIQUID	*	
hydrolatum OINTMENT	*	
I-VITE 300 MCG-200 MG- 27 MG TABLET	*	
infants gas relief 40 mg/0.6 ml DROPS, SUSPENSION	*	
infants simethicone 40 mg/0.6 ml DROPS, SUSPENSION	*	
K-PHOS-NEUTRAL 250 MG TABLET	*	
kobee 0.4 mg TABLET	*	
l-methyl-mc 6-5-50-1 mg TABLET	*	
lactase fast acting 9,000 unit TABLET	*	
lactobacillus acidoph-l.bulgar 1 million cell TABLET	*	
lanashield 50 % OINTMENT	*	
laxative (bisacodyl) 5 mg TABLET, DR/EC	*	
laxative (sennosides) 25 mg TABLET	*	
lidocaine 4 % ADHESIVE PATCH, MEDICATED	*	
lidocaine 4 %, 5 % CREAM	*	
lidocaine pain relief 4 % ADHESIVE PATCH, MEDICATED	*	
lubrisoft LOTION	*	
lutein 20 mg CAPSULE	*	
magnesium citrate SOLUTION	*	
magnesium oxide 200 mg magnesium, 400 mg (241.3 mg magnesium), 400 mg magnesium, 420 mg, 500 mg magnesium TABLET	*	
mecobalamin (vitamin b12) 1,000 mcg CHEWABLE TABLET	*	
mecobalamin (vitamin b12) 1,000 mcg, 5,000 mcg TABLET, DISINTEGRATING	*	
MEDI-PADS 50 % PADS, MEDICATED	*	
metafolbic 6-5-50-1 mg TABLET	*	
mgo 400 mg (241.3 mg magnesium) TABLET	*	
minerin LOTION	*	
minerin creme CREAM	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MIRALAX 17 GRAM/DOSE POWDER	*	
moisturizing normal-dry skin LOTION	*	
mtx support 0.5-1 mg TABLET	*	
multivit-min-iron fum-folic ac 7.5 mg iron-400 mcg TABLET	*	
multivitamin TABLET	*	
muro 128 2 % DROPS	*	
muscle rub 15-10 % CREAM	*	
mynephrocaps 1 mg CAPSULE	*	
mynephron 1 mg CAPSULE	*	
nasal decongestant (oxymetazl) 0.05 % SPRAY, NON-AEROSOL	*	
nephro vitamins 0.8 mg TABLET	*	
NEPHRO-VITE 0.8 MG TABLET	*	
niacin 500 mg TABLET	*	
omega 3-dha-epa-fish oil 1,000 (120-180) mg, 300 mg (120 mg-180mg)-1,000 mg, 300-1,000 mg, 60-90-500 mg CAPSULE	*	
one daily multivitamin TABLET	*	
onelax bisacodyl 10 mg SUPPOSITORY	*	
optimal d3 1,250 mcg (50,000 unit) CAPSULE	*	
oyster shell calcium 500 mg calcium (1,250 mg) TABLET	*	
oyster shell calcium 500 500 mg calcium (1,250 mg) TABLET	*	
oyster shell calcium-vit d3 500 mg-5 mcg (200 unit) TABLET	*	
pain relieving (m-salic-men) 15-1 % CREAM	*	
phospha 250 neutral 250 mg TABLET	*	
phospho-trin 250 neutral 250 mg TABLET	*	
phosphorous 250 mg TABLET	*	
phytonadione (vitamin k1) 100 mcg TABLET	*	
pinaway 50 mg/ml SUSPENSION	*	
pinworm treatment 50 mg/ml SUSPENSION	*	
polyethylene glycol 3350 17 gram POWDER IN PACKET	*	
polyethylene glycol 3350 17 gram/dose POWDER	*	
povidone-iodine 10 % SOLUTION	*	
PRESERVISION AREDS 2,148 MCG-113 MG-45 MG-17.4MG TABLET	*	
probiotic (s.boulardii) 250 mg CAPSULE	*	
proctozone-b 10 mg SUPPOSITORY	*	
protective ointment OINTMENT	*	
pseudoephedrine-guaifenesin 60-600 mg TABLET, ER 12 HR.	*	
purevita folic acid 400 mcg TABLET	*	
pyridoxine (vitamin b6) 100 mg, 25 mg, 250 mg, 50 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
READY-TO-USE ENEMA 19-7 GRAM/118 ML ENEMA	*	
REFRESH OPTIVE 0.5-0.9 % DROPS	*	
REFRESH OPTIVE ADVANCED 0.5-1-0.5 % DROPS	*	
REFRESH OPTIVE SENSITIVE (PF) 0.5-0.9 % DROPPERETTE	*	
rena-vite 0.8 mg TABLET	*	
rena-vite rx 1-60-300 mg-mg-mcg TABLET	*	
renal caps 1 mg CAPSULE	*	
renal vitamin 0.8 mg TABLET	*	
renal-vite 0.8 mg TABLET	*	
reno caps 1 mg CAPSULE	*	
riboflavin (vitamin b2) 100 mg CAPSULE	*	
riboflavin (vitamin b2) 100 mg, 25 mg, 50 mg TABLET	*	
saline mist 0.65 % AEROSOL SPRAY	*	
saline nasal 0.65 % AEROSOL SPRAY	*	
salonpas (lidocaine) 4 % ADHESIVE PATCH, MEDICATED	*	
sarna sensitive 1 % LOTION	*	
secura protective OINTMENT	*	
senexon-s 8.6-50 mg TABLET	*	
senna 8.6 mg TABLET	*	
senna laxative 8.6 mg TABLET	*	
senna plus 8.6-50 mg TABLET	*	
senna-s 8.6-50 mg TABLET	*	
sennosides 8.8 mg/5 ml SYRUP	*	
sentry 18-400 mg-mcg TABLET	*	
sentry senior 500-300-250 mcg TABLET	*	
simethicone 125 mg, 80 mg CHEWABLE TABLET	*	
skin protectant (lanolin) 50 % CREAM	*	
skin protectant petrolatum 44 % OINTMENT	*	
skin treatment 12 % LOTION	*	
sodium chloride 1,000 mg TABLET, SOLUBLE	*	
sodium chloride 5 % OINTMENT	*	
sore throat (benzocaine-menth) 15-3.6 mg LOZENGE	*	
sore throat (phenol) 1.4 % AEROSOL SPRAY	*	
stimulant laxative plus 8.6-50 mg TABLET	*	
stool softener 100 mg CAPSULE	*	
stool softener 100 mg TABLET	*	
stool softener-laxative 8.6-50 mg TABLET	*	
stool softener-stimulant laxat 8.6-50 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
super b maxi complex 0.4 mg TABLET	*	
super calcium 600 mg calcium (1,500 mg) TABLET	*	
super quints 0.4 mg TABLET	*	
super quints b-50 TABLET	*	
SYSTANE BALANCE 0.6 % DROPS	*	
SYSTANE COMPLETE PF 0.6 % DROPS	*	
thera-derm LOTION	*	
THERA-M 19 MG IRON- 400 MCG TABLET	*	
THERA-M (WITH VITAMIN K) 9 MG IRON- 400 MCG-28 MCG TABLET	*	
therapeutic moisturizing cream CREAM	*	
thiamine hcl (vitamin b1) 100 mg, 250 mg, 50 mg TABLET	*	
thiamine mononitrate (vit b1) 100 mg TABLET	*	
triphrocaps 1 mg CAPSULE	*	
trueplus glucose 3.75 gram CHEWABLE TABLET	*	
ultra moisture LOTION	*	
URE-NA 15 GRAM POWDER IN PACKET	*	
urea 10 % LOTION	*	
urea 10 %, 20 % CREAM	*	
vitamin a 3,000 mcg (10,000 unit) CAPSULE	*	
vitamin b complex CAPSULE	*	
vitamin b complex TABLET	*	
vitamin b complex-folic acid 0.4 mg TABLET	*	
vitamin b complex-folic acid 400 mcg TABLET ER	*	
vitamin b-1 100 mg, 250 mg, 50 mg TABLET	*	
vitamin b-1 (mononitrate) 100 mg TABLET	*	
vitamin b-12 1,000 mcg TABLET ER	*	
vitamin b-12 1,000 mcg, 100 mcg, 250 mcg, 500 mcg TABLET	*	
vitamin b-12 2,500 mcg, 5,000 mcg SUBLINGUAL TABLET	*	
vitamin b-12 5,000 mcg/ml DROPS	*	
vitamin b-2 100 mg, 25 mg, 50 mg TABLET	*	
vitamin b-6 100 mg, 25 mg, 250 mg, 50 mg TABLET	*	
vitamin b-6 50 mg CAPSULE	*	
vitamin c 1,000 mg, 500 mg TABLET	*	
vitamin c 500 mg CHEWABLE TABLET	*	
vitamin d2 1,250 mcg (50,000 unit) CAPSULE	1	
vitamin d3 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit) TABLET	*	
vitamin d3 25 mcg (1,000 unit), 50 mcg (2,000 unit) CAPSULE	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin e (dl, acetate) 180 mg (400 unit), 45 mg (100 unit) CAPSULE	*	
vitamin k2 100 mcg CAPSULE	*	
vitamins b complex TABLET	*	
vitasure 1 mg-100 mg- 300 mcg TABLET	*	
walgreens dry skin treatment 41 % OINTMENT	*	
wes-phos 250 neutral 250 mg TABLET	*	
wescaps 1 mg CAPSULE	*	
westab max 2.5-25-2 mg TABLET	*	
westab one 2.5-25-1 mg TABLET	*	
white petrolatum 42 % OINTMENT	*	
white petrolatum OINTMENT IN PACKET	*	
XERAC AC 6.25 % SOLUTION	*	
xvite 1 mg-100 mg- 300 mcg TABLET	*	
zinc gluconate 50 mg TABLET	*	
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zinc sulfate 50 mg zinc (220 mg) TABLET	*	

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Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **1-800-777-4376 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **1-800-777-4376 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք՝ **1-800-777-4376 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন 1-800-777-4376 (TTY: 711) নম্বরে।

简体中文 [Simplified Chinese]：我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **1-800-777-4376 (听障专线：711)**。

繁體中文 [Traditional Chinese]：我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **1-800-777-4376 (聽障專線：711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **1-800-777-4376 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **1-800-777-4376 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **1-800-777-4376 (TTY: 711)** تماس بگیرید.

Français [French] : Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **1-800-777-4376 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **1-800-777-4376 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **1-800-777-4376 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. 1-800-777-4376 (TTY: 711) પર કૉલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **1-800-777-4376 (TTY: 711)**

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। 1-800-777-4376 (TTY: 711) पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **1-800-777-4376 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **1-800-777-4376 (TTY: 711)**.

This notice is available at **www.icarehealthplan.org**.

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日本語 [Japanese]:言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**1-800-777-4376 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរសព្ទទៅលេខ 1-800-777-4376 (TTY: 711)។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **1-800-777-4376 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao] ມີການບໍລິການດ້ານພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ຟຣີ. ໂທ 1-800-777-4376 (TTY: 711).

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahjį' bee adahodooníłígíí diné bich'į' anídahazt'i'í, dóó łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahólǫ. Kohjį' hodíilnih **1-800-777-4376 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **1-800-777-4376 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **1-800-777-4376 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। 1-800-777-4376 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **1-800-777-4376 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **1-800-777-4376 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **1-800-777-4376 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. 1-800-777-4376 (TTY: 711) ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. 1-800-777-4376 (TTY: 711) కి కాల్ చేయండి.

(TTY: 711) 1-800-777-4376 کال ۔ہیں دستیاب کی خدمات فارمیٹ متبادل اور ،معاون امداد، زبان مفت [Urdu]: اردو

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **1-800-777-4376 (TTY: 711)**.

Notes

This *Drug List* was updated on 11/02/2026. For more recent information or other questions, contact us at 1-800-777-4376 (TTY: 711), 24 hours, 7 days a week or visit **www.*i*carehealthplan.org**.

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